

## 2018-2019 Student Application

All children eligible to attend NYC Public Schools are eligible to attend Mott Haven Academy Charter School.

As a public charter school, Mott Haven Academy will not limit the admission of any student on the basis of disability, race, creed, gender, national origin, religion, ancestry, athletic ability, or intellectual aptitude or achievement, nor will we 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. Supports and services are provided for students requiring Individualized Education Plans (IEP's) and for English Language Learners.

**For Pre-Kindergarten, children must turn 4 by 12/31/2018. For Kindergarten, children must turn 5 by 12/31/18.**

Completing this form shows your desire to enroll your child in the lottery for admission to Mott Haven Academy Charter School.

### Application Deadline: Friday, March 31<sup>st</sup> 2018

Please mail, fax or bring this **completed** form to the following address:

**You may also submit this application online at: [havenacademy.org](http://havenacademy.org)**

Mott Haven Academy Charter School

170 Brown Place, Bronx, NY 10454

Phone: 718-292-7015

Fax: 718-292-7823

### Student Information

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Middle: \_\_\_\_\_

Address: \_\_\_\_\_ Apt: \_\_\_\_\_ City: \_\_\_\_\_ State: NY Zip: \_\_\_\_\_

Gender of Child: Boy \_\_\_ Girl \_\_\_ Child's Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_

### In September 2018, my child is scheduled to enter (check one):

Pre-K \_\_\_\_\_ Kindergarten \_\_\_\_\_ Grade 1 \_\_\_\_\_ Grade 2 \_\_\_\_\_ Grade 3 \_\_\_\_\_  
Grade 4 \_\_\_\_\_ Grade 5 \_\_\_\_\_ Grade 6 \_\_\_\_\_ Grade 7 \_\_\_\_\_

### Primary Parent/Guardian Information

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_ Apt: \_\_\_\_\_ City: \_\_\_\_\_ State: NY Zip: \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cellular Phone: \_\_\_\_\_

### Birth Parent Information (ONLY complete if in foster care)

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Phone: \_\_\_\_\_

### Does the applicant reside in New York City Community School District (CSD) 7?

Yes  No  Unsure

\*(district 7 includes zip codes 10451, 10454, 10455, 10456)

**Children in the Home**

Please list other children living in the home and their relationship to the student applying. Indicate if any of the children currently attend Mott Haven Academy Charter School (Note that a separate application must be submitted for each child applying):

Name (First, Last)	Date of Birth (MM/DD/YYYY)	Grade in Sept. 2018	Relationship to Applicant (siblings, foster siblings, cousins, etc)	Name of School Currently Attending

**Lottery Preference:**

While this school will be open to all students, it is specifically designed to meet the needs of at-risk students who are currently served by the child welfare system. Our lottery system, in compliance with the NY State Charter School Law, allows us to give our target population lottery preference while still creating opportunities for the entire Mott Haven community. By providing us with additional information, your child may qualify for the preference.

**1) Seats have been reserved for Children in Foster Care who meet the following criteria:**

A Foster Care Student is defined as any child in the custody of the City, away from his home 24 hours per day in a foster boarding home or a duly-certified relative foster boarding home (kinship home) or a duly-certified group home, agency-operated boarding home, child care institution, or any combination thereof<sup>1</sup>.

Is the child currently in Foster Care?                      Yes                      No

**2) Seats have been reserved for Children Receiving Prevention Services who meet the following criteria:**

A Preventive Service Student is defined as any child receiving supportive and rehabilitative services from an agency for the purpose of (1) Averting a disruption of a family which will or could result in the placement of child in foster care; (2) Enabling a child who has been placed in foster care to return to his or her family at an earlier time than would otherwise be possible; (3) Reducing the likelihood that a child who has been discharged from foster care will return to foster care<sup>2</sup>. It also includes children who are in transitional housing.

Is the child receiving Prevention Services?                      Yes                      No  
 Is the child living in transitional housing?                      Yes                      No

Name of the social service agency currently responsible for the child’s Foster or Prevention Services:

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Agency	Case Worker	Telephone
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I agree that school records, photos and video of the student for whom I am submitting this application may be used by this charter school and for studies about this charter school. In these studies, only aggregate outcomes, not individual scores or identifying information will be reported. If I have provided information that would make this student applicant eligible for lottery preference, the school has my permission to verify information provided.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

<sup>1</sup> New York State Department of Social Services, Regulations for Foster Care, Title 18.  
<sup>2</sup> New York State Department of Social Services, Preventive Services Program Manual.