



2012–2013 Application for Enrollment

NCSHarlem.org 646.701.7117

Thank you for applying to The Neighborhood Charter School of Harlem. For additional information about our school or the application process, please visit our website at www.NCSHarlem.org, email us at info@NCSHarlem.org or call (646) 701-7117.

- Please complete all pages of the application, sign on page 4 and mail the completed application to: The Neighborhood Charter School of Harlem, c/o NYC Charter School Center, 111 Broadway, 6th floor, New York, NY 10006. Receipt of your application will be acknowledged in writing.
- If we receive more applications than we have places, students will be chosen by random lottery.
- To be included in the lottery, applications must be received by **Monday, April 2 at 5:00 pm**. Applications received after that date will be placed on a wait list.
- All applicants will be notified of the date, time and place of the lottery.
- We offer a specialized program for high-functioning children on the autism spectrum. There is more information about this program on page 4.

Non-discrimination statement. A charter school shall not discriminate against any student or limit the admission of any student on the basis of ethnicity, national origin, gender, disability, intellectual ability, measures of achievement or aptitude, athletic ability, disability, race, creed, gender, national origin, religion or ancestry or any other ground that would be unlawful if done by a school. 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, our school provides an academic program specifically designed for high-functioning students on the autism spectrum, which is described on page 4. These preferences have been approved by the school's authorizer and are permissible.

Required information. The items marked with an asterisk (*) are the only items that may be required in order to apply to our school. Any items not marked by (*) are optional.

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Student Information: Please Print. Fields marked with * are required.

1. *Name:

*First Name

Middle Name

*Last Name

2. *Date of Birth (MM/DD/YYYY) ____/____/_____
(Students must be 5 years old by December 1, 2012 to be eligible for kindergarten. We may ask you for proof of age.)

3.* Gender (Circle one): Male/Female

4. *Address

Bldg #

Street Address

Apt. #

City:

State:

Zip Code:

5. *New York City Community School District, if known:

6. We give preference to residents of CSD 5 (Central Harlem)
Are you applying for this preference? (Circle Yes or No).
(If yes, we may ask you to provide proof of residence.)

Yes/No

7. *Grade Applying For: _____

8. *Does the applicant student have a sibling(s) who is also applying to our school? (Circle Yes or No) If yes, give sibling's name, grade applying for and date of birth here and submit a separate application for each sibling applying.

Yes/No

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Parent Information: Please Print. Fields marked with * are required.

First Parent / Guardian Information (required)

*Name:

*First Name

*Last Name

*Relationship to Student:

Email address:

*Phone Numbers:

Home Address:

Bldg # Street Address

Apt. #

City:

State:

Zip Code:

Second Parent / Guardian Information (optional)

Name:

First Name

Last Name

Relationship to Student:

Email address:

Phone Numbers:

Home Address:

Bldg # Street Address

Apt. #

City:

State:

Zip Code:

(Please continue to Page 4.)

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Specialized program. Our school offers a specialized inclusion program (the “ASD Program”) for children who have high-functioning autism spectrum disorders or Asperger Syndrome. These students will participate in the same grade level academic curriculum as their classmates with intensive support from specially trained teachers, and will participate in social development classes designed to help them with social understanding and communication challenges.

Eight places in each grade will be set aside for these students. If you are interested in applying for one of these places, we will ask you to supply additional information about your child and may require your child to be evaluated by independent professionals at no cost to you. For more information please contact Recruitment Coordinator Julie Milner at (646) 701-7117 or email her at jmilner@ncsharlem.org.

You are under no obligation to supply additional information. If you choose not to do so, your child will not be eligible for one of the places set aside for students with autism spectrum disorders but will be eligible for admission to our school on the same basis as all other applicants.

Are you applying for the ASD Program?
(Circle Yes or No)

Yes/No

Signed:

Date:
