



# Harlem Village Academies Charter School West 2018-2019 Lottery Application

**Address:** 74 West 124th Street, New York, NY 10027 **Phone number:** 646-812-9790 **Fax:** 212-881-9588

**Application deadline:** 11:59 p.m. on April 2, 2018

**Application submission:** Applications can be hand-delivered, mailed or faxed to the information listed above. You can also apply online at [www.harlemvillageacademies.org/apply](http://www.harlemvillageacademies.org/apply)

**Lottery date and time:** 5:00pm on April 4, 2018 at 74 W. 124th Street, NY, NY 10027

## Student Information

*Items marked with an asterisk (\*) are required.*

\* First Name \_\_\_\_\_

\* Middle Name \_\_\_\_\_

\* Last Name \_\_\_\_\_

\* Address \_\_\_\_\_ Apt. \_\_\_\_\_

\* City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

\* Grade applying to \_\_\_\_\_

\* Date of Birth (mm/dd/yy) \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ \* Gender:  Male  Female

Current School \_\_\_\_\_

Current Grade \_\_\_\_\_ Current Community School District (CSD): \_\_\_\_\_

## Parent/Guardian Information

*Items marked with an asterisk (\*) are required.*

\* First Name \_\_\_\_\_ \* Last Name \_\_\_\_\_

\* Relationship to student \_\_\_\_\_

\* Address \_\_\_\_\_ Apt. \_\_\_\_\_

\* City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

\* Phones: Home ( \_\_\_\_\_ ) \_\_\_\_\_ Work ( \_\_\_\_\_ ) \_\_\_\_\_ Cell ( \_\_\_\_\_ ) \_\_\_\_\_

Email \_\_\_\_\_

Are you a current HVA employee?  Yes  No



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## Preferential Admission: Siblings

Siblings are eligible for preferential admissions. New York State Law defines a sibling as a brother, sister, or other child legally under your care residing in the same household. Items marked with an asterisk (\*) are required.

\* Does this applicant have a sibling currently attending one of the HVA schools listed below:

Yes, HVA East Elementary    Yes, HVA East Middle    Yes, HVA High    No

\* If yes, please write the name of the sibling below:

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Relationship to the applicant \_\_\_\_\_

\* Does this applicant have a sibling applying for admission in 2018-2019?    Yes    No

\* If yes, please write the names of all siblings applying for admission below:

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Relationship to the applicant \_\_\_\_\_

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Relationship to the applicant \_\_\_\_\_

**You must complete a separate application for each child.**

## Parent/Guardian Signature \_\_\_\_\_

**Preferential Admission:** Harlem Village Academies East is located in Community School District (CSD) 4. The school gives an admission preference to students living in CSD 4, siblings, students who qualify for free and reduced lunch, and children of employees of Harlem Village Academies. Harlem Village Academies is a tuition-free public charter school. If there are more applicants than available spaces, students will be admitted through a random lottery. Harlem Village Academies welcomes students with disabilities and English Language Learners and has programs to serve many students' needs.

For more information please contact [enrollment@harlemvillage.org](mailto:enrollment@harlemvillage.org).

**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, 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.

<b>FOR INTERNAL USE ONLY</b>	RECEIVED BY: _____	DATE: _____
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## Preferential Admission: Free or Reduced Lunch

Students who qualify for free or reduced lunch may be given preferential treatment in our lottery process. If you believe your child qualifies, please fill out the form below and provide the required documentation.

### Student/Guardian Information

Student Name \_\_\_\_\_ Grade Applying to \_\_\_\_\_

Parent / Guardian Name \_\_\_\_\_

Relationship to Student \_\_\_\_\_

Address \_\_\_\_\_ Apt. \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phones: Home ( \_\_\_\_\_ ) \_\_\_\_\_ Work ( \_\_\_\_\_ ) \_\_\_\_\_ Cell ( \_\_\_\_\_ ) \_\_\_\_\_

### Free and Reduced Lunch Eligibility

Please provide a copy of **ONE** of the documents listed below as proof of eligibility.

**DO NOT include original documents with your application.**

- Proof that applicant is eligible for free or reduced priced lunch
- Proof that applicant's sibling is eligible for free or reduced priced lunch
- Proof of TANF eligibility     Proof of head start participation
- Evidence of student's status as a foster child     The applicant is homeless

### How to Submit:

This form and a copy of the required documentation can be hand-delivered, mailed or faxed to:

**Address:** 74 West 124th Street, New York, NY 10027    **Fax:** 212-881-9588

**Submission deadline:** 11:59 p.m. on April 2, 2018

**Lottery date and time:** 5:00pm on April 4, 2018 at 74 W. 124th Street, NY, NY 10027

Please call **646-812-9790** to confirm that we have received your preference documentation.

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