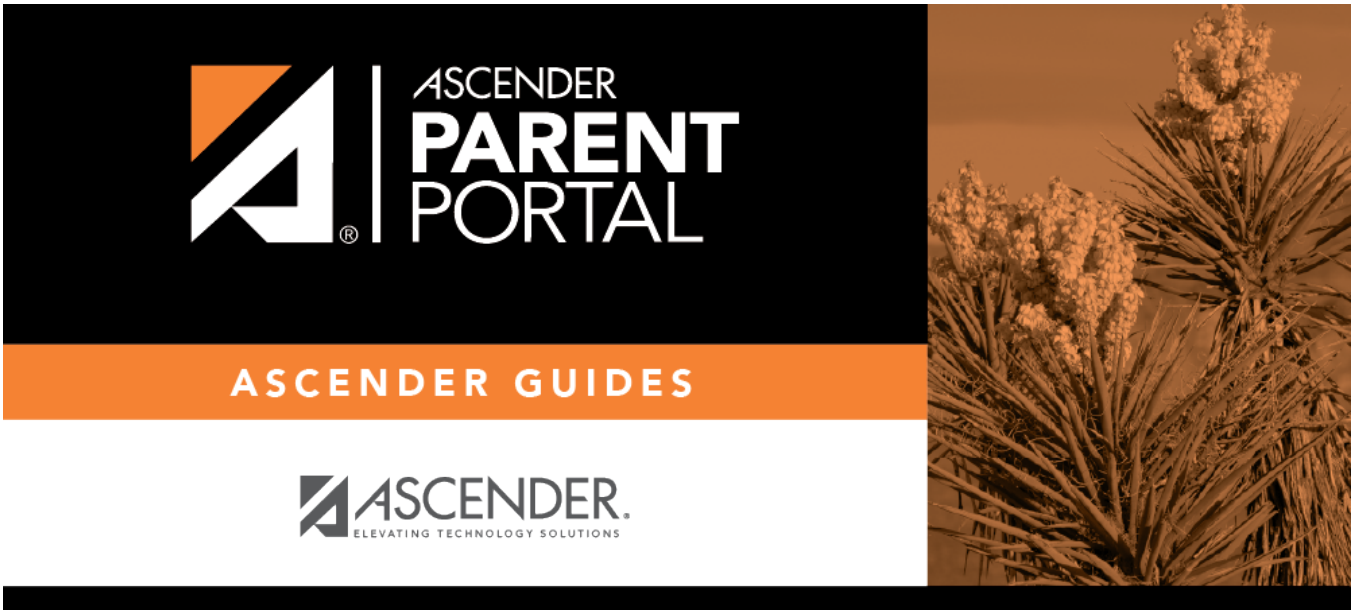



# Recover User Name (Recuperar nombre de usuario)

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**Charter Student Admission Application** ..... 1

# Charter Student Admission Application

Use this page to apply to the Charter School Waitlist.

| | |
|---|---|
| **Return to Login** | Return to the login page. |

| | |
|---|---|
| **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

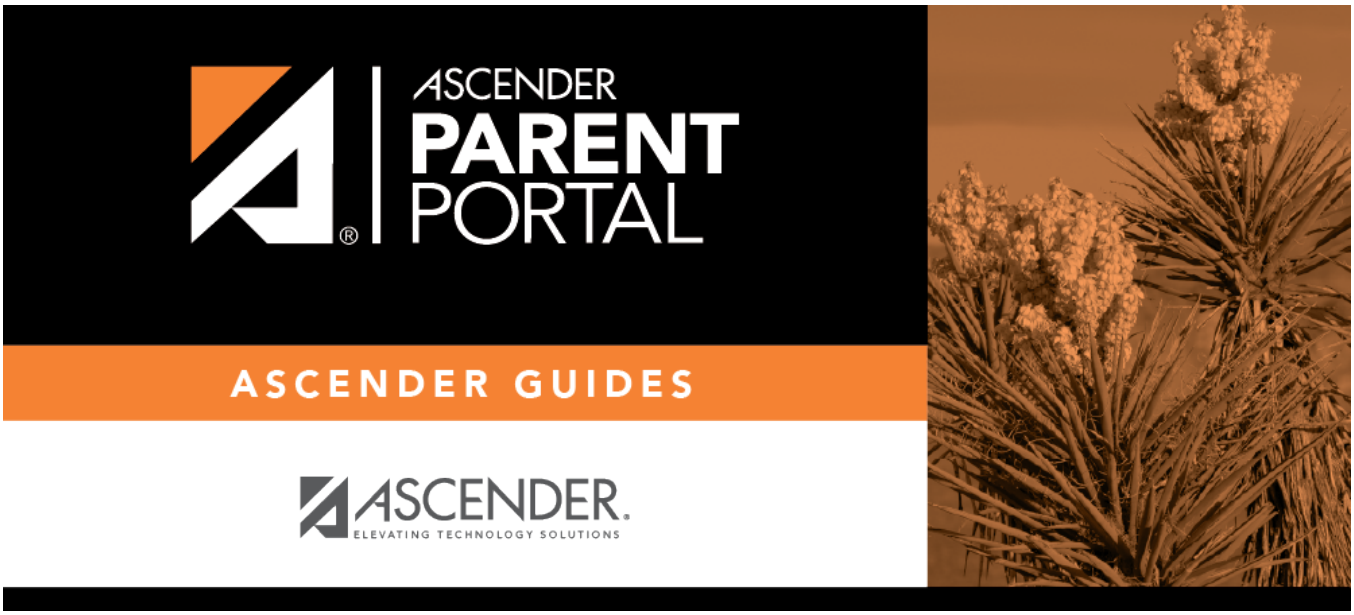
| | |
|---|---|
| **Last Name** | Type the applicant's primary guardian's last name. |
| **First Name** | Type the applicant's primary guardian's first name. |

### 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** | Check this box in order to complete the application.<br>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. |
| **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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# Back Cover