



CITY SCHOOL DISTRICT OF ALBANY  
MONTESSORI MAGNET SCHOOL  
2012 – 2013 Magnet Elementary Schools  
SIBLING Application Form

February 2012

Dear Parent/Guardian:

The attached *sibling application* is being sent home with all current Montessori Magnet School students who will be attending the school in 2012-2013.

Under the terms of the Magnet Schools Sibling Policy for Montessori, 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 Thomas O'Brien Academy  
of Science and Technology (TOAST), located in Lincoln Park off of Delaware Avenue ☞**

If you would like to find out more about Montessori, please contact me directly at 475-6675. If you have questions or would like additional information about the magnet elementary lottery, please contact the Magnet Schools Office at 475-6551.

Sincerely,

Kenneth Lein  
Principal  
Montessori Magnet School

Att.



**CITY SCHOOL DISTRICT OF ALBANY  
MONTESSORI MAGNET SCHOOL  
2012 – 2013 Magnet Elementary Schools  
SIBLING Application Form**

**Sibling preference for children entering kindergarten through grade 5**

<b>For office use only</b>
<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 Montessori Magnet School. 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 Montessori Magnet School:**

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 Montessori Magnet School.**

**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)