

**APPLICATION FOR ADMISSION
2012 – 2013 School Year**



**"Knowledge without purpose is blind."
Kwame Nkrumah**

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 10, 2012 lottery.
2. Return the completed application in person or by mail to:

Office Manager
Betty Shabazz Academy
7823 S. Ellis Ave.
Chicago, IL 60619
3. If you want to confirm your application was received, contact the main office at 773-651-1221.
4. This application must be completely filled-out and received by the Betty Shabazz Academy main office by 4:30 p.m. on February 3, 2012 in order for the student to be part of the random lottery on February 10, 2012. 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 3, 2012 will be accepted on a first-come first-serve basis if space is still available after the February 10, 2012 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 2012 – 2013 School Year (con't)

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: 2012/2013 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 hereby grant Betty Shabazz International Charter School permission to use the pupil record of the student named above for evaluation and research purposes under the condition that all information from this record be used under strict conditions of anonymity and confidentiality.

Student Signature _____

Date _____

Parent/Guardian Signature _____

Date _____

I affirm that the information provided on this form is true and correct. I understand that I will have to provide proof of address at the time of enrollment, and the validity of my child's application is dependent on that proof. If applicable, I affirm that the applicant is a sibling of the student(s) indicated. I approve the school to use this address to update my child's information in the school's systems of record, and understand this application does not guarantee acceptance. I understand that my child may be subject to immediate removal from the school if admission was gained based on a falsified application.