

Special Education Public Charter School

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Email: cdecker@stcoletta.org Website: www.stcoletta.org

APPLICATION FOR ADMISSION (OPEN ENROLLMENT FOR SY 2023-2024: 11/1/2022 - 4/28/23)

APPLICANT INFORMATION

Date of Application			Desired Date of Admission					
pplicant Nar	ne:							
	First	M	liddle		Last	Nickname		
ddress:								
	No./Street			City/Town	State	Zip		
Iome Phone:		_ Sex: M	F	Date of Birth:	Age:	Grade:		
Compl	ete the follow	ing section 1	to be	included in St. Co	letta's special educ	ation/sibling preference:		
		J			_			
Does your	child have a f	<u>ull-time</u> (25	hour	s or more) IEP with	n a disability classifi	cation of intellectual		
i				\square_{VEC}				
disability.	autism, or mu	ltiple disabil	1111es?	* LITES LI	NO			
•	autism, or mu	-				npon submission of this application.		
*if	the answer to the al	bove question is	"yes"		your child's finalized IEP u	pon submission of this application.		
*if	the answer to the al	bove question is	"yes"	please provide a copy of	your child's finalized IEP u	pon submission of this application.		
*if Evi	the answer to the alidence of the full-tin	bove question is ne IEP must be p	"yes" presenta	please provide a copy of ged to the school to be incl	your child's finalized IEP was a line of the preference.			
*if Evi	the answer to the alidence of the full-tin	bove question is ne IEP must be p	"yes" presente ast on	please provide a copy of ged to the school to be included to the school to be included to be inc	your child's finalized IEP unded in the preference. n common and livin	pon submission of this application. g at the same residence)		
*if Evi	the answer to the alidence of the full-tin	bove question is ne IEP must be p	"yes" presente ast on	please provide a copy of ged to the school to be incl	your child's finalized IEP unded in the preference. n common and livin			

FAMILY INFORMATION

Mother of shild students

	Number and Street								
	Number and Street		TT A 4.4						
	Number and Street	Home Address:			Home Address:Number and Street Apt				
City		Apt		Number and Street	Apt				
	State	Zip	City	State	Zip				
Telephone: ()		Telephone: ()					
Mobile: ()		Mobile: ()					
Email:	ne#:()		Email:	ne#:()					
Name:Home Address:	Number and Street State)	Apt Zip							
no referred you	ı to St. Coletta? Name:	REFE	Profess:	ion:					
	ure	_		Date					

Father of shild students

St. Coletta Special Education Public Charter School prohibits discrimination on the basis of a student's race, color, religion, national origin, language spoken, intellectual or athletic ability, measures of achievement or aptitude, or status as a student with special needs.

The Family Educational Rights and Privacy Act (FERPA):

The Family Educational Rights and Privacy Act (FERPA), a Federal law, requires that St. Coletta Special Education Public Charter School, with certain exceptions, obtain your written consent prior to the disclosure of personally identifiable information from your child's education records. However, St. Coletta Special Education Public Charter School may disclose appropriately designated "directory information" without written consent, unless you have advised the LEA to the contrary in accordane with LEA's procedures. The primary purpose of directory information is to allow the St. Coletta Special Education Public Charter School to include this type of information from your child's education records in certain school publications.

If you do not want St. Coletta Special Education Public Charter to disclose directory information from your child's education records without your prior written consent, you must notify the LEA within two months of your child's enrollment in the school.