



Campus Office Use Only

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**APPLICATION FOR ADMISSION
2009-2010 SCHOOL YEAR**

1. Choose one campus to apply to:

- Brentwood Campus** 2019 Rhode Island Ave., NE 202.529.5394
- Brightwood Campus** 6008 Georgia Ave., NW 202.723.3322
- Capitol Hill Campus** 1503 East Capitol Street, SE 202.547.7556
- Congress Heights Campus** 220 High View Place, SE 202.562.7070
- Petworth Campus** 510 Webster Street, NW 202.726.9212
- Shaw Campus** 711 N Street, NW 202.234.1093
- Trinidad Campus** 1217 West Virginia Ave., NE 202.397.1614

2. Student Information

Last Name _____ First Name _____ Middle Initial _____

Birth Date (mm/dd/yyyy) ____/____/____ Gender: Male Female

Current School & Grade _____ Grade in 2009-10 _____

3. Primary Parent/Guardian Contact Information

The address of the Primary Parent/Guardian Contact will be considered the home address for the student for DC residency verification purposes.

Last Name _____ First Name _____ Middle Initial _____

Relationship to Student _____ Cell Phone _____

Street Address _____ Apt. /Unit # _____

City _____ State _____ Zip Code _____

Work Phone _____ Home Phone _____

Email _____

4. Secondary Parent/Guardian Contact Information

Last Name _____ First Name _____ Middle Initial _____

Relationship to Student _____ Cell Phone _____

Check this box if the address is the same as above.

Street Address _____ Apt. /Unit # _____

City _____ State _____ Zip Code _____

Continue to second page of this application 

(Secondary Parent/Guardian Contact Information Cont'd)

Work Phone _____ Home Phone _____

Email _____

5. Sibling InformationDoes this student have a sibling who currently attends Center City PCS? Yes No (only necessary to list one)

If yes, Sibling Last Name _____ First Name _____ Campus _____

Will a sibling of this student be applying to attend Center City PCS as a new student in 2009-10? Yes No

If yes, Sibling Last Name _____ First Name _____ Campus _____

Add'l Sibling Last Name _____ First Name _____ Campus _____

How did you learn about Center City PCS? Referred by (full name) _____ Mail Open House Internet Newspaper Radio Other _____**Please read carefully. Sign and date at the bottom indicating that you agree to all terms and conditions.**

To attend Center City PCS for free, I understand that I must complete and submit ALL required forms and supporting documents listed below. Forms and documents will be collected after my student has been offered admission.

Required Placement Testing—April/May 2009

- Placement Test administered by Center City PCS to confirm grade placement

Required Forms—Collected in April/May 2009

- Center City PCS 2009-10 Registration Questionnaire
- Student's Original Birth Certificate
- Government issued identification of parent or legal guardian
- Proof of legal guardianship (if applicable)
- Copy of Individualized Education Plan (IEP)/ 504 plan
- Center City PCS Home Language Survey
- Release of Student Records
- Copy of student records from prior school (e.g., report cards, test data, etc.)

Required Documents—Collected starting July 1st 2009

- Proof of DC Residency
- DC Child Health Certificate*
- Free/Reduced Lunch Application

I certify that all the answers given in this application, and any additional forms and supporting documents submitted in connection with this application, are true, accurate and complete. I understand that falsification of residency in the District of Columbia will render my child ineligible to attend Center City PCS at no cost.

Signature of Parent/Guardian_____
Date**Please return the completed form to the campus secretary. Call the campus of your choice with questions.****The DC Child Health Certificate can be collected starting April 15, 2009.*