



# ROCHESTER ACADEMY

CHARTER SCHOOL

Respect \* Accountability \* Character \* Success



## Hello, welcome, and thank you for your interest in Rochester Academy Charter School

For steps on student applications to our school, please continue to read below. We look forward to meeting with each applicant; however, there are a few steps that need to be taken so that everyone's applications are completed when submitted and not delayed in processing. We are excited about this opportunity to guide your student(s) towards college graduation, thus preparing them for leadership positions in society. We are enthusiastic in our approach to education as well as the individual attention and technology emphasized in our curriculum. Nevertheless, we insist that the final decision of success lies on the shoulders of each individual. We at Rochester Academy can only show students the door to walk through and the threshold to: confidence, structure, discipline, integrity, leadership, moral fiber, and knowledge of self and subject; this is the doorway of secondary education preparation. *Our students must step into the world soon; we are preparing them to walk with confidence.*

**ALL POTENTIAL APPLICANTS:** We need to ensure the student(s) applying are New York State (NYS) residents. Students located in Monroe County are welcome to join our school. If you are planning on moving to NYS, please let us know when the address will be official. We will then mail an enrollment package to the mailing address submitted, provided the above mentioned is addressed appropriately. Finally, we need to review report cards of all students applying to verify proper grade level placement and achievement.

**COMPLETED ENROLLMENT PACKAGES:** You will also be required to submit the most recent Report Card, student's updated Immunization Record (can be faxed by physician), birth certificate (copy), and Proof of Residence. Incomplete applications cannot be processed. Waiting list will be adopted upon reaching grade level capacity. **DO NOT CALL TO CHECK THE STATUS OF YOUR APPLICATION, WE PROCESS EACH APPLICATION ASAP.** We will be in contact via post, E-mail, or phone as new/updated information concerning your individual application(s) is available.

We do look forward to continued and amplified success; we encourage strong parental involvement and hold high standards for achievement. I look forward to the chance to meet with you and your student(s), and discussing further your educational future. If you haven't done so already, come to one of our Open Houses!

Warmest regards,

RACS Office of Admissions

Rochester Academy Charter School  
1757 Latta Rd  
Rochester, NY 14612  
T. (585) 467-9201  
W. [www.racschool.com](http://www.racschool.com)  
E. [info@rochester-academy.org](mailto:info@rochester-academy.org)

High School Address : 1757 Latta Road Rochester, NY 14612  
Middle School Address : 841 Genesee Street Rochester, NY 14611  
Elementary School Address : 64 Maiden Lane Rochester, NY 14616

Phone : 585-467-9201 Fax: 585-467-9250  
Phone : 585-235-4141 Fax: 585-232-1357  
E-mail : [info@rochester-academy.org](mailto:info@rochester-academy.org)



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## Enrollment Package Instructions/Checklist

Please complete one Enrollment Package for each student admitted to the school. Please print clearly with blue or black ink being sure to include the student's name and phone number at the bottom of each page of each form. This is to ensure that we have the correct information for each student, should the pages of the documents get separated. NOTE: Students are not officially enrolled until all complete forms have been submitted with requested supporting documentation.

Please remove this checklist when submitting this application. This page is for your records only.

### Forms:

Admissions Checklist & Introduction .....1-2

Enrollment Form .....3-4

Please fill out all the information sections. Make sure you provide complete information including full mailing address. To ensure accurate data entry, please spell out all abbreviations, including street names, town names, and states. Most public schools (including charter schools) must collect and report this information. All data is strictly confidential.

Enrollment Acceptance ..... 5

Please sign the final form indicating that you intend to enroll your child in the school, if accepted.

**\*\*PLEASE NOTE\*\*** RACS requests the following documents be submitted prior to eligibility for admission / enrollment to the Rochester Academy Charter School:

- MOST RECENT REPORT CARD / TRANSCRIPT
- IMMUNIZATION / SHOT RECORDS - WE MUST HAVE A COPY OF THE PHYSICAL FOR KINDERGARTEN, 1<sup>ST</sup>, 7<sup>TH</sup>, 9<sup>TH</sup>, AND 11<sup>TH</sup> GRADES
- BIRTH CERTIFICATE
- PROOF OF RESIDENCE (*Copy of rental agreement, lease agreement, RG&E bill, a telephone statement*)
- Individual Education Program (IEP) - *If Applicable*
- Parent Identification - Driver's license / work ID

A Message from the Admissions Office:

Dear Parent(s) /or Guardian(s),

Thank you in advance for choosing the Tuition-Free, College Preparatory Rochester Academy Charter School. We truly look forward to working with you and your family for generations to come.

