



**CODMAN ACADEMY**  
Charter Public School

637 Washington Street  
Dorchester, Massachusetts 02124

Tel: 617.287.0700  
Fax: 617.287.9064

www.codmanacademy.org

*To Learn, to Lead and to Serve*

**Application for Admission to ninth Grade, 2009-2010**

First Name: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_

sibling currently enrolled: \_\_\_\_\_  sibling also applying: \_\_\_\_\_  
*Name Name*

**Mission Statement**

Codman Academy Charter School's mission is to prepare students for full participation in the intellectual, economic and civic life of our society, by ensuring their preparation and access to further education, the skills and vision to undertake a rewarding career, and the motivation and character needed to engage deeply and productively in community life. We view parents and community members as integral partners in this endeavor.

I agree to support the mission of Codman Academy Charter School.

\_\_\_\_\_  
*Signature of Parent/Guardian*

\_\_\_\_\_  
*Signature of Student*

**Admissions Procedures**

- I. As public schools, charter schools comply with state and federal regulations on safety and non-discrimination; their admissions are open to all. Because the Codman Academy Charter School lies within the geographical boundaries of the city of Boston, state charter law gives priority to applicants from that city. If more applicants are received than the school has places, a lottery will decide among eligible applicants. A waiting list will be maintained. Once a child is admitted, his/her siblings have priority for admissions in future years. Filing this form places the student's name in consideration for admission and allows the Codman Academy Charter School, as necessary, to request transcripts and other school records including special educational evaluations. Codman Academy Charter School does not discriminate on the basis of race, sex, color, religion, national origin, sexual orientation, disability or homelessness.
- II. In order that both students and parents/guardians clearly understand what the Codman Academy Charter School offers and to be eligible for the lottery, both parent(s)/guardian(s) and interested student MUST attend an Information Session as part of the admissions process.
- III. Falsification of information will automatically disqualify any applicant.
- IV. Students must have successfully completed the eighth grade and be promoted to ninth grade in order to be eligible for enrollment. Students accepted through the lottery but have not successfully completed the eighth grade will have their names re-entered into the lottery for the following year.

**Applications Due: Friday , March 6, 2009 at 5 PM**

**Lottery: Wednesday, March 11, 2009**

**For Office Use Only:**  
Info Session Attended:

Lottery # \_\_\_\_\_  
 Accepted  
 Declined

Wait List # \_\_\_\_\_  
 Accepted  
 Declined

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**Please print clearly.**

Male \_\_\_ Female \_\_\_

**NAME OF APPLICANT** \_\_\_\_\_  
Last First Middle

Home Address \_\_\_\_\_  
Street

City/State/Zip \_\_\_\_\_

Home Telephone \_\_\_\_\_ Applicant's Birthdate \_\_\_\_\_

Applicant Birth Place (City, State, Country) \_\_\_\_\_

Applicant's Social Security Number \_\_\_\_\_ - \_\_\_\_ - \_\_\_\_ - \_\_\_\_ - \_\_\_\_ - \_\_\_\_ - \_\_\_\_ - \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Current School and Location \_\_\_\_\_

**MOTHER'S NAME** \_\_\_\_\_ (Stepfather) \_\_\_\_\_

Please check this box if this is the student's primary residence.

Home Address \_\_\_\_\_  
Street

City/State/Zip \_\_\_\_\_

Home Telephone \_\_\_\_\_ Cell phone \_\_\_\_\_ Work Telephone \_\_\_\_\_

Parent E-mail \_\_\_\_\_

**FATHER'S NAME** \_\_\_\_\_ (Stepmother) \_\_\_\_\_

Please check this box if this is the student's primary residence.

Home Address \_\_\_\_\_  
Street

City/Town \_\_\_\_\_

Home Telephone \_\_\_\_\_ Cell phone \_\_\_\_\_ Work Telephone \_\_\_\_\_

Parent E-mail \_\_\_\_\_

**GUARDIAN'S NAME** \_\_\_\_\_

(if different from above Mother/Father name and address)

Please check this box if this is the student's primary residence.

Home Address \_\_\_\_\_  
Street

City/State/Zip \_\_\_\_\_

Home Telephone \_\_\_\_\_ Cell phone \_\_\_\_\_ Work Telephone \_\_\_\_\_

Guardian E-mail \_\_\_\_\_

**The following information is NOT used for selection purposes.**

Is the student currently enrolled in a second language or ESL program at school?  Yes  No

Does the student currently receive special education services?  Yes  No

Does the student have any medical, learning, physical, or other special needs of which we should be aware?  
Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please explain. \_\_\_\_\_

Please select the category that most clearly reflects the student's ethnic background.

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> African American | <input type="checkbox"/> Asian American | <input type="checkbox"/> Hispanic/Latino |
| <input type="checkbox"/> Haitian American | <input type="checkbox"/> Caucasian      | <input type="checkbox"/> Native American |

Cape Verdean

Other: \_\_\_\_\_

What is the primary language spoken at home? \_\_\_\_\_

**Photo Release:**

I agree to allow photos and recordings of my child to be used in Codman Academy Charter School press releases, the school's web site, and other school related materials. \_\_\_\_\_

*Parent/Guardian Signature*

**Health Insurance:** We are committed to every family involved with the school having health insurance.

Yes. Our family has health insurance provided by \_\_\_\_\_

No. Our family does not have health insurance. We would like to receive insurance information.

**For Parent/Guardian:**

How did you hear about Codman Academy?

What is your dream for your child's future?

Which three words best describe your child?

1.

2.

3.

In the event that my child has the opportunity to be enrolled in the Codman Academy Charter School (CACS), I hereby authorize the CACS to share and/or request any and all records, data or information determined to be relevant to the education of my child with the Boston Public Schools, the Commonwealth of Massachusetts Department of Education, any other schools and school systems in which my child and his or her siblings are currently or have previously been enrolled, and any governmental departments, health or social service providers, or other offices whose activities bear directly on the programs or services with which my child is provided at the CACS.

Name of Student \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_ Parent/Guardian Signature \_\_\_\_\_

Current school: \_\_\_\_\_ Current grade: \_\_\_\_\_

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**For Applicant:**

\*Choose **ONE** of the following writing topics and write a one to two page essay. This should be a handwritten essay. Take time to think about what you would like to say before you begin writing. Please feel free to attach additional sheets of paper if necessary.

**PLEASE CHOOSE ONLY ONE**

**Option 1:** What do you think makes you special? How will you use that special thing to contribute to the Codman family?

**Option 2:** What are your dreams for the future? How can a Codman education help you fulfill them?

**Option 3:** Who is the most important person in your life and why? How has this person inspired you?

**Option 4:** What is your most impressive accomplishment? Why?

**Option 5:** If you could design the “perfect” school, what would it look like?