



225 Adelphi Street, Brooklyn, NY 11205  
Phone: (718) 222-1605 • fax: (718) 852-6020  
www.uaaal.org

## 2012-13 Application for Enrollment

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Sex: M/F

Grade for which the student is applying (check one): \_\_\_ Kindergarten \_\_\_ 1st \_\_\_ 2nd

### School Currently Attending (If Any):

School Name: \_\_\_\_\_ Current Grade: \_\_\_\_\_

School Address: \_\_\_\_\_

School Type: \_\_\_ Public \_\_\_ Catholic \_\_\_ Another Religious School \_\_\_ Private School (not religiously affiliated)

If your child has a sibling or relative also applying to or attending Arts & Letters in any grade, please provide his/her full name: \_\_\_\_\_ (Please note that there is no sibling priority for middle schools.)

Where did you hear about us? \_\_\_\_\_

Did you attend an information session? Y N If so, where? \_\_\_\_\_

### Parent/Guardian Contact Information

1. Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Apt #: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
City: \_\_\_\_\_ Zip: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Email: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*By signing this form, I certify that I am the parent/guardian of the applicant and I live at the same address (as listed on this form), and that I am authorized to submit this application on behalf of this child.*

### Application Information:

- Child must turn five by December 31st of 2012 to be eligible for Kindergarten.
- Child must be a resident of District 13 in order to be eligible to apply to Arts & Letters.
- Applications must be delivered to our school (room 304) during business hours or handed in at any information session on or before March 2<sup>nd</sup>, 2012.

**Please hand in your application in room 304 to:  
Arts & Letters -- 225 Adelphi Street -- T: (718) 222-1605**

Office Use Only	Date Received:	D13:
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