



Academic Leadership Charter School

Norma Figueroa-Hurwitz, Founder/Executive Director

Grades K-2

677 E 141st St. Bronx, NY 10454
T: 718-585-4215 F: 718-595-4837

Grades 3-5

356 E 139th St. Bronx, NY 10454
929-528-7373 F: 347-274-8169

Grades 6-8

470 Jackson Ave. Bronx, NY 10455
718-993-1870 F: 718-993-1875

www.alcsbronx.org

NEW YORK STATE CHARTER SCHOOL UNIFORM APPLICATION FORM

SECTION A

Applicable School Year: 2025-2026

Name of Charter School: ACADEMIC LEADERSHIP CHARTER SCHOOL

Contact Information for Charter School: 677 East 141st Street, Room 201
Bronx, NY 10454
Phone: (718) 585-4215
Fax: (718) 585-4837
Website: www.alcsbronx.org
Email: : apply@academicleadershipcs.org

Application Deadline: Tuesday, April 1st 2025 by 11:59 PM

Lottery Date and Location: Thursday, April 3rd 2025 at 4:00 PM, in person
356 East 139th St. Bronx, NY 10454

Directions for Submission of Applications: Please mail or fax your application to the address/fax number provided above (718-585-4837), bring your application to our office (Room 201) in person, online at www.alcsbronx.org or scan and email it to (apply@academicleadershipcs.org).

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, gender, disability, intellectual ability, measures of achievement or aptitude, athletic ability, race, creed, 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.) for an applicant to either receive or submit an application for admission to that school.

However, *Academic Leadership Charter School* gives admissions preferences to: (1) Siblings of current students, (2) Children of current employees, (3) English Language Learners in District 7, (4) Students living in District 7 at risk of academic failure, (5) Students in District 7 eligible for free/reduced price lunch, (6) All other students in District 7, (7) Students outside of District 7. These preferences have been approved by the school's authorizer and are permissible.

SECTION B

STUDENT INFORMATION (A separate application must be completed and submitted for **each child** applying for admission)

1.* Name (First, Last)	
2.* Date of Birth (MM/DD/YYYY)	
3. Gender (circle one)	Male / Female / Non-binary / Prefer not to say
4.* Address of Residence (street address, city, state, zip code)	
5. School District (or New York City Community School District), if known	
6. Grade Applying for (K, 1, 2, 3, 4, 5, 6, 7, 8, 9)	

PREFERENCES

1. Does the applicant have a sibling(s) who is currently enrolled in this charter school? If yes, please provide the name of the current child. (Proof required)	Yes / No
2. Does the applicant have a parent/guardian who is currently employed by this charter school? If yes, please provide the name of the current employee.	Yes / No
3. Is the applicant an English Language Learner who resides in District 7?	Yes / No
4. Is the applicant a resident of District 7 who is at risk of academic failure?	Yes / No
5. Is the applicant a resident of District 7 who is eligible for free/reduced price lunch?	Yes / No

PARENT/GUARDIAN INFORMATION

1.* Name (First, Last)	
2.* Relationship to Student	
3. Address of Residence (street address, city, state, zip code)	
4. Phone Number(s), if available	
5. Email Address	

Parent/Guardian Signature: _____ Date: _____

** The items marked with an asterisk (*) are the only items that may be required in order to apply*