

# CODMAN ACADEMY CHARTER PUBLIC SCHOOL

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Dorchester, MA 02124  
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www.codmanacademy.org

Application Deadline March 8, 2010

Lottery Held on March 10, 2010

## Application for Admission to Ninth Grade, 2010-2011

**In order to enter your name into the lottery for admission to Codman Academy please submit the following demographic information**

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

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

Home Address \_\_\_\_\_  
*Street* *City/State/Zip*

Home Phone \_\_\_\_\_ Birthdate \_\_\_/\_\_\_/\_\_\_ Birth Place (City, State, Country) \_\_\_\_\_

Social Security # \_\_\_\_\_ Current School & Location \_\_\_\_\_

**PARENT/GUARDIAN** \_\_\_\_\_ Relation to Student \_\_\_\_\_

**(primary contact)**  *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 \_\_\_\_\_

**PARENT/GUARDIAN** \_\_\_\_\_ Relation to Student \_\_\_\_\_

**(secondary contact)**  *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 \_\_\_\_\_

**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 or IEP?  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"/> Caucasian       | <input type="checkbox"/> Cape Verdean |
| <input type="checkbox"/> Haitian American | <input type="checkbox"/> Hispanic/Latino | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Asian American   | <input type="checkbox"/> Native American |                                       |

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.

In the event that my child has the opportunity to be enrolled in the Codman Academy Charter Public School (CACPS), I hereby authorize the CACPS 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 CACPS.

I understand that my child will be required to attend a two-week Summer Academy Institute from July 6<sup>th</sup>-16<sup>th</sup>. Please plan vacation and summer jobs around these dates.

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

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