Please call the RACS Main Office with any questions & concerns or feel free to email: [info@Rochester-Academy.org](mailto:info@Rochester-Academy.org)

Because of the limited availability for openings at RACS, please save time by making any copies you may need of the above requested records in our Main Office if necessary. We will do our absolute best to enroll your child in our curriculum, please make sure all the records requested are submitted ASAP.

Thank you very much.

RACS Admissions

High School Address	: 1757 Latta Road Rochester, NY 14612	Phone	: 585-467-9201 Fax: 585-467-9250
Middle School Address	: 841 Genesee Street Rochester, NY 14611	Phone	: 585-235-4141 Fax: 585-232-1357
Elementary School Address	: 64 Maiden Lane Rochester, NY 14616	E-mail	: <a href="mailto:info@rochester-academy.org">info@rochester-academy.org</a>



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## Enrollment Form for 2018-2019 School Year

Please complete one form for each student to be admitted to the school. Please print clearly with blue or black ink.

### Student Information:

Legal Name of Student: (last) \_\_\_\_\_ (first) \_\_\_\_\_ (middle) \_\_\_\_\_

Preferred Name: \_\_\_\_\_

Gender:  Male  Female Date of Birth: \_\_\_\_\_ Home Phone: \_(\_\_\_\_)\_\_\_\_\_

Ethnicity: (check one)  American Indian/Alaskan Native  Asian  Black, not Hispanic  Hispanic  
 White, not Hispanic  Native Hawaiian or other Pacific Islander  Other  Multiracial

Social Security Number: \_\_\_\_\_

Grade level applying for:  K  1<sup>st</sup>  6<sup>th</sup>  7<sup>th</sup>  8<sup>th</sup>  9<sup>th</sup>  10<sup>th</sup>  11<sup>th</sup>  12<sup>th</sup>

Student's Residence Address: (Note: No P.O. Boxes)

Street: \_\_\_\_\_ Apt #: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Student's Mailing Address: ( Check here if same as residence address.)

Street: \_\_\_\_\_ Apt #: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Legal School District of Residence: \_\_\_\_\_

Is student's current school located in this district?  Yes  No If No, fill in district name: \_\_\_\_\_

### Previous School Information:

Name of Previous School: \_\_\_\_\_

Type of School:  Public School  Private School  Registered Home School  Charter School  Not in school/Other

Address of Previous School:

Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

School Phone: \_(\_\_\_\_)\_\_\_\_\_ School Fax: \_(\_\_\_\_)\_\_\_\_\_

### Parent/Guardian Information:

Student lives with:  Both parents  Both parents alternately (Joint custody)  Mother only  Father only  Legal guardian

Father's Name: \_\_\_\_\_

Address and phone same as student?  Yes  No If No, complete the following:

Street: \_\_\_\_\_ Apt #: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Name of Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

Work Address Street: \_\_\_\_\_ Suite #: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

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

E-mail address: \_\_\_\_\_

High School Address : 1757 Latta Road Rochester, NY 14612  
Middle School Address : 841 Genesee Street Rochester, NY 14611  
Elementary School Address : 64 Maiden Lane Rochester, NY 14616

Phone : 585-467-9201 Fax: 585-467-9250  
Phone : 585-235-4141 Fax: 585-232-1357  
E-mail : info@rochester-academy.org

Mother's Name: \_\_\_\_\_

Address and phone same as student?  Yes  No If No, complete the following:

Street: \_\_\_\_\_ Apt #: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Name of Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

Work Address Street: \_\_\_\_\_ Suite #: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

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

E-mail address: \_\_\_\_\_

Stepparent/Legal Guardian's Name: \_\_\_\_\_

Address and phone same as student?  Yes  No If No, complete the following:

Street: \_\_\_\_\_ Apt #: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Name of Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

Work Address Street: \_\_\_\_\_ Suite #: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

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

E-mail address: \_\_\_\_\_

**Emergency Contacts:**

If a parent cannot be contacted we will attempt to contact one of the following in the order listed below. Please list at least one emergency contact.

