

**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: 2019-2020**  
**Applications must be submitted by April 1<sup>st</sup> 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 9<sup>th</sup> 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 1<sup>st</sup>. All applications must be postmarked by April 1<sup>st</sup>.**

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 Tuesday, April 2<sup>nd</sup> at 9AM.

**TURN PAGE**

*"One leader changes everything."*

**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

<b>How did you hear about Albany Leadership Charter High School for Girls? Please check ALL that apply</b>			
<input type="checkbox"/> Mall	<input type="checkbox"/> Website	<input type="checkbox"/> Walk-in	<input type="checkbox"/> Current Student
<input type="checkbox"/> Bus Ad	<input type="checkbox"/> Online 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 1<sup>st</sup>** 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

*“One leader changes everything.”*