

Name of Student Applicant: _____ Grade 2008-2009: _____



Application for School Enrollment

Campus Applied for (*Check One*)

- Betty Shabazz International Charter School (Grades K-8)**
- Barbara A. Sizemore Academy (Grades K-3; 6-8)**
- DuSable Leadership Academy (Grades 9-11)**

Notice to Parent/Guardian

All of the information requested (if applicable) must be submitted, along with this completed application, to BSICS' executive office or returned to the appropriate school office, before or by the published deadline. Betty Shabazz International Charter School does not discriminate against students with special needs.

BETTY SHABAZZ INTERNATIONAL CHARTER SCHOOL

7822 South Dobson Avenue
Chicago, Illinois 60619
Phone: 773-651-1221 Fax: 773-651-0302

Family Information

(PLEASE PRINT)

Student's Name: _____
Last First Middle

S.S. #: _____ DOB: _____ Gender: Female Male

Place of Birth: City: _____ State: _____ Country _____

Primary language spoken at home: _____ Nationality: _____

School Currently Attending: _____ CPS School? Yes No

Applying to Grade: _____ School Year: 20 ____ /20 ____

Siblings / Family Members Name: _____ Grade: _____

Currently Attending BSICS Name: _____ Grade: _____

Name: _____ Grade: _____

Name: _____ Grade: _____

Mother or Guardian: _____

Address: _____ Zip Code: _____

Home Phone: _____ Other Phone#: _____

Mother's Place of Employment: _____

Work Phone#: _____ Mobile or Pager#: _____

Father or Guardian: _____

Address: _____ Zip Code: _____

Home Phone: _____ Other Phone#: _____

Father's Place of Employment: _____

Work Phone#: _____ Mobile or Pager#: _____

General Information

- School Hours
Betty Shabazz International Charter School M-TH 8:15 am – 3:30 pm Fri. 8:15 am – 12:30 pm
Barbara A. Sizemore Academy M-TH 8:15 am – 3:30 pm Fri. 8:15 am – 12:30 pm
DuSable Leadership Academy M-TH 8:00 am – 5:00 pm Fri. 8:00 am – 12:30 pm
- All BSICS families are required to complete a free/reduced school lunch program application.
- Will your child need *before* or *after* school care between 7:00 A.M. and 8:15 A.M. Yes No and /or between 3:30 P.M. and 6:00 P.M.? Yes No
- Do you need information concerning private transportation services in the area? Yes No

Student Information

1. What are your student's academic strengths? _____
2. What are your student's most difficult subjects? _____
3. What are your student's non/academic talents, gifts and/or interests? _____

4. Has the current school (i.e. teachers, principal etc.) ever expressed concerns about your child's academic, physical, social and/or emotional development? Yes No
If yes, explain the concerns _____
5. Has your child ever been evaluated (tested)? Yes No
If you answered "yes", does your child have an I.E.P. or receive special services of any kind? (counseling, physical therapy, speech therapy or academic support)? Yes No
6. Has your child ever been suspended or expelled? Yes No
If yes, explain the circumstances _____
7. Has your child ever spent more than one (1) year at any grade level? Yes No
8. Is your child leaving his/her former school in good standing? Yes No
9. Briefly state your reason(s) for transferring your child to a new school. Be specific.

Educational History

(List all schools previously attended – including pre-school)

School Name: _____

Full Address: _____

Telephone: _____ Fax# _____ Email _____

Dates attended: From _____ To: _____

School Name: _____

Full Address: _____

Telephone: _____ Fax# _____ Email _____

Dates attended: From _____ To: _____

School Name: _____

Full Address: _____

Telephone: _____ Fax# _____ Email _____

Dates attended: From _____ To: _____

Parent/Guardian/Student Agreement

I certify that all of the information provided in this application is accurate. I have fully disclosed all information related to my child's transfer/initial enrollment. I have received, read and discussed all of the enrollment information with my child. I/we (parent/guardian and child) agree to support and follow the school's *policies and procedures* - especially those pertaining to the **BSICS registration procedures, student dress code, self management plan, food service program, school attendance, achievement standards, homework, rescheduled Friday, parent, student, teacher (PST) conferences and the annual parent workshop series.** In accordance with the terms of the BSICS village, I/We hereby submit this application for enrollment.

Parent/Guardian Signature

Date

Student Signature (Grades 2 through 11)

Date

Campus Locations

Betty Shabazz International Charter School
7823 South Ellis Avenue
Chicago, Illinois 60619

Barbara Sizemore Academy
1540 W. 84th Street
Chicago, Illinois 60620

DuSable Leadership Academy College Preparatory High School
4934 South Wabash Avenue Rm#174
Chicago, Illinois 60615

FOR OFFICE USE ONLY

Application Date: _____ Time: _____

Initial all information when submitted.

	CPS ID# _____	Transcript/Records _____	IEP _____
Forms:	Immunization _____	Physical _____	Lunch/Appl _____
	Legal Doc _____	Self Mgmt _____	Family/Agmt _____
Fees:	Registration _____	Lunch _____	Unity Uniform _____
			Gym Uniform _____
			Other _____



DuSable Leadership Academy High School Application Checklist

To expedite the application and selection process, please submit the following information with your application form to the **Main Office of DuSable Leadership Academy High School, 4934 S. Wabash, Chicago, IL 60615**

Your application will not be considered until all applicable information is submitted.

- Application for School Enrollment** Complete and submit four (4) page fold out application.

- Transcripts/School Records** Submit a copy of student's cumulative record, the most recent report card for the current year and standardized test scores.

- IEP** If your child currently receives special services, submit a copy of your child's most recent IEP.

- Evaluation Information** If your child has been evaluated in the past for psychological, neurological, academic or speech language concerns, submit a copy of the evaluation report.

- CPS Identification Number** Include student's CPS Identification Number on the application. The CPS identification number is on record at your child's previous CPS school.

- Physical Examination Record** Submit a copy of student's most recent physical examination report.

- Immunization Records** Submit a copy of student's most recent immunization records from your child's doctor. Immunizations must be up to date for admittance.

In the space below, write at least (2) paragraphs explaining why you want to attend DuSable Leadership Academy.

Completed applications may be mailed or submitted in person and must be received by _____. Limited space is available. If there are more than 125 eligible candidates, there will be a lottery. Please submit the following documents to complete enrollment application.

- Signed Application **(Student and Parent/Guardian signature required)**
- Copy of Cumulative Card
- Copy of last report card
- Most recent test/scores/transcript
- One Letter of Recommendation from a teacher or counselor

Please mail application(s) to:

**Admissions Department Office # 170-174
DuSable Leadership Academy A College Preparatory High School
Of Betty Shabazz International Charter School
4934 S. Wabash Avenue
Chicago, IL 60615**

APPLICATION DEADLINE: WEDNESDAY, FEBRUARY 13, 2008

If accepted to DuSable Leadership Academy, students and parents/guardians must agree to follow and support the strict discipline and academic codes. By signing below, you agree to follow and support the student self management system, dress code, promotion standards, and the rigorous academic program.

Student Signature (required)

_____/_____/_____
Date

Parent/Guardian Signature

_____/_____/_____
Date

Incomplete Applications will not be considered.