FIRST person to contact if parents cannot be reached:

Name: (last) \_\_\_\_\_ (first) \_\_\_\_\_ Relationship: \_\_\_\_\_

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

SECOND person to contact if parents cannot be reached:

Name: (last) \_\_\_\_\_ (first) \_\_\_\_\_ Relationship: \_\_\_\_\_

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

**Sibling Information:**

Siblings Enrolled in Rochester Academy:	Home Phone Number	Relationship to Student
1 Grade: _____	( )	
2 Grade: _____	( )	
3 Grade: _____	( )	

**Family Income:**

We need to know if your child is eligible for free or reduced lunch program for state required schoolwide data and educational program opportunities.

Do you believe that your children is eligible for the federal free or reduced price lunch program?  Yes  No

In order to establish whether you are eligible please use the chart below for your response.

# of people in household	1	2	3	4	5	6	7	8	Each addt'l person add
Annual household income less then	\$22,311	\$30,044	\$37,777	\$45,510	\$53,243	\$60,976	\$68,709	\$76,442	\$7,733

## Health Insurance and Health Information

### Primary Physician Information:

Doctor Name: \_\_\_\_\_ Doctor Phone: \_\_\_\_\_

Dentist Name: \_\_\_\_\_ Dentist Phone: \_\_\_\_\_

Type of Health Insurance:  HMO  Medicaid  No health insurance  Other

If the student is covered by Medicaid, provide the Medicaid number: \_\_\_\_\_

### Read and check:

I understand that for those school health and health-related services that the Medicaid-eligible student may be receiving—including but not limited to: vision and hearing screenings, nursing services, speech therapy, occupational and/or physical therapy—the school district has the right to receive partial reimbursement from Medicaid for those services rendered.

Please list any serious allergies, conditions, or restrictions the student has: \_\_\_\_\_

Please list any physical or emotional disabilities the student has: \_\_\_\_\_

### EMERGENCY RELEASE

RACS will attempt to reach the parent / legal guardian or one of the people listed as an emergency contact but if none of these people can be reached, RACS personnel have my permission to use discretion in securing medical aid in an emergency. IT IS UNDERSTOOD THAT NEITHER THE RACS NOR THE PERSON RESPONSIBLE FOR OBTAINING THIS MEDICAL AID WILL BE RESPONSIBLE FOR THE EXPENSE INCURRED.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Special Programs

Has your child been evaluated for and/or participated in any of the following special services?

Gifted & Talented  Title 1/Chapter 1 Program  Special Education (IEP)

English as a Second Language (ESL)  Other: \_\_\_\_\_

If you checked Special Education (IEP), do you have the student's special education records?  Yes  No

## Photo/Video Release

*Dear Parent/Guardian:* Throughout the year there are occasions when the Rochester Academy Charter School will want to take pictures/videos of your child participating in activities. We may use these pictures/videos in RACS publications, local newspapers, school website and/or homerooms, advertising, or on display at the Rochester Academy Charter School. We are requesting that you sign a photo/video release for your child. Thank you in advance for your support and understanding.

I give my consent for RACS to use pictures/video of my child.  I do not give my consent for RACS to use pictures/video of my child.

## RACS Enrollment Acceptance

*(Application invalid unless signed)*

## Statement of Educational Equality:

The Rochester Academy Charter School is committed to a policy of educational equality. Accordingly, the program admits students and conducts all educational programs, activities, and employment practices without regard to race, color, religion, gender, sexual preference, national origin, marital status, ancestry, disability, or any other legally protected classification. Any person having inquiries concerning the school's compliance with regulations implementing Title VI of the Civil Rights Act of 1964, Title IX of the Educational Amendment of 1972, Section 504 of the Rehabilitation Act, the American with Disabilities Act, or the Individuals with Disabilities Education Act is directed to contact the School Director at the school address.

