Amani Public Charter School

2017-18 STUDENT APPLICATION

The completed application must be hand delivered or postmarked on or before 5:00 PM, Monday, April 3, 2017.

Amani Public Charter School 60 South 3rd Avenue Mount Vernon, NY 10550

Name of Studen	t:								
Name of Student:									Female
			, -			(,:		
Home Address:	Str	eet				Apt #	ŧ		
ity State			Zip Code						
Current School:		Col	umbus	Graham Grimes Hamilton _				Holme	
			coln		Longfellow				
					Other (please specify):				
Grade Applying	For	(circle on	e): 5	6	7				
Does the applica yes, list the nam student applicar	е, сі								
Circle one: Y	es	No	If yes:		Name:				
				Currer	nt Grade:	DOB:	/	_/	
Circle one: Y					bling Name: urrent Grade: DOB: //				
PARENT/GUA	DΠ	A NI INI	EODMA [*]		t Grade:	DOB:	/		
				HON					
Name of Parent	/Gua	rdian:_		First		Middle		Last	
Relationship to s	stude	ent:							
Current Home A	.ddre	ess:							
Home Phone: _				Street	Cit Cell Phone	•	State	Zip	Code
Work Phone:					Email :				
ADDITIONAL	INF	ORMA	TION						
How did you hea				ublic Ch	narter School?	(check one)			
Advertising		_ Direct	Mail	Teach	er at current scho	ol Curre	ent student/p	parent Oth	ner:
Did you attend a	ın Op	oen Hou	use or Inf	ormatio	n Session? (ci	rcle one)	Yes	No	
SIGNATURE I affirm that the i	nfo	nation!	have sub	mitted -	phoyo is true to	the best of	w knowle	dae	
aitirm that the I	iitorr	iiation I	nave sub	inittea a	ibove is true to	uie dest of m	IY KNOWIEC	age.	
Signature:						Da	te (MM/DI	D/YYYY):	/ /