



DC Bilingual Public Charter School

New Student/Sibling* Application for Participation in the Public Lottery 2010-2011 School Year

Student Information

Name of Student (Last, First, MI): _____

Address: _____

Date of Birth: _____ Place of Birth: _____

Gender: male female Race/Ethnicity (optional) _____

Anticipated Grade (Fall 2010):

<input type="checkbox"/> Pre-K 3*	<input type="checkbox"/> Kindergarten	<input type="checkbox"/> 2 nd Grade	<input type="checkbox"/> 4 th Grade
<input type="checkbox"/> Pre-K 4	<input type="checkbox"/> 1 st Grade	<input type="checkbox"/> 3 rd Grade	<input type="checkbox"/> 5 th Grade

**Child must turn 3 by September 30, 2010.*

Current Grade Level: _____

Current school or pre-school: _____

Please provide the following if applicable: SSN _____

DCPS ID # _____ Alien # _____

Family Information

Mother/Guardian

Name: _____

Home Address: Same as child's _____

Home Phone: _____ Work Phone: _____

Cell Phone/Pager: _____ Email: _____

Please direct correspondence about this application to the person and contact information listed above.

Father/Guardian

Name: _____

Home Address: Same as child's _____

Home Phone: _____ Work Phone: _____

Cell Phone/Pager: _____ Email: _____

Please direct correspondence about this application to the person and contact information listed above.

Please read and complete the back of the form



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*Siblings: A space is not guaranteed to all siblings. Siblings of current DC Bilingual students will be entered into the sibling lottery.

- Check this box if a sibling or siblings currently attend DC Bilingual PCS. Please list name(s) and date(s) of birth: _____

- Check this box if a sibling or siblings will also be applying for admission for 2010-2011. Please list name(s) and date(s) of birth: _____

Other

How did you hear about DC Bilingual PCS? [] CentroNía [] Flyer [] Family/Friend
 [] Website [] Internet [] Another Organization: _____
 [] Community Announcement [] Other: _____

I/We complete this application for DC Bilingual PCS for the 2010-2011 school year and certify that the information provided is accurate. I/We understand that providing false information may result in the exclusion of my child from DC Bilingual.

_____ Parent/Guardian Signature	_____ Date
_____ Parent/Guardian Signature	_____ Date

Please submit the completed application along with a copy of child's birth certificate to:

DC Bilingual PCS Office
 DC Bilingual Public Charter School
 1420 Columbia Road, NW
 Washington, DC 20009
 Fax: (202) 745-2562

For additional information, please call (202) 332-4200 or email dcbilingualinfo@centronia.org.

DC Bilingual Public Charter School does not discriminate on the basis of race, color, national origin, sex or disabilities in its policies, programs or activities.

FOR OFFICE USE ONLY

Date & Time Received: _____ by: _____

Documentation received with application:

- Birth Certificate: _____ DOB: _____
- Other: _____

Sibling(s) Enrolled: _____ Sibling(s) Applying: _____

Grade Level: _____ Complete: Y N