



Application for Enrollment 2018-2019 School Year

Application Information:

- The information submitted below will be used to create an online application on our School Mint Online Enrollment System. You will receive a confirmation via text or email, therefore please provide an email or cellphone number below.
- Completed applications must be received by 11:59 p.m. on Monday, April 2, 2018. Applications received after the deadline will be placed on the waiting list in the order in which they were received.
- The lottery will be held on Wednesday, April 11, 2018.
- Children must turn 5 before December 31, 2018 to be eligible for kindergarten.
- Preference will be given to students residing in the Community School District where the school is located, siblings, and students with disabilities applying to the ASD program.

STUDENT INFORMATION

GRADE APPLYING FOR (2018-2019 School Year):

NCSH Northwest 421 West 145 th Street, New York, NY 10031 <input type="checkbox"/> K <input type="checkbox"/> 1 st <input type="checkbox"/> 2 nd <input type="checkbox"/> 3 rd	NCSH Central Harlem 132 West 124 th Street, New York, NY 10027 <input type="checkbox"/> 4 th <input type="checkbox"/> 5 th <input type="checkbox"/> 6 th <input type="checkbox"/> 7 th
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Child's Name: _____ Date of Birth: ____/____/____

Street Address: _____ Apt #: _____ City: _____

State: _____ Zip Code: _____ Name of Current School: _____ Gender: F M

Optional: What language do you primarily speak at home? English Spanish Other _____

SIBLING INFORMATION

A sibling is a brother or sister who lives in the same household, including half, step and foster siblings. A separate application must be submitted for each child.

Does the applicant have a sibling currently attending NCSH? Yes No

If Yes, Sibling's Full Name: _____ Grade: _____

Does the applicant have a sibling applying to NCSH? Yes No

If Yes, Sibling Full Name: _____ Grade: _____

PARENT/GUARDIAN INFORMATION

1. Name: _____ Relationship To Student: _____

Home Phone: _____ Cell Phone: _____ Email Address: _____

2. Name: _____ Relationship To Student: _____

Home Phone: _____ Cell Phone: _____ Email Address: _____

Non-discrimination statement. A charter school shall not discriminate against any student or limit the admission of any student on the basis of ethnicity, national origin, gender, disability, intellectual ability, measures of achievement or aptitude, athletic ability, disability, race, creed, gender, national origin, religion, ancestry, or any other ground that would be unlawful if done by a school. A school may not require an admissions test, interview, essay, or attendance at an information session in order for an applicant to either receive or submit an application for admission to that school.

I agree that the school records of the student for whom I am submitting this application may be used for studies of this charter school. In these studies, only aggregate outcomes, not individual students' outcomes, will be reported.

Parent/Guardian Signature: _____ Date: _____

ASD Program

Specialized program. Our school offers a specialized inclusion program (The “ASD Program”) for children who have high-functioning autism spectrum disorders or Asperger Syndrome. These students will participate in the same grade level academic curriculum as their classmates with intensive support from specially trained teachers, and will participate in social development classes designed to help them with social understanding and communication challenges.

Eight places in each grade will be set aside for these students. If you are interested in applying to this program, we will ask you to supply additional information about your child and may require your child to be evaluated by independent professionals at no cost to you. For more information, please contact our Director of Special Education, Lindsey Mattingly, at (646) 701-7117 or email at admissions@ncsharlem.org.

You are under no obligation to supply additional information. If you choose not to do so, your child will not be eligible for one of the places set aside for students with autism spectrum disorders but will be eligible for admission to our school on the same basis as all other applicants.

Are you applying to the ASD Program? Yes No

Parent/Guardian Signature: _____ Date: _____

Mail, Fax, or Bring Completed Applications to The Neighborhood Charter School of Harlem:

NCSH Central Harlem: 132 West 124th Street, New York, NY 10027

NCSH Northwest: 421 W 145th Street, New York, NY 10031

Phone: 646-701-7117 | Fax: 914-462-3435 | admissions@ncsharlem.org