

Instructions

The items marked with an asterisk (*) are required to be submitted in order to apply to this charter school. Any items not marked by an (*) are optional. If you choose not to respond to the optional items, that fact alone will not disqualify the applicant from admission to the school. Signed applications must be received by **April 1, 2025** to be eligible for the lottery. Applications received after **April 1, 2025** will be placed on the waiting list in the order in which they were received.

DEADLINE
To be included in our lottery, all applications must be submitted by **APRIL 1, 2025**

All ECS lotteries will be held on **APRIL 2, 2025**

1 Please choose the school to which you are applying

- | | | |
|--|--|--|
| <input type="checkbox"/> EQUALITY CHARTER ELEMENTARY SCHOOL (Grades K-2)
- will grow by 1 grade per year
801 Bartholdi St, Bronx NY 10467 | <input type="checkbox"/> EQUALITY CHARTER MIDDLE SCHOOL (Grades 6-8)
4140 Hutchinson River Pkwy
Bronx, NY 10475 | <input type="checkbox"/> EQUALITY CHARTER HIGH SCHOOL (Grades 9-12)
2141 Seward Ave
Bronx, NY 10473 |
|--|--|--|

2 Student Information (A separate application must be submitted for each applying student.)

CHILD'S NAME* _____ DATE OF BIRTH* ____ / ____ / ____

GENDER Male Female Nonbinary Other gender Identity Prefer not to answer

HOME ADDRESS* _____ APT ____ CITY _____ STATE ____ ZIP _____

GRADE ENTERING IN FALL 2025 K 1 2 6 7 8 9 10 11 12
Children must turn 5 by December 31, 2025 to be eligible for K

3 Parent/Guardian Information

FIRST NAME* _____ LAST NAME* _____

PRIMARY PHONE* _____ ADDITIONAL PHONE _____ EMAIL ADDRESS _____

RELATIONSHIP TO CHILD* Mother Father Legal Guardian Other _____

4 Application Information

- At all ECS locations, lottery preferences are offered for :
 - Siblings of current students
 - Students with disabilities
 - Students who are classified as English Language Learners (ELL)
 - Students who qualify for free or reduced-price lunch

- Students residing in District 11 receive a preference to the elementary and middle schools and students residing in District 8 receive a preference to the high school.

To receive these preferences, applicants must respond to the optional application questions.

Sibling Preference

Does the applicant have a sibling who currently attends an ECS school?

YES *Sibling Name* _____ *Grade* ____ *Date of Birth* ____ / ____ / ____

NO

Does the applicant have a sibling who is applying to an ECS school?

YES *Sibling Name* _____ *Grade* ____ *Date of Birth* ____ / ____ / ____

NO

Special Needs Does the student have an Individualized Education Plan (IEP), a 504 Plan and/or require special services like speech therapy or occupational therapy?

YES NO

ELL Has the student received extra support to learn the English language in school? YES NO

FRPL Does the student qualify for free or reduced-price lunch? YES NO

5 If your child is currently attending another school, what grade and what school are they in?

SCHOOL _____ GRADE _____

6 How did you hear about us?

- | | |
|--|---|
| <input type="checkbox"/> Friends, family, colleagues (not affiliated with ECS) | <input type="checkbox"/> Canvassing |
| <input type="checkbox"/> Ad in newspaper | <input type="checkbox"/> Current Equality Family |
| <input type="checkbox"/> Someone affiliated with Equality Charter School | <input type="checkbox"/> Postcard in the mail |
| <input type="checkbox"/> Someone from your child's current school /daycare | <input type="checkbox"/> Bus Ad |
| <input type="checkbox"/> Facebook or Instagram Ad | <input type="checkbox"/> Flyer in my neighborhood |
| <input type="checkbox"/> Internet Search | |

7 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.

8 Parent Signature

PARENT/GUARDIAN NAME* _____

PARENT/GUARDIAN SIGNATURE* _____

Submitting Your Application

- Drop off this application at any Equality Charter School location
- Scan a copy and email it to **enrollment@equalitycharterschool.org**
- Apply online by visiting **equalitycharterschool.org/enroll**

For office use only

RECEIVED BY _____ DATE RECEIVED _____ (MM/DD/YYYY)