

New York State Charter School Uniform Application Form

Section A: To be completed by Charter School

Applicable School Year:	2024-2025
Legal Name of Charter School:	King Center Charter School
Contact Information for Charter School:	156 Newburgh Avenue, Buffalo, NY 14211 Phone: 716.891.7912 Fax: 716.895.2058 WWW.KCCS.ORG moverton@kccs.org
Application Deadline:	April 5th, 2024, at 11:59 pm
Lottery Date and Location (if known):	April 9, 2023, at 12:00 pm 156 Newburgh Avenue, Buffalo, NY 14211 Online (Link will be email and Text to all applicants)
Directions for Submission of Applications:	Applications may be submitted at www.kccs.org , faxed, mailed, or delivered in person. All applications must be presented to the school prior to the application deadline. Applications received after the deadline will not qualify for the lottery regardless of the post-marked date.

Non-Discrimination Statement: *A charter school shall not discriminate against or limit the admission of any student on any unlawful basis, including on the basis of ethnicity, national origin, disability, intellectual ability, measures of achievement or aptitude, athletic ability, race, creed, gender, religion or ancestry. A school may not require any action by a student or family (such as an admissions test, interview, essay, attendance at an information session, etc.) in order for an applicant to either receive or submit an application for admission to that school.*



Section B: To be completed by Applicant*Note: A separate application must be completed and submitted for each child applying for admission.***Applicant Student Information:**

1.* Student Name (First, Last):	
2.* Date of Birth (MM/DD/YYYY):	
3. Student's Gender (circle one):	<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Non-Binary <input type="checkbox"/> Prefer not to answer
4.* Address of Residence (street address, city, state, zip code):	
5. Student's School District of Residence, if known:	
6.* Grade Applying for:	
7. Current Grade:	
8. Does the applicant student have a sibling(s) who is currently enrolled in this charter school? (circle one). Your response may qualify your student for an admissions preference.	Yes / No (If yes, list the name and date of birth of any sibling also applying to the school.) Name: _____ DOB: _____ Grade: _____ Name: _____ DOB: _____ Grade: _____ Name: _____ DOB: _____ Grade: _____ Name: _____ DOB: _____ Grade: _____
9. Does the applicant student have a sibling(s) who is also applying to this charter school? (circle one). Your response may qualify your student for an admissions preference.	Yes / No If yes, list the name and date of birth of any sibling also applying to the school. Name: _____ DOB: _____ Grade: _____ Name: _____ DOB: _____ Grade: _____ Name: _____ DOB: _____ Grade: _____ Name: _____ DOB: _____ Grade: _____

First Parent/Guardian Information (Required):

1.* Name (First, Last):	
2.* Relationship to Student:	
3. Address of Residence (street address, city, state, zip code):	
4. Phone Number(s), if available:	1(____) _____ - _____ (circle one) <u>Cell Phone</u> Home Phone Work Phone
5. Email Address(es), if available:	
6. Contact Preference: (circle one)	<input type="checkbox"/> Email <input type="checkbox"/> phone call <input type="checkbox"/> text <input type="checkbox"/> regular mail

Second Parent/Guardian Information (Optional):

1. Name (First, Last):	
2. Relationship to Student:	
3. Address of Residence (street address, city, state, zip code):	
4. Phone Number(s), if available:	1(____) _____ - _____ (circle one) <u>Cell Phone</u> Home Phone Work Phone
5. Email Address(es), if available:	
6. Contact Preference: (circle one)	<input type="checkbox"/> Email <input type="checkbox"/> phone call <input type="checkbox"/> text <input type="checkbox"/> regular mail

Parent/Guardian Signature: _____ Date: _____

** The items marked with an asterisk (*) are the only items that may be required in order to apply to this charter school. Any items not marked by an (*) are optional.*