## Achievement First

## K-12 Lottery Enrollment Form, Bridgeport, CT



Achievement First's lottery enrollment period is now open for the 2015-16 school year. You can enroll in our lottery quickly by visiting www.achievementfirst.org and completing our lottery enrollment form. The deadline to be considered for the lottery is April 1, 2015. Forms received after the deadline will be added to the waitlist in the order in which they are received. To be eligible, your child must be born on or before 12/31/10. If you have more than one child enrolling in the lottery, please complete a separate form for each child.

Students who would otherwise attend any of the neighborhood schools listed below are eligible to enroll in the lottery for Achievement First Bridgeport Academy:

Barnum, Beardsley, Black Rock, Bryant, Cesar Batalla, Columbus, Columbus Annex, Cross, Curiale, Dunbar, Edison, Geraldine Johnson, Hall, Hooker, Marin, Read, Roosevelt, Tisdale, Waltersville

If you have questions regarding this form, please email admissionsCT@achievementfirst.org or call 203-773-3223 x17248.

Please select the school you	u would like your child to	attend	
AF Bridgeport Academy Elementary, 6 AF Bridgeport Academy Middle, 529 No AF Amistad High School, 580 Dixwell A	oble Avenue, 5-8		
Parent/Guardian First and I	ast Name*:		
Relationship to Child*:MotherF	ather Legal Guardian Other:		
E-mail (if available)		Cell Phone (if available)_	
Home Phone (if available)	Work Phone (if a	ıvailable)	
Student General Informatio	${f n}$ (You must complete a separate form f	or each child you are enrolli	ing in the lottery.)
First Name*	_ Middle Name*	Last Name*	
Date of Birth* (mm/dd/yyyy)//	_ Current Grade* Grade Enrolli	ng in* Gender*:	Male Female
Current School*			
Student Address*		Apt #	
City*	State*		Zip*
Siblings (To qualify as siblings for the admis guardian and reside in the same he	sions preference permitted by current CT Stat ousehold.)	e law, children must share a par	rent/legal
Does the student have a sibling Atte	ending OR Enrolling in the lotter	y (Check One) for an Achi	ievement First school?
(Please provide the information for only on for an Achievement First school. )	ne sibling who attends an Achievemen	t First school, or who is al	so enrolling in the lottery
Sibling Name		Sibling Date of	f Birth
Current Grade Grade enrolling in	School Attending/Enrolling		



Note: Achievement First is dedicated to serving all students, including those who are non-English speaking, come from economically disadvantaged households, or require special services. **The following questions are not required and have no impact on admissions.** 

Languages			
What language is spoken most often by adults in the house?EnglishSpanishHaitian CreoleFrench			
BengaliOther:			
Has your child received extra support (beyond regular classes) to learn the English language in school?YesNo			
Additional Information			
• Does your child qualify for free or reduced-price lunch?YesNo			
• Does your child's household qualify for SNAP or TANF benefits?YesNo			
• How many people live in the child's household (including the child)?2345678+			
What is the total annual income in the child's home?			
less than \$28,283   \$28,283 to \$38,121   \$38,121 to \$47,961   \$47,961 to \$57,801   \$57,801 to \$67,640			
\$67,640 to \$77,480			
Special Needs			
Does your child have a disability?YesNo			
• Does your child have, or have they ever had, an Individualized Education Program (IEP)?YesNo			
If yes, please indicate the previous school and the approximate date when the most recent IEP was written.			
Previous School Date of IEP			
Has your child ever received Special Education Services?YesNo			
• Does this student have a 504 plan or health impairment?YesNo			
How did you hear about us?			
MailingDaycareOnlineFlierBus adCommunity EventDoor-to-door/Street Team			
Families of current AF studentsOther:			

By submitting this form, I indicate my desire to enter my child into the lottery. I understand that admission is not guaranteed. I agree that the school records of the student for whom I am submitting this form may be used for studies of this charter school, even if the child is not given admission. I also understand that this information will be kept confidential and that, in these studies, only summary outcomes, not individual student's scores, will be reported.

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

Non-Discrimination Statement: A charter school shall not discriminate against any student on the basis of ethnicity, national origin, gender, disability or any other ground that would be unlawful if done by a school. Admission of students shall not be limited on the basis of intellectual ability, measures of achievement or aptitude, athletic ability, disability, race, creed, gender, national origin, religion or ancestry. A school may not require any action by a student or family (such as an interview, an essay, attendance at an information session, etc.) in order for an applicant to either receive or submit an application for admission to that school. However, a charter school is permitted to be established as a single-sex charter school or a charter school designed to provide expanded learning opportunities for students at-risk of academic failure or students with disabilities and English Language Learners.

## Thank you for your interest in Achievement First!

Forms may be submitted by mail, fax or completed online. You will receive notification by mail and/or e-mail when this form is received. Please allow 2 to 3 weeks for application processing.

**MAIL:** AF Bridgeport Academy Elementary School, 655 Stillman Street, Bridgeport, CT 06608 or AF Bridgeport Academy Middle School, 529 Noble Avenue, Bridgeport, CT 06608

FAX: 203.907.1649 Online: www.achievementfirst.org

Email: admissionsCT@achievementfirst.org

