

Pre-K 4 Application: 2024-25

A separate application must be completed for each child. Please print clearly and **complete both sides**. Incomplete applications will not be considered. Please note this lottery is for our Pre-K 4 program (4 years old by Dec. 1). There is a separate application for our Pre-K 3 program (3 years old by Dec. 1).

Child's last name			Child's first name	
Parent/guardian last name			Parent/guardian first name	
reet address				Zip code
none	Email			
hild's date of birth	Child's gender	Child's n	rimary language	
-	one child in the pre-K lottery? children's applications "linked"?		☐ Yes	□ No
yes, please enter the na	me(s) of the sibling(s):			
oes a sibling currently a yes, please complete below	ttend the City School District of	Albany?	☐ Yes	□ No
ibling name	Sibling sch	hool		Sibling grade
ne following information	assists in state and federal moni	toring efforts	and will not affec	ct a student's assignment.
thnic origin (check one):	: ☐ Hispanic/Latino ☐ NO	OT Hispanic/La	atino	
ace (check all that apply	/): ☐ Asian ☐ Black or At	frican-Americ	an 🔲 '	White
,	American Indian or Alaska			

PLEASE TURN OVER TO COMPLETE APPLICATION



Selection

Please select up to four choices (1, 2, 3 and 4), with 1 being your first choice. Information about each program is available at **albanyschools.org/prek4**.

CHOICE	PROGRAM			
	ACAP Head Start – Early Learning Center*			
	ACAP Head Start – Hackett Boulevard*			
	ACAP Head Start – Nathan Lebron Center*			
* Please contact ACAP at (518) 463-3175, ext. 139 before submitting this application to confirm you meet the the income requirements for these sites. I have confirmed my income eligibility with ACAP				
	A Child's Place at Unity			
	Albany Jewish Community Center			
	Albany School of Humanities (ASH)			
	Arbor Hill Elementary School			
	Capital Milestones Childcare			
	Children's Place at the Plaza			
	Children's Place at the Plaza State Education Building			

CHOICE	PROGRAM
	Delaware Community School
	Dual Language Program
	To choose this program, you must select your child's dominant language
	Eagle Point Elementary School
	Giffen Memorial Elementary School
	Montessori Magnet School
	New Scotland Elementary School
	Pine Hills Elementary School
	Roots Academy at West Hill
	Sheridan Preparatory Academy
	St. Anne Institute
	Thomas O'Brien Academy of Science and Technology (TOAST)

understand that completing this applicatio	s application is true and complete to the best of r n does not guarantee my child admission. Upon a attend any meetings or orientations that may be	acceptance into a magnet	
Parent/guardian signature	Parent/guardian name (printed)	Date	
Applications must be received be included in the April 17, 2024 received after that time will be	OFFICE USE ONLY Attendance zone Sibling pref. Neighborhood pref. Processed		
Completed applications can be mailed City School District of Albany Lottery Of			



Contact our Office of Early Childhood with any questions at (518) 475-6591.