

Green Tech High Charter School
Enrollment Checklist
2019-2020



Student Name: _____

Grade: _____

You will need the following information upon enrolling:

Application

Parent ID

Birth Certificate

Records Release Form

2 Valid Proofs of Residency

Transportation Application

Social Security Card (optional)

Albany
East Greenbush
Lansingburgh
North Colonie
South Colonie

Bethlehem
Green Island
Menands
Ravena
Troy

Cohoes
Guilderland
Niskayuna
Schenectady
Other

Please indicate what district you live (Please circle one)

All documents must be submitted within 30 days of the application



Application for Student Admission: 2019-2020

Green Tech High Charter School is accepting applications for enrollment for 9th-12th grade boys. Admission Application deadline is April 1st, 2019. If the number of applications received exceeds the space available, a lottery will be held on April 2nd, 2019 to determine admission.

*(All fields with * are required information)*

Parent/Guardian Information

*Parent/Guardian First and Last Name: _____

Gender (please circle one): Male / Female *Relationship: _____

Street Address: _____ City: _____

State: _____ Zip: _____

*Home Phone: _____ Cell: _____ Work: _____

Preferred Automated Call Number: _____ Can Texts be received? (Please circle one) Yes/ No

Email address: _____

Are you on active duty in the armed forces? Yes ___ No ___

Student Information

*Student's First and Last Name: _____

*Date of Birth: _____

School Student Currently Attends: _____

Grade Attended in 2018-2019 School Year (please circle one) 8 9 10 11 12

*What School District does your family reside in? _____

Grade Applying for 2019-2020: (please circle one) 9 10 11 12

Have you ever applied for Green Tech High before? Yes ___ No ___

Are you related to any student who has attended Green Tech High before? Yes ___ No ___

How did you hear about Green Tech High? _____

Residency Information: (If this information does not pertain to you please leave it blank)

The answer you give below will help the district determine what services you or your child may be able to receive under the McKinney-Vento Act. Students who are protected under McKinney Vento Act are entitled to immediate enrollment in school even if they do not have the documents normally required such as birth certificate, proof of residency, etc. Students who are protected under the McKinney-Vento Act may also be entitled to free transportation and other services.

- In Shelter
- Hotel/Motel
- With family or other person due to loss of housing
- In permanent house/apartment
- Other

Sibling Information

List the name birth date, gender and current grade level of siblings of the student applying to Green Tech High Charter School (Responding to this question is voluntary and will not affect admissions in any way):

Name: _____ Gender (please circle one): Male / Female Birth date: _____ Grade: _____

Name: _____ Gender (please circle one): Male / Female Birth date: _____ Grade: _____

Emergency Contacts

(Please enter 2nd Parent/Guardian demographics below)

Name: _____ Relationship: _____

Home Phone: _____ Cell: _____ Work: _____

Address: _____

Has Custody? Yes/ No Can Pick Up/Dismiss Child from School? Yes/ No Lives With? Yes/No

Name: _____ Relationship: _____

Home Phone: _____ Cell: _____ Work: _____

Address: _____

Has Custody? Yes/ No Can Pick Up/Dismiss Child from School? Yes/ No Lives With? Yes/No

Name: _____ Relationship: _____

Home Phone: _____ Cell: _____ Work: _____

Address: _____

Has Custody? Yes/ No Can Pick Up/Dismiss Child from School? Yes/ No Lives With? Yes/No

Parent/Guardian Signature

I hereby testify that the information provided on this GTH admission application is accurate and current.

Signature

Print Name

Date

Mail or Deliver the Completed Admission Application to:

Green Tech High Charter School
99 Slingerland Street
Albany, NY 12202

Important Information for Admission: Upon admission, families must provide verification of residency, a copy of the student's prior year academic record, birth certificate and immunization record. In addition, student registration forms, lunch program applications and transportation forms must be completed.

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, gender, national origin, 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.



STUDENT RECORDS RELEASE FORM

I authorize the release of any and all academic, health and psychological records by my child's previous school to the Green Tech High School. If there are any questions please call (518) 694-3400.

Date: _____

Student's Name: _____

Student's DOB: _____

Student's Grade: _____

Prior School Name: _____

Parent/Guardian Name (Please Print): _____

Please forward these records to the Records Office at:

Green Tech High Charter School
99 Slingerland Street
Albany, NY 12202
OR
Fax: (518) 694-3401

99 Slingerland Street, Albany, NY 12202

Phone: 518-694-3400 | Fax: 518-694-3401 | email: info@greentechhigh.com



Proofs of Residency Requirements

ALL STUDENTS MUST HAVE: Birth Certificate, Parent ID & 2 Proofs of Residency on file.

