



CHANNEL VIEW

An Expeditionary Learning School



APPLICATION – 2016-17

___ Grade 6

___ Grade 7

___ Grade 8

(Please select the Grade your child will attend in September)

For Office Use Only -Application Number: _____ Date Received ____/____/____

PART I

BIOGRAPHICAL INFORMATION (To be filled out by applicant's parent/guardian or school personnel)

Student's Name _____,
LAST NAME FIRST NAME M.I.

Student's NYC Office of Student Information Services (OSIS) Number: _____
Contact your child's teacher/school to obtain this 9 digit number.

Home Address _____
Building Number Street

City State Zip
Home Telephone: _____ Business Number: _____

Cell Telephone: _____ Email Address: _____

Gender: ___ Male ___ Female Date of Birth: ____/____/____.

Current School _____, District _____.

Mobility Status (Any Unique Needs): _____

Does student have an Individualized education Plan (IEP) _____ If so, what are his/her needs? _____

Current School's Phone Number: _____ Fax: _____.

Current Principal's Name: _____.

Current Homeroom Teacher's Name: _____.

Name: _____

PART II (To be filled out by school personnel only)

STANDARDIZED TEST SCORES, ATTENDANCE, and DISCIPLINE HISTORY

Include two years of test scores, attendance data, and discipline data relevant to grade level of student applying. (Example: If applying to enter in Grade 6 include scores from grades 3 and 4. If applying for Grade 7 include scores for 4 and 5, if applying for grade 8 include scores for grade 5 and 6.)

In school year 2014-15 the applicant was in Grade: _____

ELA Reading Performance Level _____ Scale Score _____

NYS Math Performance Level _____ Scale Score _____

of Days Absent _____ Late _____

Explain reason(s) for absence(s) and/or lateness in excess of 10 days or more: _____

Disciplinary Incidents/Suspensions: _____

In school year 2013-14 the applicant was in Grade: _____

NYS Reading Performance Level _____ Scale Score _____

NYS Math Performance Level _____ Scale Score _____

of Days Absent _____ Late _____

Explain reason(s) for absence(s) and/or lateness in excess of 10 days or more: _____

Disciplinary Incidents/Suspensions: _____

STATEMENT OF DATA AUTHENTICITY:

MUST BE COMPLETED AND SIGNED BY AN AUTHORIZED SCHOOL OFFICIAL AND SIGNED BY THE PRINCIPAL.

We attest that the data in Part II (above) is accurate and authentic.

Name of Person Completing this form (Printed) _____ (Signature) _____ Date ____ / ____ / ____

Title of Person Completing this form: _____

Name of Principal (Printed) _____ (Signature) _____ Date ____ / ____ / ____

Parent Name (Printed): _____ Signature: _____ Date: _____

Name: _____

CHECKLIST

Please check each item to ensure that the application is completed in its entirety and that you have obtained all required signatures from school personnel. Incomplete applications will not be processed.

_____ **Part I Biographical Data:**

(Completed by an authorized school official or guardian)

_____ **Part II Academic, Attendance, and Disciplinary History:**

(Completed by an authorized school official and signed)

_____ **Part III ELA/Math Teacher Recommendation:**

(Completed by teacher and signed)

_____ **Part IV Parent Statement:**

(Completed by parent and signed)

_____ I have enclosed a photocopy of my child's most recent report card.

_____ I understand that my child's disciplinary records may be reviewed.

_____ I understand that application to this program does not guarantee acceptance.

_____ I understand that my child's former teachers/administrators may be contacted for reference.

_____ I have enclosed a self-addressed and stamped envelope with this application.

_____ I have made and stored a copy of this application in a safe place.

_____ I understand that my child may be contacted for an interview after review of this application.

I agree to the terms of this application.

PARENT/GUARDIAN SIGNATURE

DATE

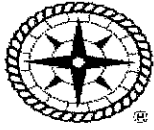
APPLICANT SIGNATURE

DATE

All applications must be brought back to your elementary school.

Schools must send all applications as soon as possible to:

Carol Anderson, Guidance Counselor
Channel View School for Research
100-00 Beach Channel Drive
Rockaway Park, NY 11694



CHANNEL VIEW

An Expeditionary Learning School



100-00 Beach Channel Drive
Rockaway Beach, NY 11694
718.634-1970 Fax 718.734.3261

Denise Harper-Richardson, Principal
Craig Dorsi, Assistant Principal
Joseph Featherston Assistant Principal
Maureen Powderly, Assistant Principal

TEACHER QUESTIONNAIRE

April 2016

Dear Teacher,

Please complete the questionnaire as part of the application process. You may place the questionnaire in a sealed envelope if you desire. Thank you for your prompt attention to this matter.

Student's Name : _____

	Rarely (1)	Often (2)	Usually (3)	Always (4)
The student is interested in classwork				
The student enjoys participating in sports				
The student displays talents in the arts				
The student conveys ideas clearly in writing				
The student conveys ideas clearly when speaking				
The student displays age appropriate frustration tolerance				
The student perseveres through challenges				
The student remains on task during class				
The student works well independently				
The student works well in a group				
The student gets along well with age peers				
The student puts effort into assignments				
The student is respectful of adults				

I. Please provide any additional information regarding the student's social/emotional development that will help us to meet the student's needs:

II. What accommodations can the school provide to better support the needs of the student?

I Certify that my responses are accurate to the best of my knowledge.

Teacher's Signature : _____ Subject Taught: _____