

Special Education Public Charter School

1901 Independence Ave SE, Washington, DC 20003 Phone: 202 350-8680 Fax: 202 350 -8699

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

APPLICATION FOR ADMISSION (OPEN ENROLLMENT FOR SY 2025-2026: 11/1/2024 - 4/30/2025)

APPLICANT INFORMATION

| Date of Application | | | Desired Date of Admission | | | | | | | |
|---------------------|-------------------------|-------------------|---------------------------|---------------------------|------------|---------------|--|---|--|--|
| applicant Nan | ne: | | | | | | | _ | | |
| | First | M | iddle | | Last | | Nickname | | | |
| ddress: | | | | | | | | _ | | |
| | No./Street | | | City/Town | State | | Zip | | | |
| Iome Phone: | | Sex: M | F | Date of Birth: | | Age: | Grade: | _ | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| Compl | ete the followi | ng section t | n he | included in St. Co | letta's sr | recial educ | ation/sibling preference: | - | | |
| Compi | ete the follown | ng section t | o bc | included in St. Co | nctia s sp | eciai cuuc | ation/sibling preference. | | | |
| Does your | child have a f u | ıll-time (25 | hour | 's or more) IEP wit | h a disabi | lity classifi | cation of intellectual | | | |
| • | | , | | <u> </u> | | iity Classiii | | | | |
| disability, | autism, or mult | tiple disabil | ities? | * YES | NO | | | | | |
| Doo | | sent to lashan.tı | uray@s | stcoletta.org and cdecker | | | pon submission of this application. f the full-time IEP must be presented | | | |
| | | | | | | | | | | |
| Does your | child have a si | bling (at lea | ast on | e parent/guardian i | n commo | n and livin | g at the same residence) | | | |
| _ | | | | _ | | | 5 | | | |
| <u>currently</u> | enrolled at St. | Coletta Spe | cial F | Education PCS? | YES | NO | | | | |
| | | | | | | | | | | |

FAMILY INFORMATION

Mother of shild student

| Home Address: | ber and Street | Ant | Home Address | Number and Street | Apt |
|-----------------------|---------------------|------|----------------|-------------------|-----|
| Num | ibei and sireei | Арі | | Number and Street | |
| City | State | Zip | City | State | Zip |
| Telephone: () | | | Telephone: (|) | |
| Mobile: () | | | Mobile: (|) | |
| Email: |) | | Email: | one#:() | |
| Additional Phone #: (|) | | AdditionalFile | лен.() | |
| Legal Guardian of ch | nild/student | | | | |
| _ | | | | | |
| | | | | | |
| Home Address: | ber and Street | | | | |
| Num | ber and Street | Apt | | | |
| City | State | Zip | | | |
| - | | • | | | |
| Cell Telephone: () |) | | | | |
| Additional Telephone: | () | _ | | | |
| Email: | <u> </u> | | | | |
| | | | | | |
| | | DEFI | ERRALS | | |
| | | KEFI | ZKKALS | | |
| o referred you to S | t. Coletta? Name: _ | | | | |
| ddress: | | | Profess | sion: | |
| GI CDD: | | | | | |
| | Newspaper: | | Advert | isement: | |
| | Newspaper. | | | | |

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.