ACCEPTABLE DOCUMENTS TO SUBMIT:

- Cell Phone/Telephone Bill **dated within past 30 days**
- Utility Bill (gas/electricity) **dated within the past 30 days**
- Satellite/Cable TV bill or installation receipt **dated within the past 30 days**
- Furniture Rental Statement **dated within the past 30 days**
- Auto Insurance ID card
- Original Lease Agreement from an Apartment Complex or Real Estate Company (NO private rentals/landlords)
- Payroll Check issued **within past two weeks**
- Social Security Statements **dated within the past 30 days**
- DSS Documentation **dated within the past 30 days**

Schenectady Registration - Schenectady students must fill out a Registration form in addition to submitting proofs. <http://www.schenectady.k12.ny.us/CentralRegistration.htm>

Lansingburgh Registration - Lansingburgh students must register at District Offices located at 576 Fifth Ave. Troy, NY 12182 (Phone: 233-6850)

Troy Registration - All students must register within the Troy City School District located at School 12: 475 First Street. Troy, NY 12180. (Phone: 518-328-5052)

- Utility bill (National Grid)
- Lease or Rental Agreement
- Notarized letter or form from landlord
- Mortgage Statement



REGISTRATION DETAILS

This is a registration reference regarding new applicants for the 2019-2020 school year. Please read this document carefully as it is specific according to the district your family resides in.

Albany Residents- Please return the Enrollment and Bus Application to the Main Office. Students who live 1.5+ miles from Green Tech will receive a bus pass through the City of Albany. Bus routes can be configured upon your request. Contact the GTH Main Office for more information.

Bethlehem, Cohoes, and Watervliet Residents- Please return the Enrollment Application to the Main Office. Green Tech will provide Navigator Cards for student transportation.

East Greenbush Residents- Please return the Enrollment Application to the Main Office. **To solidify transportation, you must register your student at the District Office located at 29 Englewood Ave. East Greenbush, NY 12061.** Please be sure to call (518) 207-2500 to schedule an appointment.

Guilderland Residents- Please return the Enrollment Application to the Main Office. **To solidify transportation, you must register your student at the District Office located at 8 School Rd. Guilderland, NY 12085.** Please be sure to call (518) 456-6200 to schedule an appointment.

Lansingburgh Residents- Please return the Enrollment Application to the Main Office. **To solidify transportation, you must register your student at the District Office located at 576 Fifth Ave. Troy, NY 12182.** Please be sure to call (518) 233-6850 to schedule an appointment.

Niskayuna Residents- Please return the Enrollment Application to the Main Office. **To solidify transportation, you must register your student at the District Office located at 1239 Van Antwerp Road, Niskayuna, NY 12309.** Please be sure to call (518) 377-4666 to schedule an appointment.

Schenectady Residents- Please return the Enrollment Application and Schenectady Registration form to the Main Office. Please note that if you move, a new Registration form will need to be submitted and can be found in the Main Office. Green Tech will provide Navigator Cards for student transportation.

South Colonie Residents- Please return the Enrollment Application to the Main Office. **To solidify transportation, you must register your student at the District Office located at 102 Loralee Dr. Albany, NY 12205.** Please be sure to call (518) 869-3576 to schedule an appointment.

Troy Residents- Please return the Enrollment Application to the Main Office. **To solidify transportation, you must register your student at the District Office located at 475 First St. Troy, NY 12180.** Please be sure to call (518) 328-5052 to schedule an appointment.

If you have any questions or your district is not listed, please contact the Green Tech Main Office. We can be reached via phone at 518-694-3400 or email at frontdesk@greentechhigh.org.

Green Tech High Charter School – 99 Slingerland Street – Albany, NY 12202 – (P) 518-694-3400
(F) 518-694-3401 (E) frontdesk@greentechhigh.org (W) www.greentechhigh.org

PLEASE COMPLETE AND RETURN THIS FORM WITH SCHOOL APPLICATION

CITY SCHOOL DISTRICT OF ALBANY BUREAU OF HEALTH AND PHYSICAL EDUCATION

HEALTH HISTORY AND REGISTRATION

GREEN TECH CHARTER HIGH SCHOOL

SCHOOL

DATE

GRADE ENTERING

The information you provide on this form will become part of your child's Permanent Health Record. To protect your child and to help the District to appropriately respond to the health needs of your child, please answer all questions on **BOTH** sides of the form.

