



K-5 Magnet Application: 2024-25

A separate application must be completed for each child. Please print clearly and **complete both sides**. Incomplete applications will not be considered. This magnet application is for grades K-5. If you would like to apply for a pre-K seat in one of our magnet programs, please use our pre-K application.

Child's last name

Child's first name

Parent/guardian last name

Parent/guardian first name

Street address

Zip code

Phone

Email

Child's date of birth

Child's gender

Child's primary language

Does the child receive any Special Education services? If yes, please list services received.

NOTE: Placement of students who receive Special Education services, including placement in an integrated classroom, must be determined by the Committee on Special Education.

Name of school child attends now

Current grade

Grade next school year: K 1 2 3 4 5

Will you enter more than one child in the magnet lottery? Yes No

If yes, do you want your children's applications "linked"? Yes No

If yes, please enter the name(s) of the sibling(s):

Does a sibling currently attend the City School District of Albany? Yes No

(If yes, please complete below)

Sibling name

Sibling school

Sibling grade

The following information assists in state and federal monitoring efforts and will not affect a student's assignment.

Ethnic origin (check one): Hispanic/Latino NOT Hispanic/Latino

Race (check all that apply): Asian Black or African-American White
 American Indian or Alaskan Native Hawaiian or Other Pacific Islander

PLEASE TURN OVER TO COMPLETE APPLICATION

Selection

Please select up to four choices (1, 2, 3 and 4), with 1 being your first choice. Information about each school is available at albanyschools.org/magnet.

Choice	School/program
	Albany School of Humanities (ASH)
	Dual Language Program <div style="display: flex; align-items: center;"> <div style="background-color: #e63928; color: white; padding: 5px; margin-right: 10px; font-size: 0.9em;"> To choose this program, you must select your child's language </div> <div style="margin-left: 10px;"> <input type="checkbox"/> Dominant ENGLISH speaker (<i>incoming K and grade 1 only</i>) <input type="checkbox"/> Dominant SPANISH speaker (<i>all grades</i>) </div> </div>
	Montessori Magnet School
	Thomas O'Brien Academy of Science and Technology (TOAST)

I affirm that the information included in this application is true and complete to the best of my knowledge. I understand that completing this application does not guarantee my child admission. Upon acceptance into a magnet program, I, as parent or guardian, agree to attend any meetings or orientations that may be required by the school.

Parent/guardian signature

Parent/guardian name (printed)

Date

A note about after-school care

All four options have after-school care available until 5:30 p.m. However, please be aware that there is a cost to after-school care, and that it is offered at the discretion of outside providers when there is sufficient enrollment. The Albany County Department of Social Services may be able to help you pay for after-school care. Contact them at (518) 447-7435 or DSSchildcaresubsidyunit@albanycounty.com.

Applications must be received by March 15, 2024 in order to be included in the April 17, 2024 lottery drawing. Applications received after that time will be processed based on availability.

Completed applications can be mailed or hand-delivered to:

City School District of Albany Lottery Office • 1 Academy Park, Albany, NY 12207

OFFICE USE ONLY

- Attendance zone
- Sibling pref.
- Neighborhood pref.
- Processed



Contact our Magnet Office with any questions at (518) 475-6551.