

Application for Admission to Martin Luther King, Jr. Charter School of Excellence

Address: 285 Dorset Street, Springfield, MA 01108

Telephone: (413) 214-7806 - Fax: (413) 669-0851

Email: info@mlkcs.org Website: www.mlkcs.org



Office Use Only
 Verification of Grade: _____
 Application #: _____

Martin Luther King, Jr. Charter School of Excellence does not discriminate on the basis of race, color, national origin, creed, sex, gender identity, ethnicity, sexual orientation, mental or physical disability, age, ancestry, athletic performance, special need, proficiency in the English language or a foreign language, or prior academic achievement or based on anything included in this application.

Current Application Deadlines

DATE OF LOTTERY	TIME OF LOTTERY	COMPLETED APPLICATION MUST BE RECEIVED BY MLKCS BY	LOCATION OF LOTTERY
07/19/2024	9:00am	07/15/2024 by 4:00PM	MLKCS *Attending the lottery is not required

If MLKCS is closed on the scheduled lottery date, the lottery will be held the next day MLKCS is open.

After **02/12/24**, MLKCS will continue to accept applications. These applications will be included in additional lotteries **only** if additional lotteries are necessary. If the waitlist from the **02/16/24** lottery is exhausted, MLKCS will announce and hold subsequent lotteries. No application received after the deadline will have preference over applicants in the principal lottery.

STUDENT INFORMATION

Student Grade Level during School Year 2024-2025

Kindergarten

Grade 1

Grade 2

Grade 3

Grade 4

Grade 5

Student Name: _____
Last First Full Middle

Date of Birth: _____ Birthplace: _____ Gender: _____
mm/dd/yyyy City

Address: _____
Street Apt. # City State Zip

Current School: _____ public private
School Name City State

Past School: _____
School Name City State Grade(s)

STUDENT SIBLING INFORMATION (Siblings of children currently attending MLKCS receive preference.)

Does the applicant student have a sibling currently attending MLKCS? No Yes Sibling Name _____ Grade _____

Does the applicant student have a sibling already on the MLKCS waiting list? No Yes, Sibling Name _____

At this time, are you submitting an application for a sibling of this applicant? No Yes, Sibling Name _____

PARENT/GUARDIAN INFORMATION

Name: _____
Parent/Guardian Last Name First Middle Relationship to child

Address: _____
Street City State Zip

Telephone: _____ / _____ / _____
Home Work Cell

I heard about MLK Charter School from: _____

I agree keep the school updated with:

- Changes of address
- Changes to telephone number
- Changes to applicant student grade level (if the student will be retained in present grade)

Parent/Guardian Signature: _____

Date: _____