

FOR OFFICE USE ONLY

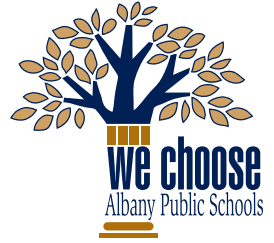
- Attendance zone
- Sibling preference
- Neighborhood preference

---

- Application processed

# CITY SCHOOL DISTRICT OF ALBANY

## 2017-18 Prekindergarten Lottery Application



Application deadline Friday, March 31 • Lottery Tuesday, April 11

**PLEASE PRINT CLEARLY AND COMPLETE ALL AREAS.  
INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED**

Child's Name \_\_\_\_\_  
Last First

Parent/Guardian Name \_\_\_\_\_  
Last First

Parent/Guardian Address \_\_\_\_\_  
Number and street Apt. # City State Zip

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Date of Birth \_\_\_\_\_ Child's Gender  Female  Male  
Month Day Year

Does the child speak English?  Yes  No If no, please indicate primary language \_\_\_\_\_

Does the child receive ANY special education services?  Yes  No

If yes, please list services received: \_\_\_\_\_

*(Placement of students into integrated classrooms will be determined by the Committee on Preschool Special Education.)*

Will you enter more than one child in the pre-K lottery for 2017-18?  Yes  No  
*(If yes, please complete a separate application for that child)*

Does a sibling currently attend school in the City School District of Albany?  Yes  No  
*(If yes, please complete below.)*

Name \_\_\_\_\_ School \_\_\_\_\_ Current Grade \_\_\_\_\_

**The following information is necessary to assist in state and federal monitoring efforts and will not affect a student's assignment.**

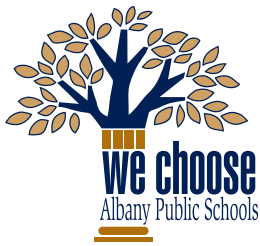
Ethnic Origin (check one):  Hispanic/Latino  NOT Hispanic/Latino

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

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 prekindergarten program, I, as parent or guardian, agree to attend any meetings or orientations that may be required by the school.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

CONTINUED ON BACK



## School Selection

Please select your top four choices (1, 2 3 and 4), with 1 being your first choice. Check the box indicating your neighborhood school. Information about each school or program is in the booklet.

Choice	Academy Name	Is this your neighborhood school?	Choice	Academy Name	Is this your neighborhood school?
	Albany School of Humanities (ASH)			Jewish Community Center	Not applicable
	Arbor Hill Elementary School			Montessori Magnet School	
	Arbor Park Child Care Center	Not applicable		New Scotland Elementary School	
	Capital Milestones	Not applicable		North Albany Academy	
	Children’s Place at the Plaza	Not applicable		Nursery School at The College of Saint Rose	Not applicable
	Delaware Community School			Pine Hills Elementary School	
	Dual Language Program at Delaware Community School Dominant ENGLISH Speaker ___ Dominant SPANISH Speaker ___			Schuyler Achievement Academy	
	Eagle Point Elementary School			Sheridan Preparatory Academy	
	Ernestina DiCioccio Bilingual Day Care Center: Centro Civico	Not applicable		St. Anne’s Institute	Not applicable
	Giffen Elementary School			St. Matthew Lutheran School	Not applicable
	Infinite Care	Not applicable		Temple Israel	Not applicable
	Head Start - Olivia Rorie Center	Not applicable		Trinity Nursery and Daycare	Not applicable
	Head Start - Early Learning Center	Not applicable		Thomas O’Brien Academy of Science and Technology (TOAST)	
	Head Start - Ontario Street	Not applicable		Unity Sunshine	Not applicable
	Head Start- Hackett Boulevard	Not applicable			

**PLEASE REVIEW YOUR APPLICATION CAREFULLY TO MAKE SURE THE INFORMATION IS ACCURATE.**

**Your completed application can be mailed or hand-delivered to:**

City School District of Albany Magnet Schools Office

1 Academy Park, Albany, NY 12207

(518) 475-6551

Application deadline – Friday, March 31 at 4 p.m. Lottery date – Tuesday, April 11 at 10 a.m. at TOAST