

Applicable School Year: 2024 - 2025

Application Deadline: Monday, April 1, 2024

Open House Dates:

Middle School - 1919 Prospect Avenue, Bronx, NY 10457:
Wednesdays, In-person, 5 p.m. : 12/06/2023, 01/10/2024, 02/07/2024, 03/06/2024

Elementary School - 1232 Southern Boulevard, Bronx, NY 10459:
Thursdays, In-person, 5 p.m. : 12/07/2023, 01/11/2024, 02/08/2024, 03/07/2024

K - 8th:
Saturdays, Virtual, 10 a.m. : 11/18/2023, 12/16/2023, 01/20/2024, 02/10/2024, 03/16/2024

Lottery Date: Friday, April 5, 2024 at 4:30 p.m.

Lottery Location: Children's Aid College Prep Southern Boulevard Campus

Contact Information:

Children's Aid College Prep Charter School
K-5: 1232 Southern Blvd., Bronx, New York 10459
6-8: 1919 Prospect, Third Floor, Bronx, New York 10457

Phone: 347.871.9002 Fax: 718.583.6238

Email: info@childrensaidcollegeprep.org

Note: Attendance at the lottery is not required and will not affect your child's chances of entering the school.

Mission: Children's Aid College Prep Charter School is a Community School whose mission is to prepare elementary school students for success in middle school, high school, college, and life by providing them with a rigorous instructional experience; addressing their physical, emotional and social needs; fostering a sense of pride and hope; and serving as a safe and engaging community hub.

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, gender, disability, intellectual ability, measures of achievement or aptitude, athletic ability, race, creed, national origin, 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. However, Children's Aid College Prep Charter School provides an academic program specifically designed for children and families who face additional barriers to school success because the head of household may be a single parent, the family may live below self-sufficiency standards, the family have current or previous child welfare system involvement or the child may be an English Language Learner. Preferences are also given for residents of Community School District 12 (where CACPCS is located) and for siblings of current CACPCS students. These preferences have been approved by the school's authorizer and are permissible.

Directions for Submission of Applications:

- o Items marked with an asterisk (*) are required in order to apply to this charter school.
- o Only one application per student will be accepted. Separate applications must be completed for each student or sibling.

STUDENT APPLICANT INFORMATION

*First Name: _____

Middle Name: _____

*Last Name: _____

*Date of Birth: _____

Gender: Male Female Non-binary

Prefer not to answer

*Home Street Address: _____

Apartment Number: _____

*City: _____ *State: _____ *Zip: _____

In which school district do you live? _____

*Grade applying for:

K 1st 2nd 3rd 4th 5th 6th 7th 8th

Does the applicant have a sibling also applying for 2024-2025 admission? (A separate application must be submitted)

Yes No

If yes, please list name, grade applying for, and date of birth of sibling.

First Name: _____

Last Name: _____

Grade: _____ DOB: _____

PARENT/GUARDIAN INFORMATION

*Name: _____

Home Address: _____

*Relationship to Student: _____

Apartment Number: _____

Home Phone: _____

City: _____ State: _____ Zip: _____

Mobile Phone: _____

Email Address: _____

ADDITIONAL INFORMATION | OPTIONAL LOTTERY PREFERENCES

Children's Aid College Prep Charter School is legally allowed to give enrollment preference to students who meet certain criteria. You are strongly encouraged to submit the following information as it may increase your child's chances of admission.

Does the applicant have a sibling currently attending this charter school? An eligible sibling is defined as a biological or legally adopted brother or sister residing in the same household.

Yes No

If yes, please list name, grade, and date of birth of sibling.

First Name: _____

Last Name: _____

Grade: _____ DOB: _____

Are you a single parent or guardian? Yes No

How many adults reside in your household? _____

How many children reside in your household? _____

Please list the ages of all children: _____

Our annual household income before taxes is: _____

If applying for Kindergarten, did your child attend a pre-school, Head Start, nursery school, or daycare center/provider?

Yes No

At CACPCS we celebrate different cultures. Is there any other language spoken at home besides English?

Yes No

If so, what language(s):

According to New York State Department of Social Services, Regulations for Foster Care, Title 1A, a Foster Care Student is defined as any child in the custody of the City, away from his home 24 hours per day in a foster boarding home or a duly-certified relative foster boarding home (kinship home) or a duly-certified group home, agency-operated boarding home, child care institution, or any combination thereof.

Has your child ever been in:

Foster Care Preventive Care Adoption

If yes, please provide the name of the agency and the case worker:

How did you hear about us?

Friend/Family Social Media Internet Ad

Newspaper Ad Bus Stop Ad

Other _____

I attest I am the legal parent or guardian of the student named above. I affirm the information I have submitted is true and accurate to the best of my knowledge. I understand all information will be verified and providing incorrect information can result in application disqualification or loss of seat. Additionally, I understand submitting an application does not guarantee admission to this charter school.

Signature _____

Date _____

For Internal Purposes Only:

Date Received: _____

Initials _____