

DISCOVERY CHARTER SCHOOL

2013-14 Application for Admission

DEADLINE DATE FOR LOTTERY: Monday, April 1, 2013

2013-14 LOTTERY: Tuesday, April 2, 2013 Bishop Kearney Gymnasium

Students must submit an application each year. Returning students will be re-enrolled before the lottery date. Each year a new waitlist will be created from applicants. All Kindergarten students must be age 5 by December 1st to be entered in the lottery.

All questions with an asterisk () must be answered in order for the application to be complete.*

***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, gender, disability, intellectual ability, measures of achievement or aptitude, athletic ability, race, creed, gender, 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.) in order for an applicant to either receive or submit an application for admission to that school.*

However, Discovery Charter School has been approved by the New York State Education Department to provide preference based on students that are eligible for the federal free or reduced price lunch program. (See back.)

APPLICANT STUDENT INFORMATION:

*1. Student Name (First, Last)	
*2. Date of Birth (MM/DD/YYYY):	
*3. Gender (Circle One):	Male Female
*4. Home Address (Street, City, State, Zip Code):	
*5. Home School District, if known:	
*6. Grade Applying for (Circle One):	K 1 2 3
*7. Does the applicant student have a sibling(s) who is currently enrolled in this charter school? (Circle One) If yes, list at least one sibling's name, current grade and date of birth.	Yes No

PARENT/GUARDIAN INFORMATION:

*1. Parent/Guardian Name: (First, Last)	
*2. Relationship to Student:	
3. Home Address (Street, City, State, Zip Code)	
*4. Phone Number(s) if available:	Home _____ Cellular: _____ Work: _____ Other: _____

Parent/Guardian Signature: _____ **Date:** _____

PREFERRED ADMISSION: Discovery Charter School has been approved by the New York State Education Department to provide preference based on students that are eligible for the federal free or reduced price lunch program. In order to establish where you are eligible for this program please use the chart below.

Family Income – Do you believe that your child is eligible for the federal free or reduced price lunch program? (Circle one) Yes No

Program is based on the household income chart below (7/1/2012-6/30/2013):

# of people in household	1	2	3	4	5	6	7	8	+9
Annual household income less than	\$20,665	\$27,991	\$35,317	\$42,643	\$49,969	\$57,295	\$64,621	\$71,947	\$79,273

How did you hear about Discovery Charter School? _____

I understand that to be eligible for admissions preferences, I must submit documentation for proof of income, residence and sibling information. Failure to do so will result in my application being ineligible for these preferences.

Your application may be submitted in one of the following manners:

**Mail or Hand Delivery: Discovery Charter School
Admission Application
125 Kings Highway South
Rochester, NY 14617**

**Email: lcorbett@rochesterdiscovery.com
Subject Line: Admission Application**

**Fax: 585-342-4003
ATTN: lcorbett – Admission Application**

FOR OFFICE USE ONLY

Date Received: _____ Time Received: _____

Verified Documentation: Sibling Income

Staff Signature: _____

Submitted: In Person Mail Fax Email

Other Documentation: _____

Date Entered into system: _____