

South Buffalo Charter School Student Application Form

Applicable School Year:	2015-2016
Name of Charter School:	South Buffalo Charter School
Contact Information for Charter School:	154 South Ogden Street Buffalo, New York 14210 716-826-7213 phone 716-826-7168 fax www.southbuffalocs.org Email: agonzalez@southbuffalocs.org
Application Deadline:	April 1, 2015 3PM
Lottery Date and Location (if known):	April 15, 2015 @ 5PM in the South Buffalo CS Auditorium
Directions for Submission of Applications:	Please note all applications must be received in a timely matter. The application period ends on April 1, 2015 at 3pm in order to be submitted for the lottery. Any applications received after April 1, 2015 3pm will be considered received in an untimely manner and will automatically be placed on waiting list after all timely returned applications. No exceptions will be made. Please mail, drop off, fax, or email completed applications to the contact information listed above.

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, 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.

Note: A separate application must be completed and submitted for each child applying for admission.

Applicant Student Information:

1.* Name (First, MI Last):	
2.* Date of Birth (MM/DD/YYYY):	
3.* Gender (circle one):	Male / Female
4.* Home Address (street address, city, state, zip code):	
5.* School District where applicant resides:	
6.* Grade Applying for:	
7.* Does the applicant student have a siblings who are currently enrolled at South Buffalo Charter School (circle one)? If yes, list at least one sibling's name, current grade and date of birth.	Yes / No
8.* Does the applicant student have siblings who are also applying to join the school this year? (Circle one) If yes, please list their names, grade for Fall 2015, and date of birth. Please remember you will still need to complete an application for each individual child.	Yes/No

Parent/Guardian Information:

1.* Name (First, Last):	
2.* Relationship to Student:	
3. Home Address (street address, city, state, zip code):	
4. * Phone Number(s):	
5. Email Address(es):	

Parent/Guardian Signature: _____ Date: _____

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