



242 Hoyt Street
Brooklyn, NY 11217
Ph: 347-505-9101

Date: _____

Application

(Please print clearly)

I. Student Information/Información del Estudiante

Name of Student: _____

Nombre del estudiante

Gender: ☐ Female ☐ Male
Género: Femenino Maculino

Date of Birth: _____
Fecha de Nacimiento

Current School: _____
Escuela actual

OSIS ID#: _____
Número de identificación del estudiante

Number of Credits: ____
Número del créditos

Address: _____ Apt. #: _____
Dirección de la casa Número del apartamento

City/Ciudad: _____ State/Estado _____ Zip Code/Código Postal _____

Telephone/Teléfono: _____ Email/correo electrónico: _____





- Ethnicity/*Etnicidad*: ☐ Black/*Afroamericano* ☐ Hispanic/*Latino* ☐ White/*iAnglosajón*
- ☐ Asian Pacific Island/*Asiático Nativo de las Islas Pacificas*
- ☐ American Indian/Alaskan Native *Indígena Americano/Nativo de Alaska*
- ☐ Other/*Otro*

II. Sibling Information/ Información del hermano

- Does the student have a sibling already attending New Dawn Charter High School? ☐ Yes/*Sí*
- ☐ No

If yes, please provide enrolled student's name:

Si la respuesta es "sí" por favor escribe el nombre de estudiante

III. Parent/Guardian Information – Información de los Padres/o Poderado

Name of parent/guardian: _____

Nombre de los padres/apoderado

Relationship to student: _____

Relación con el estudiante

Name of parent/guardian: _____

Nombre de los padres/apoderado

Relationship to student: _____

Relación con el estudiante





Home Telephone #: _____

Teléfono de la casa

Work Telephone #: _____

Número del teléfono del trabajo

Cellular Telephone #: _____

Teléfono celular

E-mail address: _____

Dirección de correo electrónico

Home address: _____

Dirección de la casa

Home Telephone #:

Teléfono de la casa

Work Telephone #:

Número del teléfono del trabajo

Cellular Telephone #:

Teléfono celular

E-mail address:

Dirección de correo electrónico

Home Address:

Dirección de la casa

IV. Academic Information/*Información Académica*

Please note: The information requested in this section DOES NOT limit a student's eligibility.

Tenga en cuenta que: la información solicitada en esta sección NO limita la elegibilidad de un estudiante

Special Education Status/ *Estatus de educación Especial*

Does the student have an Individualized Education Plan (IEP)?

☐ Yes

¿Tiene el estudiante un Plan Individualizado de Educación (IEP)?

☐ No





If yes, please attach a copy of the IEP or submit IEP.

Si la respuesta es "sí", adjunte por favor una copia del IEP o envíela por correo.

(Please list any services your child has received including resource, counseling, speech, OT, SETTS, special class...*Pro favor haga una lista con los servicios que su hijo ha recibido. Por ejemplo: recursos, consejo, terapia de lenguaje, OT, SETTS, clases especiales, entre otros*):

Bilingual Status/ Estatus Bilingüe:

Does the student use English as a Second Language?

☐ Yes/Si

☐ No

¿El estudiante habla inglés como Segundo Idioma?

Primary Language(s) spoken at home:

Idioma hablando en casa

Other languages:

Orto idiomas

New Dawn Interests/Los intereses de New Dawn

Sports/Deportes Yes/Si

☐

No

☐

After school clubs/grupos escolares Yes/Si
extracurriculares

☐

No

☐



V. Lunch Status/Tipo de Almuerzo

Will the 2022-2023 school year be your student's first year in a NYC public school? ☐ Yes/Si ☐ No

¿El año escolar 2022-2023 será el primer año de su hijo en una escuela pública de Nueva York?

If yes, please complete the 2022-2023 free and reduced lunch form:

En caso afirmativo, complete el formulario de almuerzo gratuito y reducido de 2022-2023:

- ☐ Free lunch/*Almuerzo gratis*
- ☐ Reduced lunch/*Almuerzo a precio reducido*
- ☐ Full priced lunch/*almuerzo completo*





Student Emergency Contact Form

Student Name: _____

Address: _____

City/State/Zip: _____

Home No: _____

Work No: _____

Cell No: _____

Email: _____

Please indicate the names of three relatives/friends who we can contact in case of an emergency or when we can't reach you at one of the above numbers:

