



School Year 2023-2024 Enroll Buffalo Charters Common Application

Applicable School Year:	School Year 2023-2024
Legal Name of Charter School:	
Contact Information for Charter School:	
Application Deadline:	Applications Must Be Submitted by <u>April 10th, 2023</u> for consideration in the lottery.
Lottery Date and Location (if known):	April 12th, 2023, at school and online.
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 SY23-24*:

Applicant School Information:

In which school is your child currently enrolled? If not enrolled currently in school, please enter "N/A"

What EBC Network Schools from the list below do you wish to apply to for SY23-24?*

You may apply to multiple schools with a single application and your application to multiple schools does not impact your ability to get into another.

- | | |
|--|---|
| <input type="checkbox"/> BRICK Buffalo Charter School (K-1) | <input type="checkbox"/> Enterprise Charter School (K-8) |
| <input type="checkbox"/> Buffalo Acad of Science Charter School (K-12) | <input type="checkbox"/> Health Sciences Charter School (9-12) |
| <input type="checkbox"/> Buffalo Acad of Science Charter School II (K-3, 9-10) | <input type="checkbox"/> King Center Charter School (K-8) |
| <input type="checkbox"/> Buffalo Collegiate Charter School (4-9) | <input type="checkbox"/> Persistence Prep Acad Charter School (4-8) |
| <input type="checkbox"/> Buffalo Commons Charter School (K-2) | <input type="checkbox"/> Primary Hall Prep Charter School (K-3) |
| <input type="checkbox"/> Buffalo Creek Acad Charter School (5-9) | <input type="checkbox"/> REACH Academy Charter School (PreK-7) |



<input type="checkbox"/>	Buffalo United Charter School (K-8)	<input type="checkbox"/>	Tapestry Charter School (K-12)
<input type="checkbox"/>	Elmwood Village Charter School-Days Park (K-8)	<input type="checkbox"/>	Westminster Comm Charter School (K-8)
<input type="checkbox"/>	Elmwood Village Charter School-Hertel (K-8)	<input type="checkbox"/>	West Buffalo Charter School (K-8)

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 or serving on the Board of Trustees at this school? Enter their information in the table below.

Parent/Guardian Name	School Name	Position/Title

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

<input type="checkbox"/>	Free or reduced lunch	<input type="checkbox"/>	Earned Income Tax Credit (EITC)
<input type="checkbox"/>	Social Security (SSI)	<input type="checkbox"/>	Home Energy Assistance Program (HEAP)
<input type="checkbox"/>	Food Stamps	<input type="checkbox"/>	Safety Net Assistance (SNA)
<input type="checkbox"/>	Foster Care	<input type="checkbox"/>	Temporary Assistance for Needy Families (TANF)
<input type="checkbox"/>	Refugee Assistance (cash or medical assistance)		

Parent/Guardian Signature: _____ Date: _____