Please accept this signed and completed document to enroll \_\_\_\_\_ (student's name) in the Rochester Academy Charter School for the 2018-2019 academic year. I understand that completion of this enrollment form does not guarantee admission into the school. RACS will send notification of receipt of enrollment forms.

[ ] YES! PLEASE CONSIDER THE ABOVE STUDENT FOR CURRENT SCHOOL YEAR 2018-2019. By checking this box, I am expressing my wishes to enroll ASAP into Rochester Academy Charter School and am willing to transfer during the current school year, if space available.

Parent/Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_



Lisette Colón-Collins, Assistant Commissioner  
Office of Bilingual Education and World Languages

55 Hanson Place, Room 594  
Brooklyn, New York 11217  
Tel: (718) 722-2445 / Fax: (718) 722-2459

89 Washington Avenue, Room 528EB  
Albany, New York 12234  
(518) 474-8775 / Fax: (518) 474-7948

## Home Language Questionnaire (HLQ)

*Dear Parent or Guardian:  
In order to provide your child with the best possible education, we need to determine how well he or she understands, speaks, reads and writes in English, as well as prior school and personal history. Please complete the sections below entitled Language Background and Educational History. Your assistance in answering these questions is greatly appreciated. Thank you.*

**Please write clearly when completing this section.**

<b>STUDENT NAME:</b>		
_____		
<i>First</i>	<i>Middle</i>	<i>Last</i>
<b>DATE OF BIRTH:</b>		<b>GENDER:</b>
_____		<input type="checkbox"/> Male
<i>Month</i>	<i>Day</i>	<i>Year</i>
		<input type="checkbox"/> Female
<b>PARENT/PERSON IN PARENTAL RELATION INFO:</b>		
_____		
<i>Last Name</i>	<i>First Name</i>	<i>Relation to Student</i>

HOME LANGUAGE CODE

_____
-------

### Language Background (Please check all that apply.)

1. What language(s) is(are) spoken in the student's home or residence?	<input type="checkbox"/> English	<input type="checkbox"/> Other	_____
			<i>specify</i>
2. What was the first language your child learned?	<input type="checkbox"/> English	<input type="checkbox"/> Other	_____
			<i>specify</i>
3. What is the Home Language of each parent/guardian?	<input type="checkbox"/> Mother	_____	<input type="checkbox"/> Father
		<i>specify</i>	<i>specify</i>
	<input type="checkbox"/> Guardian(s)	_____	<i>specify</i>
4. What language(s) does your child understand?	<input type="checkbox"/> English	<input type="checkbox"/> Other	_____
			<i>specify</i>
5. What language(s) does your child speak?	<input type="checkbox"/> English	<input type="checkbox"/> Other	_____ <input type="checkbox"/> Does not speak
			<i>specify</i>
6. What language(s) does your child read?	<input type="checkbox"/> English	<input type="checkbox"/> Other	_____ <input type="checkbox"/> Does not read
			<i>specify</i>
7. What language(s) does your child write?	<input type="checkbox"/> English	<input type="checkbox"/> Other	_____ <input type="checkbox"/> Does not write
			<i>specify</i>

### THIS SECTION TO BE COMPLETED BY DISTRICT IN WHICH STUDENT IS REGISTERED:

<b>SCHOOL DISTRICT INFORMATION:</b>	<b>STUDENT ID NUMBER IN NYS STUDENT INFORMATION SYSTEM:</b>
_____	_____
<i>District Name (Number) &amp; School</i>	<i>Address</i>

## Home Language Questionnaire (HLQ)—Page Two

### Educational History

8. Indicate the total number of years that your child has been enrolled in school \_\_\_\_\_

9. Do you think your child may have any difficulties or conditions that affect his or her ability to understand, speak, read or write in English or any other language? If yes, please describe them.

