



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

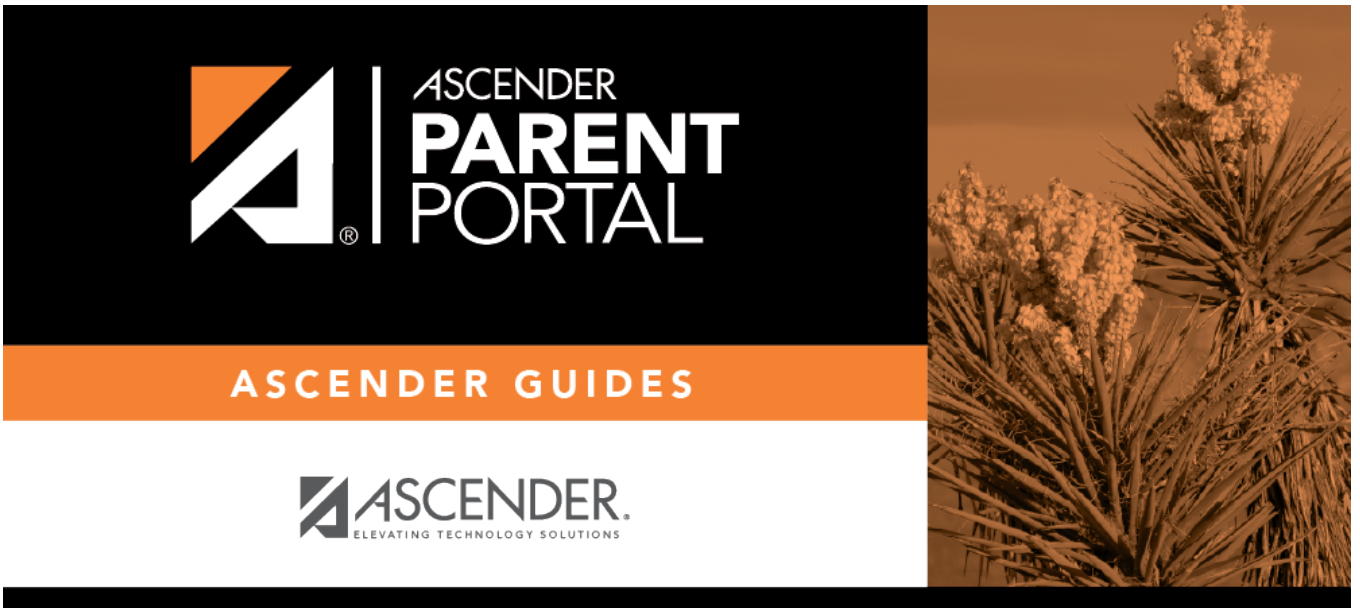
<b>Last Name</b>	Type the applicant's primary guardian's last name.
<b>First Name</b>	Type the applicant's primary guardian's first name.

## 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. 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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