Emergency Contact #1: _____

Home No: _____

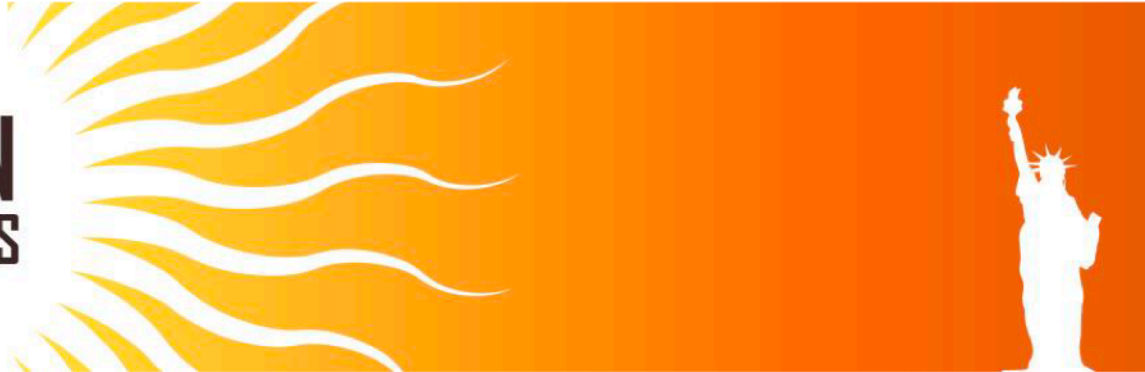
Work No: _____

Cell No: _____

Email: _____



NEW DAWN CHARTER SCHOOLS



Emergency Contact #2: _____

Home No: _____

Work No: _____

Cell No: _____

Email: _____

Emergency Contact #3: _____

Home No: _____

Work No: _____

Cell No: _____

Email: _____





McKinney-Vento Form

This questionnaire is intended to address the McKinney-Vento Act 42.U.S.C.11435. The answers to this residency information help determine the services the student may be eligible to receive.

Name of Student: _____

Gender:

☐ Male ☐ Female

Birth Date: _____

Age: _____

Is your current address a temporary living arrangement?

☐ Yes ☐ No

Is this temporary living arrangement due to the loss of housing or economic hardship?

☐ Yes ☐ No

If you answered **YES** to either of the above questions, please complete the entire form. If you answered **NO**, you may stop here. If you checked **YES**, please check *one box*:

☐ In a motel

☐ In a shelter

☐ With more than one family in a house or apartment

☐ In a place not designed for ordinary sleeping accommodations such as a car, park or Campsite

☐ Abandoned building





- ☐ Bus or train station
- ☐ Awaiting foster care placement
- ☐ Institutionalized (hospital, jail, detention center, etc.) awaiting placement



New Dawn Charter High School II Code of Conduct Acknowledgement of Receipt

By signing below, we (parent/guardian and student) acknowledge that we have received New Dawn Charter High School II's Code of Conduct. In addition, we understand that it is our responsibility to review, and address any questions to New Dawn CHS II administration.

Parent/Guardian Name (Please print)

Date

Parent/Guardian Signature

Student Name (Please print)

Date

Student Signature





Policy Regarding Bullying Behaviors

Each student, faculty, and staff member of NDCHS II brings to our school community the richness of our city's cultural diversity and the desire for respect. The Citywide Standards of Discipline and Intervention Measures prohibit students from bullying other students for any reason including taunting and/or intimidation through the use of epithets or slurs involving race, color, ethnicity, national origin (which include groups of students of common ancestry, heritage, background or those from the same country), religion, gender, gender identity, gender expression, sexual orientation or disability. This policy is in effect on school grounds, school buses and at all school sponsored activities, programs and events.

What is considered harassment or discriminatory behavior?

Harassment/discriminatory behavior is one of more negative acts committed by one or more students against another student or groups of students. Harassment or discrimination can be physical, verbal, social; or through social media. Physical harassment involves physical injury or threat of injury. Verbal harassment refers to teasing, taunting, or insulting someone. Social harassment refers to the use of peer rejection or exclusion to humiliate or isolate a person. Social media harassment refers to derogatory postings through email, Facebooks, or any other digital medium.

What are some examples of banned behaviors?

