



STATEN ISLAND COMMUNITY CHARTER SCHOOL  
APPLICATION FOR ADMISSION/ SOLICITUD DE ADMISION 2012-2013  
309 ST. PAULS AVE  
STATEN ISLAND, NY 10304-2217  
Tel 347 857 6981 Fax 347 861 0601

**Student Information:**

Student's Last Name: \_\_\_\_\_  
Student's First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_  
Date of Birth \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Circle one: (Male/Female)  
Address: \_\_\_\_\_ City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip: \_\_\_\_\_ Entering Grade for fall 2012: \_\_\_\_\_  
Current School: \_\_\_\_\_

**Parent/Guardian Information:**

Last Name: \_\_\_\_\_  
First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_  
Primary Phone (\_\_\_\_) \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_  
Email: \_\_\_\_\_  
Last Name: \_\_\_\_\_  
First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_  
Primary Phone (\_\_\_\_) \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_  
Email: \_\_\_\_\_

**Siblings:**

Does the applying student have a sibling attending SICCS? Circle one: (YES/NO)  
If so, please provide the sibling's name, grade and date of birth:  
1) Last Name: \_\_\_\_\_, Grade: \_\_\_\_\_  
First Name: \_\_\_\_\_, Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
2) Last Name: \_\_\_\_\_, Grade: \_\_\_\_\_  
First Name: \_\_\_\_\_, Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Agreement:**

I affirm that the information I have submitted above is true to the best of my knowledge. I understand that submitting this application does not guarantee admission to SICCS.

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date (month/day/year): \_\_\_\_ / \_\_\_\_ / \_\_\_\_