



Application Form for 2018–2019 School Year

Application Deadline: April 1st, 2018 at 12:00am midnight

Lottery Date and Time: April 17, 2018 at 1:00pm, 160 School Lane, Frankfort, NY 13340

Directions for Submission of Applications: Please either submit an online application on our website by filling the required information or send this application to the applicable school address via mail.

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.*

Applicant Student Information:

Legal Name of Student:* (last) _____ (first) _____ (middle) _____

Gender:* Male Female **Date of Birth (MM/DD/YYYY):*** _____

Social Security Number: _____

Grade level applying for:* K 1 6 7 8 9 10 11 12

Are you a child of UASCS employee: Yes No If Yes, please provide the name of the employee: _____

Student's Residence Address:* (Note: No P.O. Boxes)

Street: _____ **Apt#:** _____

City: _____ **County:** _____ **State:** _____ **Zip Code:** _____

Legal School District of Residence:* _____

Does the applicant student have a sibling(s) who is currently enrolled in this charter school?* Yes No If Yes, list at least one sibling's name, current grade and date of birth: _____

Name of Previous School: _____ **Years Attended:** _____

Address of Previous School: Street: _____ **City:** _____ **State:** _____

School Phone : (____) _____ **School Fax :** (____) _____

Parent / Guardian Information:

Student lives with: Both parents Both parents alternately (joint custody) Mother only Father only Legal guardian

Legal Parent/ Guardian Name:* (last) _____ (first) _____ (middle) _____

Relationship to Student:* _____

Address and phone same as student? Yes No If No, complete the following:

Street: _____ **Apt #:** _____

City: _____ **County:** _____ **State:** _____ **Zip Code:** _____

Home Phone*: _____ **Work Phone:** _____ **Cell Phone:** _____

E-mail address: _____

How did you hear about Utica Academy of Science? Brochure/Flyer Relative Friend Walk-in Internet Radio Newspaper Other (explain) _____

Please briefly state why you wish to enroll your child at UTICA ACADEMY OF SCIENCE CHARTER SCHOOL:

I/We hereby certify that, to the best of my/our knowledge and belief, the answers to the foregoing questions and statements made by me/us in this application are complete and accurate. I/We understand that any false information or misrepresentations of facts may result in rejection of this application or future dismissal of the applicant.

Parent/Guardian Signature: _____ **Date (MM/DD/YYYY):** _____

* 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.