



# Academy of the City Charter School

718-487-9857 (tel) 718-785-9592 (fax) [www.academyofthecity.org](http://www.academyofthecity.org)  
We welcome English language learners and children with special needs.

## Our Mission & Vision

Every child in our diverse community reaches academic, social and personal excellence.

Academy of the City fosters community, supports families, welcomes children of all backgrounds, celebrates diversity and promotes social justice. With our challenging, hands-on liberal arts experience we strive to develop joyful, creative, independent and successful lifelong learners.

## 2019-2020 Application for Student Admission Fields marked in **BOLD** with an \* are required.

Student Information			
<b>First Name*:</b>		<b>Last Name*:</b>	
Address*:		Apt:	
<b>City*:</b>	<b>State*:</b>	<b>Zip*:</b>	<b>Gender*:</b> <input type="checkbox"/> Male <input type="checkbox"/> Female
<b>Date of Birth*:</b>	<b>Grade entering in 2019*:</b> <input type="checkbox"/> K <input type="checkbox"/> 1 <sup>st</sup> <input type="checkbox"/> 2 <sup>nd</sup> <input type="checkbox"/> 3 <sup>rd</sup> <input type="checkbox"/> 4 <sup>th</sup> <input type="checkbox"/> 5 <sup>th</sup> <input type="checkbox"/> 6 <sup>th</sup> <small>Must turn 5 by December 31, 2019 to be eligible for Kindergarten</small>		
<b>Does the applicant live in CSD30?*</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <small>(Call 311 to find your District Number or visit <a href="http://schools.nyc.gov">http://schools.nyc.gov</a>)</small>		<b>Is the applicant's parent/guardian an employee of Academy of the City?*</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	

Current School Information (if child is currently enrolled in school)	
School Name:	Current Grade:
School address:	

Sibling Information (you must submit an additional application for the sibling)	
<b>Is a sibling applying to Academy of the City Charter School this year?*</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Is a sibling already attending Academy of the City Charter School?*</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
Sibling's name:	Sibling's 2019 Grade: <input type="checkbox"/> K <input type="checkbox"/> 1 <sup>st</sup> <input type="checkbox"/> 2 <sup>nd</sup> <input type="checkbox"/> 3 <sup>rd</sup> <input type="checkbox"/> 4 <sup>th</sup> <input type="checkbox"/> 5 <sup>th</sup> <input type="checkbox"/> 6 <sup>th</sup>

Parent/Guardian Information	
<b>1. First Name*:</b>	<b>Last Name*:</b>
Address:	
Apt:	
City:	State:
Zip:	<b>Home Phone*:</b>
Work or daytime phone:	Cellular phone:
E-mail address:	
<b>Relationship to child*:</b>	
<b>2. First Name:</b>	<b>Last Name:</b>
Address:	
Apt:	
City:	State:
Zip:	Home Phone:
Work or daytime phone:	Cellular phone:
E-mail address:	
Relationship to child:	

How did you learn about Academy of the City Charter School? Please check only one:  
 Friend or Family  Newspaper  Website  Search engine  Open House  NYC Charter School Center  Postcard  Other: \_\_\_\_\_

*I understand that submitting this application does not guarantee admission to Academy of the City Charter School, but will enter my child into the lottery for the 2019-2020 school year. I agree that the school records of my child may be used to study this charter school. In these studies, only aggregate outcomes, not individual students' outcomes, will be reported. I understand that final grade placement is at the discretion of the school, based on my child's individual needs.*

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Non-Discrimination Statement:** A charter school shall not discriminate against or limit the admission of any student on any unlawful basis, including on the basis of ethnicity, national origin, gender, disability, intellectual ability, measures of achievement or aptitude, athletic ability, race, creed, gender, national origin, religion or ancestry. A school may not require any action by a student or family (such as an admissions test, interview, essay, attendance at an information session, etc.) in order for an applicant to either receive or submit an application for admission to that school.

You may return this application by mail, fax, e-mail, or hand delivery to:  
 Academy of the City Charter School  
 Attn: Director of Operations  
 31-29 60<sup>th</sup> Street  
 Woodside, NY 11377-0113  
 Fax: 718-785-9592  
 E-mail: [enrollment@academyofthecity.org](mailto:enrollment@academyofthecity.org)

**All applications must be submitted/postmarked before 5pm, April 1, 2019.**