



St. Coletta of Greater Washington  
 Special Education Public Charter School

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 Washington, DC 20003  
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 Website: www.stcoletta.org

**APPLICATION FOR ADMISSION**  
 (OPEN ENROLLMENT FOR SY 2020-2021: 11/1/2019 - 4/30/20)

APPLICANT INFORMATION

Date of Application \_\_\_\_\_ Desired Date of Admission \_\_\_\_\_

Applicant Name: \_\_\_\_\_  
 First Middle Last Nickname

Address: \_\_\_\_\_  
 No./Street City/Town State Zip

Home Phone: \_\_\_\_\_ Sex: M F Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

**Complete the following section to be included in St. Coletta’s special education/sibling preference:**

Does your child have a **full-time** (25 hours or more) IEP with a disability classification of intellectual disability, autism, or multiple disabilities?\*  YES  NO

*\*if the answer to the above question is “yes” please provide a copy of your child’s finalized IEP upon submission of this application. Evidence of the full-time IEP must be presented to the school to be included in the preference.*

Does your child have a sibling (at least one parent/guardian in common and living at the same residence) **currently** enrolled at St. Coletta Special Education PCS?  YES  NO

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## FAMILY INFORMATION

**Father of child/student:**

Name: \_\_\_\_\_

Home Address: \_\_\_\_\_  
Number and Street Apt

City State Zip

Telephone: ( ) \_\_\_\_\_

Mobile: ( ) \_\_\_\_\_

Email: \_\_\_\_\_

Additional Phone #: ( ) \_\_\_\_\_

**Mother of child/student:**

Name: \_\_\_\_\_

Home Address: \_\_\_\_\_  
Number and Street Apt

City State Zip

Telephone: ( ) \_\_\_\_\_

Mobile: ( ) \_\_\_\_\_

Email: \_\_\_\_\_

Additional Phone #: ( ) \_\_\_\_\_

**Legal Guardian of child/student**

Name: \_\_\_\_\_

Home Address: \_\_\_\_\_  
Number and Street Apt

City State Zip

Telephone: ( ) \_\_\_\_\_

Cell Telephone: ( ) \_\_\_\_\_

Additional Telephone: ( ) \_\_\_\_\_

Email: \_\_\_\_\_

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## REFERRALS

Who referred you to St. Coletta? Name: \_\_\_\_\_

Address: \_\_\_\_\_ Profession: \_\_\_\_\_

Other referral source: Newspaper: \_\_\_\_\_ Advertisement: \_\_\_\_\_

\_\_\_\_\_  
Signature\_\_\_\_\_  
Date**Non-discrimination Policy:**

*St. Coletta Special Education Public Charter School prohibits discrimination on the basis of a student's race, color, religion, national origin, language spoken, intellectual or athletic ability, measures of achievement or aptitude, or status as a student with special needs.*

**The Family Educational Rights and Privacy Act (FERPA):**

*The Family Educational Rights and Privacy Act (FERPA), a Federal law, requires that St. Coletta Special Education Public Charter School, with certain exceptions, obtain your written consent prior to the disclosure of personally identifiable information from your child's education records. However, St. Coletta Special Education Public Charter School may disclose appropriately designated "directory information" without written consent, unless you have advised the LEA to the contrary in accordance with LEA's procedures. The primary purpose of directory information is to allow the St. Coletta Special Education Public Charter School to include this type of information from your child's education records in certain school publications.*

*If you do not want St. Coletta Special Education Public Charter to disclose directory information from your child's education records without your prior written consent, you must notify the LEA within two months of your child's enrollment in the school.*