A certificate of immunization must be attached to this registration.

Child's Name (Last, First)

Sex

Date of Birth

Child's Address (No. and Street - Apt. No. - Zip Code)

Telephone Number/s

Father/Guardian

Mother/Guardian

Father/Guardian's Home and Work Telephone Nos.

Mother/Guardian's Home and Work Telephone Nos.

Emergency Contact #1 (Name, Relationship and Telephone Nos.)

Emergency Contact #2 (Name, Relationship and Telephone Nos.)

School Last Attended

Albany Public Schools Attended

Health Care Provider

Approximate Date of Last Physical Examination

Dentist

Approximate Date of Last Dental Examination

Insurance Information: Health Plan _____ ID/CIN # _____ Group # _____

BROTHERS AND SISTERS:

Name

Date of Birth

Grade/School

Note: For the safety and wellbeing of your child, you must be accessible in the event of illness or injury. Notify the school **immediately** if any of the emergency numbers or contacts you provided above change. It is not in the best interest of an ill or injured child to be maintained indefinitely at school. Parents must pick up their child when the child is ill or injured. If parents are unable to do so, they must designate a responsible adult to pick up and attend to their child.

OVER →

If your child has had any of the following health problems or diseases, please check below and provide details in the comment column.

HEALTH HISTORY				COMMENT
				Please use this space to provide details for any condition/s checked.
Blood Disorders		Allergies		
Chicken Pox		Asthma		
Chronic Ear Infections		Birth Defects		
Hearing Loss		Bone/Joint Muscle Problems		
Hepatitis		Diabetes		
Mono		Heart Disease or Murmur		
Scarlet Fever/Strep		Lead Level Elevated		
Sickle Cell Disease		Operations/Hospitalizations		
Speech Problems		Seizure Disorders		
Tuberculosis		Serious Injuries		
Vision Problems		Other Health Issues		

Were there any complications during the pregnancy of this child? _____. If so, please describe. _____

What was the length of the pregnancy? _____ What was your child's birth weight? _____

Were there any complications during the birth of this child? _____. If so, please describe. _____

Does your child take any regular medications? If so, please list. _____

Does your child have any social or emotional problems that may impact his/her ability to learn and socialize in school?

_____. If so, please explain. _____

New York State Education Law requires all new entrants and students in Pre-K or K, 1,3,5,7,9 and 11th grades to have a physical exam. If a physical form is not returned to school before our school physicians come for physicals, your child will have a health appraisal in school.

Your signature authorizes health office personnel to share health related information with appropriate school staff when that information is necessary to insure the health and safety of your child.

Parent/Guardian Name

Parent/Guardian Signature

Date

**City School District of Albany
Albany, NY**

For Central Registration Use Only

Dual Enrollment Form

Date: _____ Initials: _____
Student I.D. # _____ School: _____ Grade: _____

Student's Name: _____
Last First M.I.

Gender: Male ___ Female ___ Date of Birth: ____ / ____ / ____

Student's Home Address: _____ Student's Home Phone: _____

Street Apt# City State Zip Code

PLEASE ANSWER QUESTIONS (1) AND (2). PLEASE READ THEM BEFORE YOU RESPOND.

(For question (1) check the box that best describes your child) Check only ONE box.

1. Is the student Hispanic, Latino or of Spanish origin? Hispanic, Latino or of Spanish origin means a person of Cuban, Mexican, Puerto Rican, Central or South American, or other Spanish culture or origin, regardless of Race.

YES, Hispanic NO, not Hispanic

2. Select one or more races from the following five racial groups. (For question (2) check all groups that apply to your child. Check AT LEAST ONE box.)

AMERICAN INDIAN or ALASKA NATIVE: A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.

ASIAN: A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, The Philippine Islands, Thailand and Vietnam.

NATIVE HAWAIIAN or OTHER PACIFIC ISLANDER: A person having origins in any of the original peoples of Hawaii, Guam, Samoa or other Pacific Islands.

BLACK or AFRICAN AMERICAN: A person having origins in any of the Black racial groups of Africa.

WHITE: A person having origins in any of the peoples of Europe, North Africa or the Middle East.

Country of Origin: _____ Primary Language Spoken at Home: _____

With Whom Does the Student Live? Both Parents ___ Mother ___ Father ___ Guardian ___ Other ___

Parent/Guardian: _____ Relationship: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Home Address: _____
Number Street City Zip Code

Parent/Guardian: _____ Relationship: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Home Address: _____
Number Street City Zip Code

Parent or Guardian Signature: _____