



*An Arts Integrated K-12 Expeditionary Learning School  
weaving together the Humanities, Sciences, Arts, and Social  
Responsibility.*

## **APPLICATION FOR SCHOOL YEAR: 2018-2019**

Tapestry Charter School  
65 Great Arrow, Buffalo, New York 14216  
K-12 Program

**APPLICATION DEADLINE:** Due by: **April 1, 2018.**

### **Directions for Submission:**

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- Please complete an individual application for each child that you are applying for.
  - Please indicate what grade the student will be entering in the fall of 2018 (not his/her current grade).
  - Sibling preference only applies to students who share a legal guardian. This does not include cousins, friends, aunts, uncles, etc. Please make sure to write the current siblings first and last name in the space provided.
  - Buffalo residents are given preference to applicants and proof of residence is required at time of registration, if your child is accepted.
  - Submit application to: **65 Great Arrow Avenue Buffalo, NY 14216, Attn: Maggie Tober or email to: [toberm@tapestryschool.org](mailto:toberm@tapestryschool.org)**
  - Our lottery will be held on **Monday, April 9<sup>th</sup>, 2018 at 9am** and is open to all families. Results of the lottery will be mailed home by Wednesday, April 11<sup>th</sup>. Any application received after our deadline (April 1, 2018) will be put on our waiting list.
  - After initial letters are mailed, ALL correspondence is made by phone, so **PLEASE MAKE SURE YOUR PHONE NUMBER IS CORRECT ON YOUR APPLICATION.** If it changes at any point, please call the enrollment office at (716)204-5883 ext. 1036 to update your information. **If the number/voicemail is not working, we will move on to our waiting list.**
  - Applications are only valid for the year 2018-2019. *You must re-apply each year.*
  - Our waiting list is active all school year long. We make calls after school starts if spots open.
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### **IMPORTANT**

- ***Your child must be FIVE on or before December 1<sup>st</sup> to apply for Kindergarten.***
- ***Students must have earned appropriate credit for the grade they are applying for.***



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**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, national origin, religion or ancestry. A school may not require any action by a student or family (such as an admission test, interview, essay, attendance at an information session, etc.) in order for an applicant to either receive or submit application for admission to that school.

**Student information**

*Student Last Name:		*Student First Name:		
*Date of Birth:		Please circle:      Male      or      Female		
*Home Address:				
*City:	*State:	*Zip Code:		
*District student resides in: (Buffalo, Kenmore, Lackawanna): <b>Buffalo residents receive preference</b>				
Name of School applicant currently attends:				
*Grade the student will be entering in the Fall of <b>2018</b> :				
*Does the applicant student have a sibling(s) who is currently enrolled in Tapestry charter school?		YES	or	NO
(If yes, list at least one sibling's name, current grade and date of birth below)				
Sibling Name:	Current Grade Level:	Date of Birth:		
Sibling Name:	Current Grade Level:	Date of Birth:		
Has your child attended our school before? <input type="checkbox"/> YES <input type="checkbox"/> NO   If yes, Withdraw date: Month: _____ Year: _____				
Are you applying for another child? <input type="checkbox"/> Yes <input type="checkbox"/> NO				
Name of Student: _____		Grade: _____		
Name of Student: _____		Grade: _____		

**Parent & Emergency Contact Information**

*Parent /Guardian #1 Name:		*Relationship to student:	
Email address:		Resides in the household: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Home Address:			
City:		State:	Zip Code:
*Primary Phone:	*Additional Phone:	<b>PLEASE LET US KNOW IF YOUR PHONE NUMBER CHANGES.</b>	
*Parent /Guardian #2 Name:		*Relationship to student:	
Email address:		Resides in the household: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Home Address:			
City:		State:	Zip Code:
*Primary Phone:	*Additional Phone:	<b>PLEASE LET US KNOW IF YOUR PHONE NUMBER CHANGES.</b>	

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_