



School Year 2022-2023 Enroll Buffalo Charters Common Application

Applicable School Year:	School Year 2022-2023
Legal Name of Charter School:	Elmwood Village Charter School
Contact Information for Charter School:	Michelle Cantey, Admissions Coordinator/Registrar mcantey@elmwoodvillageschool.org 716-424-0555 x 2322
Application Deadline:	Applications Must Be Submitted on or after <u>April 1st, 2022.</u>
Lottery Date and Location (if known):	April 5th, 2022. Lottery will be held at the school and livestreamed online. Hertel Campus: 665 Hertel Ave, Buffalo, 14207 Days Park Campus: 40 Days Park, Buffalo, 14201
Directions for Submission of Applications:	Families may apply via this paper application or online at www.enrollbuffalocharters.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, 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.

Note: A separate application must be completed and submitted for each child applying for admission.



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

Applicant Contact Information:

First Name*: Middle Name: Last Name*:

Birth Date*: Gender: Male Female Non-binary Prefer Not to Answer

Street Address: Apt Number:

City: State: Zip Code:

Student's District of Residence* :

Child's Current Grade or "N/A" if not currently Enrolled*: Grade Applying to for SY22-23*:

Applicant School Information:

Is your child currently enrolled at one of the following EBC Network Schools?

- | | |
|--|--|
| <input type="checkbox"/> Buffalo Academy of Science Charter School | <input type="checkbox"/> King Center Charter School |
| <input type="checkbox"/> Buffalo Collegiate Charter School | <input type="checkbox"/> Persistence Prep Academy Charter School |
| <input type="checkbox"/> Buffalo Commons Charter School | <input type="checkbox"/> Primary Hall Preparatory Charter School |
| <input type="checkbox"/> Buffalo Creek Academy Charter School | <input type="checkbox"/> South Buffalo Charter School |
| <input type="checkbox"/> Buffalo United Charter School | <input type="checkbox"/> Tapestry Charter School |
| <input type="checkbox"/> Elmwood Village Charter School | <input type="checkbox"/> Westminster Charter School |
| <input type="checkbox"/> Enterprise Charter School | <input type="checkbox"/> West Buffalo Charter School |
| <input type="checkbox"/> Health Sciences Charter School | |

If your child is not currently enrolled in one of the schools above, enter the name of the school below. If your child is currently not enrolled in a school, enter "Not Applicable."

Are there any additional EBC Network Schools from the list above that you wish to apply to for SY22-23?

Parent/Guardian 1 Contact Information:

First Name*:

Middle Name:

Last Name*:

Relationship to Student*:

Street Address:

Apt Number:

City:

State:

Zip Code:

Phone Number, if available *:

Email Address:

Optional: Parent/Guardian 2 Contact Information:

First Name:

Middle Name:

Last Name:

Relationship to Student:

Street Address:

Apt Number:



City:

State:

Zip Code:

Phone Number, if available:

Email Address:

Applicant Priorities and Preferences:

The following questions are used to apply preferences or priorities that may affect how the application is processed during the lottery.

Does your child have any siblings currently attending any of the applying schools? If yes, enter their information in the table below. If not, leave the table blank.

Student Name	School Name	Grade	Birth Date

Optional: Does your child have any parents or guardians employed at this school? Enter their information in the table below.

Parent/Guardian Name	School Name	Position/Title

Optional: Does your child speak a language other than English most of the time at home and have or may need English Language Services at school?

Yes No

Optional: Does your child currently have an Individual Education Plan?

Yes No



Optional: Does anyone in your household qualify for any of the programs listed below?

Free or reduced lunch

Earned Income Tax Credit (EITC)

Social Security (SSI)

Home Energy Assistance Program (HEAP)

Food Stamps

Safety Net Assistance (SNA)

Foster Care

Temporary Assistance for Needy Families (TANF)

Refugee Assistance (cash or medical assistance)

Parent/Guardian Signature: _____ Date: _____