



ASCENDER GUIDES



## Recover User Name (Recuperar nombre de usuario)



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# CHARTER STUDENT ADMISSION APPLICATION

Use this page to apply to the Charter School Waitlist.

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

## Student Information

**Note:** Fields marked with an asterisk are required.

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

## Voluntary Information

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

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

## Street Address of Primary Residence

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

|   |   |
|---|---|
| <b>ZIP Code</b>   | Type the ZIP code of the applicant's primary residence.   |
| <b>ZIP Code 4</b>   | Type the plus-four of the applicant's primary residence.  |
| <b>Contact Area Code</b>                                    | Type the applicant's primary guardian's area code.  |
| <b>Contact Phone Number</b>                                 | Type the applicant's primary guardian's phone number.   |
| <b>Email Address</b>  | Type the applicant's primary guardian's email address.  |
| <b>Certification</b>  | 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. |
| <b>Type the characters displayed below and click Submit</b> | Finally, as a security measure, type the characters displayed in the field below.   |

Click **Submit**.



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