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 would like your child to attend

___ AF Bridgeport Academy Elementary, 655 Stillman Street, K-4
___ AF Bridgeport Academy Middle, 529 Noble Avenue, 5-8
___ AF Amistad High School, 580 Dixwell Avenue, New Haven, 9-12

Parent/Guardian First and Last Name*: ____________________________________________

Relationship to Child*: ___Mother ___Father ___Legal Guardian ___Other: ___________________________

E-mail (if available) ___________________________________________ Cell Phone (if available) __________

Home Phone (if available) __________________________ Work Phone (if available) _______________________

Student General Information (You must complete a separate form for each child you are enrolling in the lottery.)

First Name* ___________________________ Middle Name* ___________________________ Last Name* ___________________________

Date of Birth* (mm/dd/yyyy) ___/____/_____ Current Grade* ______ Grade Enrolling in*______ Gender*: ____ Male ____ Female

Current School* ________________________________________________________________

Student Address* __________________________________________________________________ Apt #________________________

City* ___________________________________________ State* ___________________________ Zip*________________

Siblings (To qualify as siblings for the admissions preference permitted by current CT State law, children must share a parent/legal guardian and reside in the same household.)

Does the student have a sibling ____ Attending OR ____ Enrolling in the lottery (Check One) for an Achievement First school? (Please provide the information for only one sibling who attends an Achievement First school, or who is also enrolling in the lottery for an Achievement First school.)

Sibling Name ____________________________________________________________ Sibling Date of Birth ________________

Current Grade _______ Grade enrolling in _______ School Attending/Enrolling ____________________________________________
Languages
What language is spoken most often by adults in the house? ___English   ___Spanish   ___Haitian Creole   ___French   ___Bengali   ___Other: _________________________________________
Has your child received extra support (beyond regular classes) to learn the English language in school? ___Yes     ___No

Additional Information
• Does your child qualify for free or reduced-price lunch? ___Yes     ___No
• Does your child's household qualify for SNAP or TANF benefits? ___Yes     ___No
• How many people live in the child's household (including the child)?    ___2   ___3   ___4   ___5   ___6   ___7   ___8+
• 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   ___$77,480 to $87,318   ___$87,318 to $97,158   ___more than $97,158

Special Needs
• Does your child have a disability? ___Yes     ___No
• Does your child have, or have they ever had, an Individualized Education Program (IEP)? ___Yes     ___No
  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? ___Yes     ___No
• Does this student have a 504 plan or health impairment?  ___Yes     ___No

How did you hear about us?
___Mailing   ___Daycare   ___Online   ___Flier   ___Bus ad   ___Community Event   ___Door-to-door/Street Team
___Families of current AF students   ___Other: ____________________________________________________________________________

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

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.