



CITY SCHOOL DISTRICT OF ALBANY
THOMAS O'BRIEN ACADEMY OF SCIENCE AND TECHNOLOGY (TOAST)
2012 – 2013 Magnet Elementary Schools
SIBLING Application Form

February 2012

Dear Parent/Guardian:

The attached *sibling application* is being sent home with all current Thomas O'Brien Academy of Science and Technology (TOAST) students who will be attending the school in 2012-2013.

Under the terms of the Magnet Schools Sibling Policy for TOAST, siblings entering kindergarten through grade 5 in September 2012 are given admission preference within the lottery system. Acceptance of any new siblings will be based on space availability.

The magnet elementary lottery will be held Tuesday, April 17.

To be eligible, completed lottery applications are due on or before Friday, March 30 at 3 p.m.

Applications received after March 30 will be eligible for future lottery drawings as seats become available.

Applications must be returned by hand or mail to:

City School District of Albany
Magnet Schools Office
Room 112 – 75 Watervliet Avenue
Albany, NY 12206

**☞ Parents and guardians are invited to attend the lottery drawing on
Tuesday, April 17 at 10 a.m. in the auditorium at TOAST,
located in Lincoln Park off of Delaware Avenue ☞**

If you would like to find out more about TOAST, please contact me directly at 475-6875. If you have questions or would like additional information about the magnet elementary lottery, please contact the Magnet Schools Office at 475-6551.

Sincerely,

Timothy C. Fowler
Principal
Thomas O'Brien Academy of Science and Technology (TOAST)

Att.



**CITY SCHOOL DISTRICT OF ALBANY
 THOMAS O'BRIEN ACADEMY OF SCIENCE AND TECHNOLOGY
 2012 – 2013 Magnet Elementary Schools
 SIBLING Application Form**

Sibling preference for children entering kindergarten through grade 5

For office use only
<input type="checkbox"/> App processed
<input type="checkbox"/> Zone preference
<input type="checkbox"/> PK sibling

ELIGIBILITY REQUIREMENTS FOR SIBLING APPLICATION

- Siblings are brothers or sisters residing full time (seven days a week) in the same household and at the same address.
- Sibling *preference* does NOT apply if the sibling is currently enrolled in a special-education class at Thomas O'Brien Academy of Science and Technology (TOAST). The Committee on Special Education academically places special-education students, NOT the Magnet Schools Office.

In this situation, the GENERAL Application Form for magnet elementary schools must be completed.

SPECIAL-EDUCATION CLASSES

Applications do not apply to special-education classes. Placement of students who receive special-education services, including placement in integrated classrooms, must be determined by the Committee on Special Education.

We will be unable to enter incomplete applications into the lottery.

PLEASE PRINT

Parent/Guardian Name: _____

Address: _____
(Number & Street) (Apt. #) (City) (State) (Zip)

Telephone: Home: _____ Work: _____ Cell: _____

Please list below the SIBLING currently attending TOAST:

Name: _____ Current Grade (2011-2012): _____
(Last) (First)

To be considered for the lottery process, please complete this/these section/s for your child/ren who DO NOT CURRENTLY attend TOAST.

SIBLING #1 INFORMATION

Sibling: _____
(Last) (First)

Home Address: _____
(Number & Street) (Apt. #) (City) (State) (Zip)

Name of school child attends NOW: _____ Current Grade: _____

Grade in September 2012 _____ Date of Birth ____/____/____ Gender: Male Female

The following information is necessary to assist in state and federal monitoring efforts and will not affect a student's assignment.

Ethnic Origin (*check one*): Hispanic/Latino NOT Hispanic/Latino

Race (*check all that apply*): Asian Black or African-American American Indian or Alaskan Native
 White Native Hawaiian or Other Pacific Islander

Does the child qualify for free or reduced-price meals? Yes No

Does the child speak English? Yes No – If NO, please indicate primary language _____

*Does the child receive ANY Special Education Services? Yes No

If YES, services received: _____

***NOTE: Placement of students who receive special-education services, including placement in integrated classrooms, must be determined by the Committee on Special Education.**

(CONTINUED ON BACK →)

SIBLING #2 INFORMATION:

Sibling: _____
(Last) (First)

Home Address: _____
(Number & Street) (Apt. #) (City) (State) (Zip)

Name of school child attends NOW: _____ Current Grade: _____

Grade in September 2012 _____ Date of Birth ____/____/____ Gender: Male Female

The following information is necessary to assist in state and federal monitoring efforts and will not affect a student's assignment.

Ethnic Origin (check one): Hispanic/Latino NOT Hispanic/Latino

Race (check all that apply): Asian Black or African-American American Indian or Alaskan Native
 White Native Hawaiian or Other Pacific Islander

Does the child qualify for free or reduced-price meals? Yes No

Does the child speak English? Yes No – If NO, please indicate primary language _____

*Does the child receive ANY Special Education Services? No Yes

If YES, services received: _____

***NOTE: Placement of students who receive special-education services, including placement in integrated classrooms, must be determined by the Committee on Special Education.**

Parent/Guardian Signature _____ Date ____/____/____

COMPLETED LOTTERY APPLICATIONS MUST BE RETURNED BY HAND OR MAIL TO:

CITY SCHOOL DISTRICT OF ALBANY
MAGNET SCHOOLS OFFICE
Room 112 – 75 Watervliet Avenue
Albany, NY 12206

**THE LOTTERY WILL BE HELD APRIL 17. TO BE ELIGIBLE, APPLICATIONS ARE DUE ON OR BEFORE
FRIDAY, MARCH 30 AT 3 P.M.**

Applications received after March 30 will be eligible for future lottery drawings as seats become available.

Check if you will be submitting a **pre-K** lottery application after March 1 _____
(child's name)