

PARA FAMILIAS LATINAS:
Si necesita una aplicación en español, por favor llame al
(518) 694-5300.



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

ALBANY LEADERSHIP
CHARTER HIGH SCHOOL FOR GIRLS

Application for Student Admission: 2018-2019

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

The items marked with an asterisk () are the only items that may be required to apply to this charter school. Any items not marked by an (*) are optional.

STUDENT INFORMATION

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

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

Student's Sex: _____ Student identifies their Gender as: _____
*Applying for admission to grade: 9 10 11 12 School Currently Attending: _____
Current Grade: 8 9 10 11 12 Has the student previously attended ALH? Yes No
First Year Attended 9th grade: 2018 2017 2016 2015 *Home School District: _____

PARENT/GUARDIAN INFORMATION

*Name(s): _____
First Name MI Last Name

*Relationship to Student: _____

Home Address: _____
Street Number & Name Apartment Number City State ZIP

Phone: _____ Email: _____
Home Cell Work

Admission Application deadline is April 1st. All applications must be postmarked by April 1st.

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. The Lottery will be held on Monday, April 9th at 9AM.

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SIBLING INFORMATION

*Does the applicant student have a sibling(s) who is currently enrolled at ALH (circle one)? Yes No
If yes, please provide the name, birth date and current grade level of the sibling that is attending ALH.

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

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

PARENT/GUARDIAN SIGNATURE

I confirm that the information provided on this ALH Admission Application is accurate and current to the best of my knowledge.

Signature

Print Name

Date

How did you hear about Albany Leadership Charter High School for Girls? Please check ALL that apply			
<input type="checkbox"/> Mall	<input type="checkbox"/> Internet / Website	<input type="checkbox"/> Walk-in	<input type="checkbox"/> Current Student
<input type="checkbox"/> Bus Ad	<input type="checkbox"/> Other: (please be specific) _____		

Non-Discrimination Statement: A charter school shall not discriminate against or limit the admission of any student on any unlawful basis, including, on the basis of ethnicity, national origin, disability, intellectual ability, measures of achievement or aptitude, athletic ability, race, creed, national origin, religion or ancestry. A school may not require any action by a student or family (such as an admissions test, interview, essay, attendance at an information session, etc.) for an applicant to either receive or submit an application for admission to that school.

Important notice about transportation:

A **Transportation Form** from the district in which you reside needs to be completed **prior to April 1st** to ensure transportation for the upcoming school year.

ALBANY LEADERSHIP CHARTER HIGH SCHOOL FOR GIRLS
19 HACKETT BLVD.
ALBANY, NY 12208
ATTN: DIRECTOR OF ADVANCEMENT