

**APPLICATION FOR ADMISSION
2016 – 2017 School Year**



Print Student's First and Last Name

Current Elementary School

8-digit CPS I.D. Number

(If you are a CPS student, you must fill in your ID number.
You may obtain this number from your report card, teacher or counselor)

INSTRUCTIONS FOR COMPLETING THE APPLICATION

1. Completely fill out the application on the back. Only completed applications will be entered in the February 2016 lottery.
2. Return the completed application in person or by mail to:

Betty Shabazz International Charter School

Main Office
7823 South Ellis Avenue
Chicago, IL 60619

How did you hear about BSA?

- Fair / Open House
- School Representative
- Word of Mouth
- Other: _____

3. If you want to confirm your application was received, please call the office at 773-651-1221.
4. This application must be complete and received by the Marketing Department / Student Recruitment office by 4:30 p.m. on February 2016 in order for the student to be part of the random lottery in February. Siblings of students attending Betty Shabazz Academy or another Betty Shabazz International Charter School campus must also meet this deadline to assure acceptance. Students whose applications are received after February 2016 will be accepted on a first-come first-serve basis if space is still available after the February 2016 lottery. If space is unavailable, applicants will be placed at the end of the school's wait list.
5. Applicant must reside with his/her legal guardian in the City of Chicago in order to enroll at Betty Shabazz Academy. Proof of residency is required.

APPLICATION FOR ADMISSION 2016 – 2017 School Year (cont.)

To Be Completed By The Student Applicant With Parent/Guardian

(PLEASE PRINT)

Student's Name: _____
Last First Middle

Mailing Address: _____
Street Address City State Zip Code

Applying to Grade: _____ School Year: 2016/2017 Birth Date: ____/____/____
Month/Day/Year

Gender (circle one): Male Female Main language spoken at home: _____

1st Parent/Guardian Name: _____

Home phone: _____ Mobile: _____ Work: _____

E-mail Address: _____

2nd Parent/Guardian Name: _____

Home phone: _____ Mobile: _____ Work: _____

E-mail Address: _____

Emergency Contact Name and Phone: _____

Please check this box if you have a son/daughter who is currently enrolled at a Betty Shabazz International Charter School campus and list their name, age, grade level and current school name.

| NAME | AGE | GRADE | CURRENT SCHOOL |
|-------|-------|-------|----------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

*Applicants who are siblings of a student at Betty Shabazz Academy or any other Betty Shabazz International Charter School campus will be automatically accepted at the same campus of their sibling as long as their application is completed and received by the application deadline.

Referred By (if applicable): _____
First Name Last Name

I certify that all of the information provided in this application is accurate. I/we (parent/guardian and child) *agree to support and follow* the school's policies and procedures - especially those pertaining to registration, student dress code, self management plan, food service program, school attendance, achievement standards, homework, "re-scheduled" Friday, parent, student, teacher (PST) conferences and the annual parent workshop series. In accordance with the terms of BSICS, I/we hereby submit this application for admission.

Student Signature

Date

Parent/Guardian Signature

Date