

# Future Leaders Institute Charter School

134 West 122<sup>nd</sup> Street \* New York, NY 10027  
Phone (212) 678-2868 \* Fax (212) 666-2749  
E-mail: [admissions@futureleadersinstitute.org](mailto:admissions@futureleadersinstitute.org)  
**APPLICATION FOR ADMISSION**



**Instructions:** Please print clearly. *Separate applications must be completed for each sibling applicant. Applications must be received on Wednesday, April 7, 2010 by 5pm to be included in the lottery. The lottery will take place on April 14, 2010 beginning at 1:15pm in the Auditorium in the Hans Christian Anderson Complex, located in the school's lobby.*

## STUDENT INFORMATION

Name: \_\_\_\_\_  
First Middle Last

Current Grade: \_\_\_\_\_ Next Year's Grade (2010/2011):  K  1  2  3  4  5  6  7  8

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_  Male  Female Do you live in District 3?  Yes  No

Home Address: (Street, Apt #) \_\_\_\_\_

(City, State): \_\_\_\_\_

ZIP: \_\_\_\_\_

Home Telephone Number: \_\_\_\_\_

Cell Number: \_\_\_\_\_

Work Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Preferred method of contact  
(please check at least 1):

- Home phone  Cell phone  
 Mail  
 E-mail  
 All of the above

## FAMILY INFORMATION

Primary Caregiver: \_\_\_\_\_  
First Last

Secondary Caregiver: \_\_\_\_\_  
First Last

Secondary Home Phone: \_\_\_\_\_ / Cell: \_\_\_\_\_

Applicant resides with (check all that apply):  Father  Mother  Grandfather  Grandmother

Uncle  Aunt  Stepfather  Stepmother  Brother  Sister

Other persons (specify) \_\_\_\_\_

Correspondence should be sent to:  Both Caregivers  Primary Caregiver  Secondary Caregiver

Please list names of any siblings who currently attend FLI:

NAME	AGE	GRADE/YEAR
_____	_____	_____
_____	_____	_____

How did you hear about FLI (please check all that apply):

- FLI Website  Friend/Family  FLI Parent/Student  Day Care Center  
 Former School  311  Religious Organization  DOE  
 Other: \_\_\_\_\_  Name of Referral: \_\_\_\_\_

### FLI Office Use Only:

Date & Time Rec'd: \_\_\_\_\_  
MealForm Rec'd (y/n): \_\_\_\_\_  
Proof of Immun (y/n): \_\_\_\_\_  
Proof of Address: (y/n): \_\_\_\_\_  
Birth Cert or SS card (y/n) \_\_\_\_\_  
Lottery #: \_\_\_\_\_