PARA FAMILIAS LATINAS:

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

Home Address: _

Home

Phone:

Street Number & Name

Cell



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

Application for Student Admission: 2020-2021

Applications due by April 1st, 2020

Please print your information and complete <u>all</u> 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

*Birth Date: *Student's Name: Last Month/Day/Year *Student's Address: Street Number & Name Apartment Number City State ZIP Student identifies their Gender as: ___ Student's Sex: *Applying for admission to grade: $\square 9 \square 10 \square 11 \square 12$ School Currently Attending: ___ Current Grade: ■ 8 ■ 9 ■ 10 ■ 11 ■ 12 Has the student previously attended ALH? ☐ Yes ☐ No First Year Attended 9th grade: ☐ 2020 ☐ 2019 ☐ 2018 ☐ 2017 *Home School District: ____ Does the student have an IEP or 504 plan? Yes No **PARENT/GUARDIAN INFORMATION** *Name(s): First Name Last Name *Relationship to Student: _____

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

Work

Apartment Number

City

Email:

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 2nd at 9AM.

State

ZIP

SIBLING INFORMATION

Name:	Birth Date://	Grade:
Name:	Birth Date:/	Grade:
	PARENT/GUARDIAN SIGNA	ATURE
2	ation provided on this ALH Admissic lge.	on Application is accurate and curre
I confirm that the informato the best of my knowled	•	on Application is accurate and curre Date
to the best of my knowled	Print Name	Date
to the best of my knowled Signature How did you hear about A	lge.	Date nool for Girls? Please check ALL that

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**st 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