



2016-17 Application for Admission

APPLICATION DEADLINE FOR LOTTERY: Friday, April 1, 2016
2016-17 LOTTERY WILL BE HELD: Monday, April 4, 2016, 9:00 am @
Discovery Charter School Auditorium

New students must submit an application each year. Returning students will be re-enrolled before the lottery date. Following the lottery, a new waitlist will be generated; students on the waitlist must submit a new application to be entered into the following year's lottery. All Kindergarten students must be age 5 by December 1st of this year (2016) in order to be entered into 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 admission preference to students that are eligible for the federal free or reduced price lunch program. (See back for details.)

APPLICANT STUDENT INFORMATION:

*1. Student Name	
*2. Date of Birth (MM/DD/YYYY):	
*3. Gender:	Male <input type="checkbox"/> Female <input type="checkbox"/>
*4. Home Address (Street, City, State, Zip Code):	
*5. Home School District, if known:	
*6. Grade applying for	K <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/>
*7. Does the applicant student have a sibling(s) who is also applying for admission?	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, list sibling(s) name, grade applying for and date of birth: Name: _____ Grade: _____ DOB: _____ _____ _____

FOR OFFICE USE ONLY	
Date Received: _____ Time Received: _____	Submitted: In Person <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email <input type="checkbox"/>
Verified Documentation: Sibling <input type="checkbox"/> Income <input type="checkbox"/>	Other Documentation: _____
Staff Signature: _____	Date Entered into system: _____

PARENT/GUARDIAN INFORMATION:

*1. Parent/Guardian Name:	
*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 admission preference to students that are eligible for the federal free or reduced price lunch program. In order to establish whether 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? Yes No SNAP or TANF (if applicable) #: _____

Program is based on the household income chart below (7/1/2015-6/30/2016):

# of people in household	1	2	3	4	5	6	7	8	Each addtl person add
Annual household income less than	\$21,775	\$29,471	\$37,167	\$44,863	\$52,559	\$60,255	\$67,951	\$75,647	\$7,696

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 this preference.

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

**Mail or Hand Delivery: Discovery Charter School
Admission Application
133 Hoover Drive
Rochester, NY 14615**

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

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