



ASCENDER GUIDES



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CHARTER STUDENT ADMISSION APPLICATION 1

CHARTER STUDENT ADMISSION APPLICATION

Use this page to apply to the Charter School Waitlist.

| | |
|---|--|
| District Name | The name of the district in which the school for which you want to apply is located. |
| School Year | Select the school year for which you are applying. |
| Charter School Campus Name/Charter School Name | Select the name of the charter school for which you are applying. |

Student Information

Note: Fields marked with an asterisk are required.

| | |
|---------------------------|---|
| Last Name | Enter the applicant's last name. |
| Suffix | Select the applicant's generation, if applicable. |
| First Name | Enter the applicant's first name. |
| Middle Name | Enter the applicant's middle name, if applicable. |
| Date of Birth | Enter the applicant's date of birth (MM/DD/YYYY). |
| Gender | Enter the applicant's gender. |
| Grade Applying For | Select the grade for which the applicant is applying. |

Voluntary Information

| | |
|--|---|
| Student Identification Number (if known) | Type the applicant's Student ID (if you know it). |
| I have another child attending this charter school. | If you answer that you do have another child attending the same charter school, type their name in the field. |
| Last four (4) digits of Social Security Number | Type the last four digits of the applicant's Social Security number who is applying for the charter school. |
| This is a child of a staff or board member. | If the applicant is a child of a staff or board member of the charter school, type the name of the staff or board member. |

Primary Guardian Information

| | |
|-------------------|---|
| Last Name | Type the applicant's primary guardian's last name. |
| First Name | Type the applicant's primary guardian's first name. |

Street Address of Primary Residence

| | |
|-------------------------|--|
| Street Number | Type the street number of the applicant's primary residence. |
| Street Name | Type the street name of the applicant's primary residence. |
| Apartment Number | Type the apartment number of the applicant's primary residence, if applicable. |
| City | Type the city of the applicant's primary residence. |
| State | Select the state of the applicant's primary residence. |

| | |
|---|--|
| ZIP Code | Type the ZIP code of the applicant's primary residence. |
| ZIP Code 4 | Type the plus-four of the applicant's primary residence. |
| Contact Area Code | Type the applicant's primary guardian's area code. |
| Contact Phone Number | Type the applicant's primary guardian's phone number. |
| Email Address | Type the applicant's primary guardian's email address. |
| Certification | <p>Check this box in order to complete the application.</p> <p>By checking this box, I certify to the best of my knowledge and belief that the information in this application is complete and accurate, I am the legal guardian of the child listed above, and I understand that any false information, omission, or misrepresentation of facts may result in the rejection of this application or future dismissal of the applicant.</p> |
| Type the characters displayed below and click Submit | Finally, as a security measure, type the characters displayed in the field below. |

Click **Submit**.



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