

City School District of Albany 2019-20 Pre-K Lottery Application

Deadline March 1 • Lottery held March 13



- OFFICE USE ONLY**
- Attendance zone
 - Sibling pref.
 - Neighborhood pref.
 - Processed

A separate application must be completed for each child. Please print clearly and **complete both sides**. Incomplete applications will not be considered.

[Redacted] Child's Last Name [Redacted] Child's First Name

[Redacted] Parent/Guardian Last Name [Redacted] Parent/Guardian First Name

[Redacted] Street Address [Redacted] Zip Code

[Redacted] Phone [Redacted] Work Phone [Redacted] Email

[Redacted] Child's Date of Birth [Redacted] Child's Gender [Redacted] Does the child speak English? If no, please indicate primary language.

[Redacted]

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 Preschool Special Education.

Will you enter more than one child in the pre-K lottery for 2019-20? Yes No

If yes, do you want your children's applications "linked"? Yes No
(See page 4 to learn more about linking and whether this is an option for your children)

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

[Redacted] Sibling name [Redacted] Sibling school [Redacted] Sibling grade

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

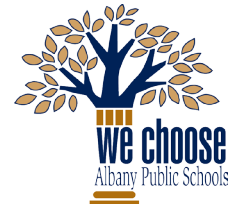
Ethnic origin (check one): Hispanic/Latino NOT Hispanic/Latino
Race (check all that apply): Asian Black or African-American White
 American Indian or Alaskan Native Hawaiian or Other Pacific Islander

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

[Redacted] Parent/Guardian Signature [Redacted] Date

PLEASE TURN OVER TO FINISH APPLICATION

Selection



Please select your top four choices (1, 2, 3 and 4), with 1 being your first choice. Information about each school or program is in the booklet. If you select the Dual Language Program at Delaware Community School as one of your options, please be sure to indicate whether English or Spanish is your child's dominant language.

Choice	School or program
	ACAP Head Start – Early Learning Center*
	ACAP Head Start – Hackett Boulevard*
	ACAP Head Start – Nathan Lebron Center*
	ACAP Head Start – Olivia Rorie Center*
	Albany Jewish Community Center
	Albany School of Humanities (ASH)
	Arbor Hill Elementary School
	Arbor Park Child Care Center
	Capital Milestones Childcare
	Children's Place at the Plaza
	Children's Place at the Plaza State Education Building
	A Child's Place at Unity
	Delaware Community School
	DIGI Preschool Academy Inc.
	Dual Language Program at Delaware Community School <div style="display: flex; align-items: center;"> <div style="background-color: #e67e22; color: white; padding: 5px; margin-right: 10px;"> To choose this program, you must select your child's dominant language </div> <div style="display: flex; flex-direction: column; gap: 5px;"> <div><input type="checkbox"/> ENGLISH</div> <div><input type="checkbox"/> SPANISH</div> </div> </div>

Choice	School or program
	Eagle Point Elementary School
	Ernestina DiCioccio Bilingual Day Care Center-Centro Civico
	Giffen Memorial Elementary School
	Infinite Care
	Montessori Magnet School
	New Scotland Elementary School
	North Albany Academy
	Nursery School at The College of Saint Rose
	Pine Hills Elementary School
	Schuyler Achievement Academy
	Sheridan Preparatory Academy
	St. Anne Institute
	St. Matthew Lutheran School
	Temple Israel
	Trinity Nursery and Daycare
	Thomas O'Brien Academy of Science and Technology (TOAST)

* Please note that to be eligible for a Head Start prekindergarten program, your family must meet certain income requirements. For more information, call (518) 463-3175, ext. 135.

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

THE DEADLINE TO SUBMIT APPLICATIONS IS 4 P.M. ON FRIDAY, MARCH 1. MAILED APPLICATIONS MUST BE POSTMARKED BY THAT DATE. Applications received after the deadline will be eligible for future lottery drawings as seats become available. The lottery will be held at 10 a.m. on Wednesday, March 13 at TOAST.

MAKE SURE YOU HAVE COMPLETED BOTH SIDES OF THIS APPLICATION