

NEW VISIONS CHARTER HIGH SCHOOLS

APPLICATION FORM 2013-2014

| Return completed forms to:New Visions for Public Schools, Attn: Charter Unit 320 West, 13th Street, 6th Floor, New York, NY 10014 Applications may also be submitted online at http://www.newvisions.org/charter/apply Application Deadline: Postmarked, 5 pm, Wednesday, April 3, 2013 Phone: 646-470-0375Fax: 212-645-7409Email: charter@newvisions.org | | | | | | |
|--|--|--|--|---|---|----------------------------|
| SCHOOL/GRADE SELECTION (You may apply to more than one school) | | | | | | |
| | a rter High Scho Campus, Brookly | ol for the Human n) | ities III | | | |
| New Visions Charter High School for Advanced Math and Science III (Sheepshead Bay Campus, Brooklyn) | | | | | | |
| APPLICANT INFO | ORMATION Ple | ease print clearly. Iter | ms marked with a | ın asterik (*) are | required. | |
| *Name: | | | | | | |
| *Gender: Male | | | | *School Di | | |
| *Home Address: | | Street Address | | | State | Zip |
| Current School: | | | | nt Grade: | Borough: | |
| PARENT/GUARD | IAN INFORMA | TION | | | | |
| *Name: *Relation to student: | | | | | | |
| *Home Phone: (| | | | | | |
| Email Address: | | | | | | |
| SIBLING INFORMATION Note: A separate application must be submitted for each child. Do you have a sibling currently attending a New Visions Charter High School? Yes No | | | | | | |
| | | | | | / | / |
| ^{Last} Do you have a siblin | | | | | | e of Birth No |
| Last | | | | School G | rade Dat | e of Birth |
| New Visions Charter High Schools do not discriminate against any student or limit the admission of any student on the basis of ethnicity, national origin, religion, gender, disability, intellectual ability, measure of achievement or aptitude, athletic ability, or any other ground that would be unlawful if done by a school. No admission test, interview, essay, attendance at an information session, etc. is required to receive or submit an application for admission to a New Visions Charter High School. | | | | | | |
| Applicants may have to s be notified of the lottery or 9th grade credit requir | date and location prio | mation at a later date to r to the event. All appli | o verify preferences cants must success | s in an admissions sfully meet 8th gra | s lottery. All appl ade graduation r | icants will equirements |
| I, the undersigned, affirm that the information contained in this application is, to the best of my knowledge, complete and accurate. I agree that my child's school records may be used to study New Visions Charter High Schools. In these studies only aggregate out- comes, not individual outcomes, will be reported. | | | | | | |
| Parent/Guardian | Signature: | | | | Date:/ | |
| I do not want New Visions Charter High Schools to use my child's information in future studies. | | | | | | |
| For Internal Use Only | | | | | | |

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____ Application #: ___

English. Last updated: 1/29/13

Event:

_ Processed By: __