



2016 STUDENT APPLICATION

The completed application must be hand delivered or postmarked on or before Friday, April 1, 2016.

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

School Use Only:

Date received: _____
____ MVCSD ____ Other
Lottery Number: _____
Wait List Number: _____
Reviewer: _____

This application is ONLY for students who will enter 5th, 6th or 7th grades in September 2016.

STUDENT INFORMATION

Name of Student: _____
First Middle Last

Date of Birth (MM/DD/YYYY): ____/____/____ Gender (circle one): Male Female

Home Address: _____
Street Apt #

City State Zip Code

Current School: _____ Columbus _____ Graham _____ Grimes _____ Hamilton _____ Holmes
_____ Lincoln _____ Longfellow _____ Parker _____ Pennington _____ Traphagen
_____ Williams _____ Other (please specify): _____

Grade Applying For (circle one): 5 6 7

Does the applicant student have a sibling who is currently enrolled at the Amani Public Charter School? If yes, list at least one sibling's name, current grade and date of birth:

Circle one: Yes No If yes: Sibling Name: _____
Current Grade: _____ DOB: ____/____/____

Does the applicant student have a sibling who is also applying to the Amani Public Charter School this year? If yes, list the name, current grade and date of birth:

Circle one: Yes No If yes: Sibling Name: _____
Current Grade: _____ DOB: ____/____/____

A separate application must be submitted for each sibling!

PARENT/GUARDIAN INFORMATION

Name of Parent/Guardian: _____
First Middle Last

Relationship to student: _____

Current Home Address: _____
Street City State Zip Code

Home Phone: _____ Cell Phone: _____

Work Phone: _____ Email : _____

ADDITIONAL INFORMATION

How did you hear about the Amani Public Charter School? (check one)

____ Advertising ____ Direct Mail ____ Teacher at current school ____ Current student/parent ____ Other: _____

Did you attend an Open House or Information Session? (circle one) Yes No

SIGNATURE

I affirm that the information I have submitted above is true to the best of my knowledge.

Signature: _____ Date (MM/DD/YYYY): ____/____/____