



IMPORTANT INFORMATION

- You must be a New York State resident to apply to any Family Life Academy Charter Schools.
- To apply for kindergarten, your child must be five years old on or before December 31, 2020.
- This application is for Family Life Academy Charter Schools (FLACS) only. This application is not affiliated with other New York City charter schools or NYC Department of Education applications.
- If applying for more than one child, you must fill out an application for each child.
- We strongly recommend applying to all schools that offer your child's grades.
- The items marked with an asterisk (*) are the only items that are required in order to apply to this charter school. Any items not marked by a (*) are optional.
- Review carefully before submitting.

PARENT/GUARDIAN INFORMATION

The Parent/Guardian must be this child's parent or legal guardian with whom the child resides. The Parent/Guardian will be the main contact and primary decision maker for the information submitted or edited on the application.

Parent 1 Full Name*	<input type="text"/>	Parent 2 Full Name*	<input type="text"/>
Relationship to Child*	<input type="text"/>	Relationship to Child*	<input type="text"/>
Primary Phone*	<input type="text"/>	Primary Phone*	<input type="text"/>
Other Phone	<input type="text"/>	Other Phone	<input type="text"/>
Work Phone	<input type="text"/>	Work Phone	<input type="text"/>
Address	<input type="text"/>		
City	<input type="text"/>	State	<input type="text"/>
Zip Code	<input type="text"/>		
Email	<input type="text"/>		

CHILD APPLICANT INFORMATION

Each child requires a separate application.

First Name*	<input type="text"/>	Middle Name*	<input type="text"/>	Last Name*	<input type="text"/>	
Child's Home Address	<input type="text"/>				Apt. Number	<input type="text"/>
City	<input type="text"/>	State	<input type="text"/>	Zip Code	<input type="text"/>	
School district you reside in*	<input type="text"/>					
Gender +	Male <input type="checkbox"/>	Female <input type="checkbox"/>	Date of Birth*	Month <input type="text"/>	Day <input type="text"/>	Year <input type="text"/>

If you answer (Yes) please fill out the below to assist us with grade placement. -> Currently enrolled in school No Yes

Current School Name	<input type="text"/>	Current school grade	<input type="text"/>
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CHILD APPLICANT INFORMATION (CONTINUED)

We are collecting the information below because we give English Language Learners a weighted preference in the lottery. (+)

What language/dialect does the student use at home?+

What language do you most frequently use to speak with the student?+

Does the student speak a language other than English most of the time?+ No Yes

My child's current school has told me he/she is an English Language Learner (ELL)+ No Yes

CHOOSE SCHOOL(S)

If you are applying to all available schools, you may list your school preference by ranking them to the right of the Apply box. If you do not rank your schools, they will be ranked by proximity to your home (closest to farthest).

Your child will be entered in the lottery for all schools you've applied to, regardless of ranking. Ranking a school at the top or bottom of the list will not increase or decrease your chances of acceptance into that school. Ranking is used only to assign your child to your preferred Family Life Academy Charter School if he or she is accepted to more than one school.

To rank your schools:

1. Circle 1, 2, or 3 for each selected school, where 1 is your preferred school.
2. Do not assign the same number to more than one school.

If accepted at more than one school, we will only reserve a seat for your child at the school with the higher ranking.

Sample Ranking:

APPLY	RANK	SCHOOL
X	① 2 3	FLACS I
X	1 2 ③	FLACS II
X	1 ② 3	FLACS III
X	- - -	FLACS MS

I am applying for my child to attend (check all that apply)

APPLY	RANK	SCHOOL	ADDRESS	GRADES OFFERED	COMMUNITY SCHOOL DISTRICT
<input type="checkbox"/>	1 2 3	FLACS I	14 West 170 th St., Bronx, NY 10452	K - 5 th Grade	9
<input type="checkbox"/>	1 2 3	FLACS II	296 East 140 th St., Bronx, NY 10454	K - 5 th Grade	7
<input type="checkbox"/>	1 2 3	FLACS III	370 Gerard Ave., Bronx, NY 10451	K - 4 th Grade	7
<input type="checkbox"/>	- - -	FLACS MS	316 East 165 th St., Bronx, NY 10456	6 th - 8 th Grade	9

SIBLING INFORMATION

Siblings must share at least one parent or legal guardian in order to qualify for the sibling preference. We are collecting this information because we give siblings preference in the lottery (+)

Enrolled Sibling: Does your applicant child have a sibling who is currently enrolled in a FLACS school? No Yes

Enrolled Sibling's First Name +

Enrolled Sibling's Last Name +

Gender +

Male

Female

Date of Birth +

Month

Day

Year

Current FLACS School +

Current FLACS Grade +

Applying Sibling: Does your applicant child have a sibling who is applying to a FLACS school? No Yes

Applying Sibling's First Name +

Applying Sibling's Last Name +

Gender +

Male

Female

Date of Birth +

Month

Day

Year

Current Grade +

Grade entering next year +

FLACS EMPLOYEE APPLYING TO SCHOOL

As an employee of FLACS, you have the right to apply for your child to attend a FLACS School. We are collecting this information because we give employee preference in the lottery (+)

Name of parent that is the employee at FLACS +

Which FLACS school do you work at +

HOW DID YOU HEAR ABOUT US

To better help us quantify our outreach efforts, please check off all that apply.

How did you hear about our school?

TV Internet Newspaper Community Fair Open House/Tour Referred by a FLACS parent

If referred by a FLACS parent, please list their name in the space provided

Other (please explain)

SIGN AND SUBMIT

Admission is determined by a lottery. Admission is not based on any factor, but a lottery preference is given to:

- Siblings of accepted children
- Children of FLACS employees
- Community School District (CSD) residents
- English Language Learners (ELL)

There is no fee to apply to or attend Family Life Academy Charter School. I attest that I am the legal parent or guardian of the student named above. I affirm that the information I have submitted is true and accurate to the best of my knowledge. I understand that providing incorrect information can result in application disqualification or loss of seat. Additionally, I understand that submitting an application does not guarantee admission to this charter School.

Sign

Date

MAILING ADDRESS: FLACS Enrollment - 14 West 170th St, Bronx NY 10452

TO LEARN MORE OR TO APPLY ONLINE, PLEASE VISIT:
www.flacsny.com

HAND DELIVER: School Secretary or Family Liaison

EMAIL: apply@flacsny.com

FLACS I 14 West 170 th St Bronx, NY 10452	FLACS II 296 East 140 th St. Bronx, NY 10454	FLACS III 370 Gerard Ave. Bronx, NY 10451	FLACS MS 316 East 165 th St. Bronx, NY 10456
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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 on aptitude, athletic ability, race, creed, gender, national origin, religion or ancestry. A school may not require any action by a student or family (such as an admission 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.