



ALBANY LEADERSHIP

CHARTER HIGH SCHOOL FOR GIRLS

“One Leader Changes Everything”

19 Hackett Boulevard, Albany, NY 12208

518-694-5300 Phone – 518-694-5307 Fax

www.albanyleadershiphigh.org

We are accepting applications for grades 9 and 10.

If more applications are received than available seats, an open and fair lottery will be conducted.

Students in the Albany City School District and siblings of accepted students will receive a preference in the event a lottery occurs.

Admission Application Deadline is Friday, April 1st by 4pm.

Lottery will be held Monday, April 18th at 12noon.

PARA FAMILIAS LATINAS:
Si necesita una aplicacion en
espanol, por favor llame al
(518) 694-5300

RETURN COMPLETED APPLICATION

For help completing this
application, call
(518) 694-5300

April 1, 2011

Application for Student Admission: 2011-2012

Please print your information and complete all sections of this application.

STUDENT INFORMATION

Student's Name: _____ Birth Date: _____
First MI Last Month/Day/Year

Student's Address: _____ NY
Street Number & Name Apartment Number City State ZIP

Phone: _____ Email: _____
Home Cell Work

Applying for admission to grade: 9 10 School Currently Attending: _____

PARENT/GUARDIAN INFORMATION

Who has the legal authority to apply for this child to attend Albany Leadership Charter High School for Girls?

Mother/Stepmother & Father/Stepfather Mother/Stepmother only Father/Stepfather only Legal Guardian(s)

Name(s):

First Name	Middle Initial	Last Name
First Name	Middle Initial	Last Name

Address:

Street Number & Name	Apartment #	
City	State	ZIP Code

Telephone:

Home	Cell	Work
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SIBLING INFORMATION

List the name, birth date and September, 2011 grade level of any siblings of the student applying to Albany Leadership Charter High School for Girls:

Name: _____	Birth Date: ____/____/____	2011 Grade: _____
Name: _____	Birth Date: ____/____/____	2011 Grade: _____
Name: _____	Birth Date: ____/____/____	2011 Grade: _____
Name: _____	Birth Date: ____/____/____	2011 Grade: _____

PARENT/GUARDIAN SIGNATURE

I hereby testify that the information provided on this ALH admission application is accurate and current.

_____ Signature	_____ Print Name	_____ Date
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**Please complete this application and
mail or deliver attention to Mrs. Annazette Rivers:**

**ALBANY LEADERSHIP CHARTER HIGH SCHOOL FOR GIRLS
19 HACKETT BOULEVARD
ALBANY, NY 12208
518-694-5300**

Important Information Regarding Admission:

Families of Albany Leadership Charter High School for Girls must provide verification of residency, a copy of the student's prior year academic record, a birth certificate, and immunization records. Additional student registration forms also must be completed.

Thank you for your interest in Albany Leadership Charter High School for Girls!