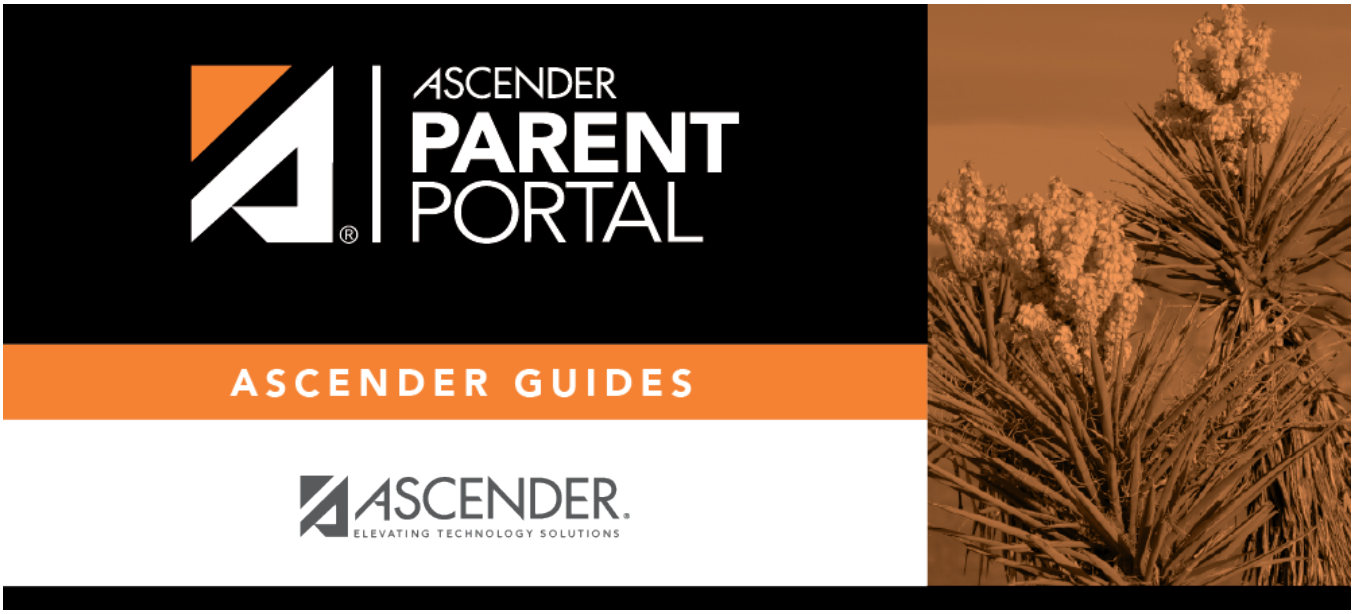


Recover User Name (Recuperar nombre de usuario)

Table of Contents

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

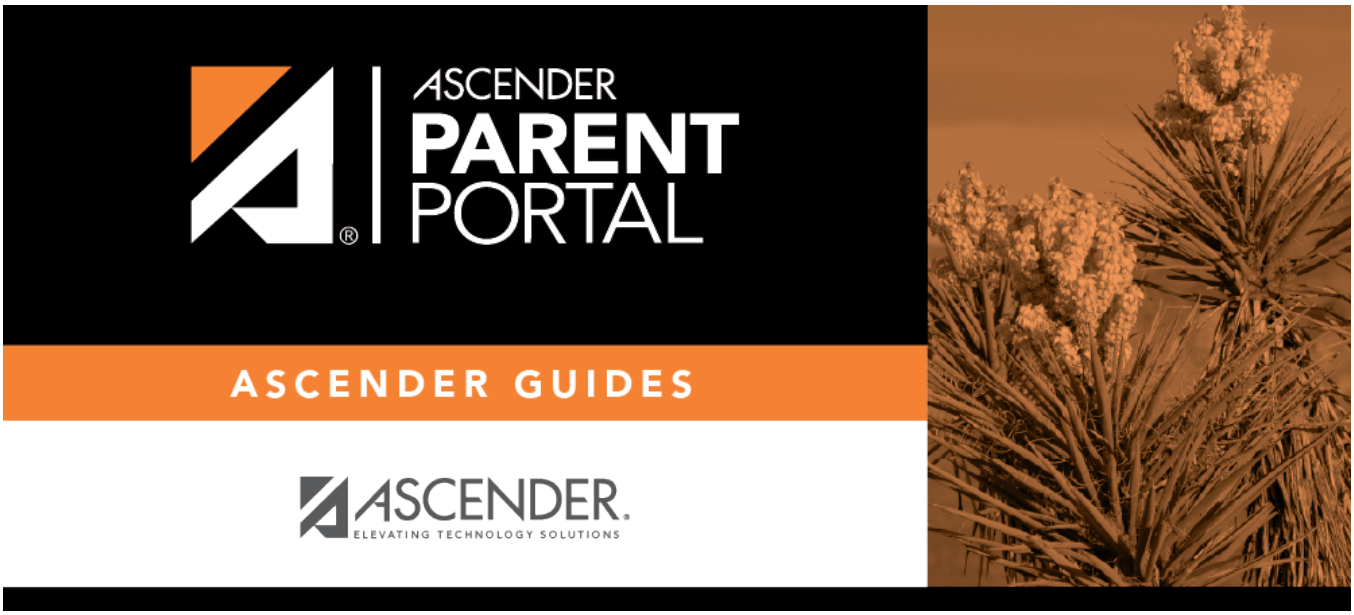
Last Name	Type the applicant's primary guardian's last name.
First Name	Type the applicant's primary guardian's first name.

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. 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