

Thank you for your interest in Achievement First! **All forms must be submitted by April 1, 2018 to be included in the lottery.** Forms received after April 1 will be added to the waitlist in the order they are received. Only items marked by an asterisk are mandatory, all other questions are optional.

Applications can be submitted in-person, by mail or online at achievementfirst.org/enrollBK.
Questions? Email admissionsnyc@achievementfirst.org or call (718)623-2660 ext. 3.

Section 1

Parent/Guardian

Parent/Guardian First and Last Name*:

Relationship to Child*: ☐ Mother ☐ Father ☐ Legal Guardian (Specify):

Cell Phone*: Home Phone: Work Phone:

E-mail: Preferred method of contact: ☐ Email ☐ Text ☐ Both

You must complete a separate form for each child you are enrolling in the lottery.

Section 2

Student

First Name*: Middle Name*: Last Name*:

Date of Birth*: / /
mm dd yyyy

Current Grade*: Grade Enrolling In*: Gender*:

Current School*:

Student's Home Address*:
Street
City State Zip Code

Section 3

School Selection & Ranking

Please rank the school(s) in the order of preference. (Write #1 next to your first choice, #2 next to your second choice, etc.) Only rank the schools in the column that match the grade your child is entering. To be eligible for kindergarten, your child must be born on or before 12/31/13.

GRADES K-4	GRADES 5-8	GRADES 9-12
Elementary Schools	Middle Schools	High Schools
<input type="checkbox"/> AF Apollo (350 Linwood St.), K-4	<input type="checkbox"/> AF Apollo (301 Vermont St.), 5-8	<input type="checkbox"/> AF Brooklyn (1485 Pacific St.), 9-12
<input type="checkbox"/> AF Aspire (982 Hegeman Ave.), K-4	<input type="checkbox"/> AF Aspire (970 Vermont St.), 5-6**	<input type="checkbox"/> AF East Brooklyn (301 Vermont St.), 9-11**
<input type="checkbox"/> AF Brownsville (2021 Bergen St.), K-4	<input type="checkbox"/> AF Brownsville (2021 Bergen St.), 5-8	<input type="checkbox"/> AF University Prep (35 Starr St.), 9-12
<input type="checkbox"/> AF Bushwick (125 Covert St.), K-4	<input type="checkbox"/> AF Bushwick (1300 Greene Ave.), 5-8	
<input type="checkbox"/> AF Crown Heights (790 East New York Ave.), K-4	<input type="checkbox"/> AF Crown Heights (790 East New York Ave.), 5-8	
<input type="checkbox"/> AF East New York (557 Pennsylvania Ave.), K-4	<input type="checkbox"/> AF East New York (158 Richmond St.), 5-8	
<input type="checkbox"/> AF Endeavor (510 Waverly Ave.), K-4	<input type="checkbox"/> AF Endeavor (510 Waverly Ave.), 5-8	
<input type="checkbox"/> AF Linden (800 Van Siclen Ave.), K-4	<input type="checkbox"/> AF Linden (970 Vermont St.), 5**	
<input type="checkbox"/> AF North Brooklyn Prep (200 Woodbine St.) K-4	<input type="checkbox"/> AF North Brooklyn Prep (200 Woodbine St.), 5**	
<input type="checkbox"/> AF Voyager (532 Albany Ave.), K**	<input type="checkbox"/> AF Voyager (601 Parkside Ave.), 5-7**	**School will continue to grow to full size

Achievement First is dedicated to serving all students, including English Language Learners (ELL), students with special needs and those from economically disadvantaged backgrounds. Answering the following questions is not required, but may impact lottery preference.

Section 4

Household Language

What language is spoken most often by adults in your home? ☐ 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

Section 5

Special Needs

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 estimated date when the most recent IEP was written.

Previous School: Date of IEP:

Has your child ever received Special Education Services? ☐ Yes ☐ No

Service provided:

Does your child have a health impairment that may affect educational needs? ☐ Yes ☐ No

Health impairment:

Has your child been diagnosed with a disability? ☐ Yes ☐ No

Section 6

Preferences

a. Siblings (Note: To qualify as siblings, children must share a parent/legal guardian and live in the same household).

Does the child listed above have a sibling currently attending an AF school? ☐ Yes ☐ No

Does the child listed above have a sibling enrolling in the AF lottery this year? ☐ Yes ☐ No

Sibling’s Name: Sibling’s Date of Birth: / /
mm dd yyyy

Current Grade: Grade in 2018-19:

School Attending/Enrolling:

b. Additional Information

Does your child qualify for free or reduced-price lunch? ☐ Yes ☐ No

Does your child live in New York City public housing? ☐ 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)?

What is the total annual income in the child’s household?

<input type="checkbox"/> less than \$22,311	<input type="checkbox"/> \$37,778 to \$45,510	<input type="checkbox"/> \$60,977 to \$68,709	<input type="checkbox"/> \$84,176 to \$91,871	<input type="checkbox"/> Over \$107,264
<input type="checkbox"/> \$22,312 to \$30,044	<input type="checkbox"/> \$45,511 to \$53,243	<input type="checkbox"/> \$68,710 to \$76,442	<input type="checkbox"/> \$91,872 to \$ 99,567	
<input type="checkbox"/> \$30,045 to \$37,777	<input type="checkbox"/> \$53,244 to \$60,976	<input type="checkbox"/> \$76,443 to \$84,175	<input type="checkbox"/> \$99,568 to \$107,263	

c. For Achievement First Employees

☐ Check here if you are an employee of Achievement First.

List school name or Network Support:

Section 7

Other

How did you hear about us?

☐ Mail ☐ Internet/Social Media ☐ Email/Text ☐ Advertisement ☐ Friend/Family/Word-of-mouth

☐ I have a current AF scholar ☐ Daycare/Pre-K ☐ Community Event/Meeting

☐ Home Visit/Canvasser Conversation ☐ 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:

Thank you for your interest in Achievement First! Forms may be submitted in-person, by mail or online. Please allow 2-3 weeks for processing. Mail: Achievement First c/o Admissions; 335 Adams Street, Suite 700; Brooklyn, NY 11201 Online: achievementfirst.org/enrollBK

Non-Discrimination Statement: A charter school shall not discriminate against or limit the admission of any student on any unlawful basis, including on the basis of ethnicity, national origin, gender, disability, intellectual ability, measures of achievement or aptitude, athletic ability, race, creed, gender, national origin, religion or ancestry. A school may not 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 to that school. However, **Achievement First provides a lottery preference for applicants who qualify for free or reduced-price lunch (“FRPL”), are English Language Learners (“ELL”), or are eligible for special education services (“Special Education”). These preferences have been approved by the school’s authorizer and are permissible.**