Yes\*  No  Not sure  \*If yes, please explain: \_\_\_\_\_

How severe do you think these difficulties are?  Minor  Somewhat severe  Very severe

10a. Has your child ever been referred for a special education evaluation in the past?  No  Yes\* \*Please complete 10b below

10b. \*If referred for an evaluation, has your child ever received any special education services in the past?  
 No  Yes – Type of services received: \_\_\_\_\_

Age at which services received (Please check all that apply):

Birth to 3 years (Early Intervention)  3 to 5 years (Special Education)  6 years or older (Special Education)

10c. Does your child have an Individualized Education Program (IEP)?  No  Yes

11. Is there anything else you think is important for the school to know about your child? (e.g., special talents, health concerns, etc.)

\_\_\_\_\_

\_\_\_\_\_

12. In what language(s) would you like to receive information from the school? \_\_\_\_\_

Month: \_\_\_\_\_ Day: \_\_\_\_\_ Year: \_\_\_\_\_

\_\_\_\_\_  
*Signature of Parent or of Person in Parental Relation*

*Date*

Relationship to student:  Mother  Father  Other: \_\_\_\_\_

#### OFFICIAL ENTRY ONLY - NAME/POSITION OF PERSONNEL ADMINISTERING HLQ

NAME: \_\_\_\_\_ POSITION: \_\_\_\_\_

IF AN INTERPRETER IS PROVIDED, LIST NAME, POSITION AND CREDENTIALS:

#### NAME/POSITION OF QUALIFIED PERSONNEL REVIEWING HLQ AND CONDUCTING INDIVIDUAL INTERVIEW

NAME: \_\_\_\_\_ POSITION: \_\_\_\_\_

ORAL INTERVIEW NECESSARY:  No  Yes

\*\*DATE OF INDIVIDUAL INTERVIEW: \_\_\_\_\_  
 MO. DAY YR.

OUTCOME OF INDIVIDUAL INTERVIEW:  ADMINISTER NYSITELL  
 ENGLISH PROFICIENT  
 REFER TO LANGUAGE PROFICIENCY TEAM

#### NAME/POSITION OF QUALIFIED PERSONNEL ADMINISTERING NYSITELL

NAME: \_\_\_\_\_ POSITION: \_\_\_\_\_

DATE OF NYSITELL ADMINISTRATION: \_\_\_\_\_ PROFICIENCY LEVEL ACHIEVED ON NYSITELL:  ENTERING  EMERGING  TRANSITIONING  EXPANDING  COMMANDING  
 MO. DAY YR.

FOR STUDENTS WITH DISABILITIES, LIST ACCOMMODATIONS, IF ANY, ADMINISTERED IN ACCORDANCE WITH IEP PURSUANT TO CSE RECOMMENDATION:

\_\_\_\_\_

\_\_\_\_\_

# Rochester Academy Charter School

Phone: (585) 235-4141 Fax: (585) 232-1357

## STUDENT RESIDENCY QUESTIONNAIRE

Name of Student: \_\_\_\_\_

Sex: \_\_\_\_\_ Male \_\_\_\_\_ Female Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_

**This questionnaire is intended to address the McKinney-Vento Act 42 U.S.C. 11435. The answers to this residency information help determine the services the student may be eligible to receive.**

Is your current address a temporary living arrangement? \_\_\_\_\_ Yes \_\_\_\_\_ No

Is this temporary living arrangement due to loss of housing or economic hardship? \_\_\_\_\_ Yes \_\_\_\_\_ No

If you answered YES to the above questions, please complete the remainder of this form. If you answered NO, you may stop here.

Where is the student presently living? (*Check one box.*)

\_\_\_\_\_ In a motel

\_\_\_\_\_ In a shelter

\_\_\_\_\_ With more than one family in a house or apartment

\_\_\_\_\_ Moving from place to place

\_\_\_\_\_ In a place not designed for ordinary sleeping accommodations such as a car, park, or campsite

Name of Parent(s)/Legal Guardians(s) \_\_\_\_\_

Address \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

Signature of Parent/Legal Guardian \_\_\_\_\_ Date \_\_\_\_\_

Please send a copy to the school district office: \_\_\_\_\_ Fax: \_\_\_\_\_

I certify the above named student qualifies for the Child Nutrition Program under the provisions of the McKinney-Vento Act.

\_\_\_\_\_  
Date

\_\_\_\_\_  
McKinney-Vento Liaison Signature