- Threatening or harassing, intimidating or physically assaulting another student because of her/his race, color, ethnicity, religion, national origin, weight, gender, gender identity, gender expression, sexual orientation or disability
- Using derogatory language in reference to another student's race, color, ethnicity, national origin, weight, religion, gender, gender identity, gender expression, sexual orientation, or disability;
- Teasing or taunting another students making derogatory jokes or name calling or slurs directed at others because their weight, religion, gender, gender identity, gender expression, sexual orientation, or disability;
- Written or graphic material, including graffiti, containing comments or stereotypes that are either posted, circulated or are written or printed on clothing or circulated on the internet





(cyber-bullying) that are derogatory of others because of their weight, religion, gender, gender identity, gender expression, sexual orientation, or disability;

- Negative stereotypes or hostile acts which are derogatory to others because of their weight, religion, gender, gender identity, gender expression, sexual orientation, or disability;

What should you do if you believe another student has harassed or discriminated against you or if you have witnessed such behavior?

Students who believe they have been the victim of bullying or intimidating behavior by another student, and all students with knowledge of such behavior, should report the incident immediately.

Follow-up and Disciplinary Actions

- Where appropriate, the complaining student and the accused student should be referred to the guidance counselor, social worker, or other appropriate school staff for separate counseling.
- Where appropriate, intervention methods such as sensitivity training, counseling, mediation/conflict resolution, or referral to an outside agency should be utilized.
- Where appropriate, the accused student may be subject to suspension or face expulsion from school. If a student is believed to be engaged in criminal activity as a result, or in connection with bullying or biased behavior, the police or legal counsel will be notified.
- The Principal or school designee will follow up with both the parents of the accused and the alleged victim, unless the alleged victim reports a safety concern in regards to a notification.





Consent to Photograph, Film, or Videotape a Student for Non-Profit Use
(e.g. education, public service, or health awareness purposes)

Student Name _____ School: _____

I hereby consent to the participation in interviews, the use of quotes, and the taking of photographs, movies or video tapes of the student named above by _____. I also grant to _____ the right to edit, use, and resuse said products for non-profit purposes including use in print, on the internet, and all other forms of media. I also hereby release the New York City Department of Education and its agents and employees from all claims, demands, and liabilities whatsoever in connection with the above.

Signature of Parent/Guardian (is student is under 18): _____

Date: _____

Address of Parent/Guardian: _____

OR

Signature of Student (if 18 or over): _____

Date: _____

Address of Student: _____





Student MetroCard Policy

New Dawn Charter High School II distributes Student Metrocards to all students at the beginning of each semester. Student Metrocards are distinct from MetroCards used by the general public in that they are:

- Only for use by the student to whom it was issued and who name is written on the card
- Good for travel to and from school and school-related activities between 5:30 am and 8:30 pm on days when the student's school is in session.
- Good for three trips each school day. Three trips allows a student to travel to school, from school to an after school activity, and then from that activity to home.
- Good for an entire school semester.

A full fare student Metrocard allows an eligible student to travel to and from school and school related activities by bus and subway. On most trips, a student can also transfer free between the bus and the subway, between a bus and another bus, or between the subway and a bus.

If a student loses their Metrocard, it may take up a one week or longer to process a replacement. Replacement cards will **ONLY** be distributed at 4 pm.

Students who have not been in attendance (at school and/or internship) for more than 3 consecutive days may have their Metrocards deactivated. Exceptions to this rule will be made on a case by case basis (i.e. medical or family emergency).

By signing this policy, we (parent/guardian and student) agree to the above terms:

Parent/Guardian Name (Please print)

Date

Parent/Guardian Signature

Student Name (Please Print)

Date

Student Signature





Cell Phone/Electronics Policy

Safety and security of our students are our utmost concern. It is for this reason that we are urgently requesting that cell phone and other electronic devices be left at home. They are a distraction and pose a safety hazard to our school community. The thefts of cell phone and other electronic devices have become a city-wide epidemic. **Chancellor's Regulation A 412 Section V** clearly states that the school leadership team must develop policies regulating student use of cell phones.

Our policy at New Dawn Charter High School II is that ALL students who come to school with a cell phone are required to turn it off and leave it with security. Security will then label and lock up the cell phones in a secure location. Any student refusing to submit their cell phone will not be allowed to enter the building. Any student, who is seen with a cell phone, by a staff member, at any time during the school day, will be asked to turn it to security and if they refuse, they will be sent home for the day.

Parents/Guardians and Students are to agree to the following by *initialing* each bullet:

Statement	Parent Initials	Student Initials
<ul style="list-style-type: none">I agree that my student will turn in his/her cell phone upon entering the building.		
<ul style="list-style-type: none">I understand that my student WILL NOT be allowed to enter the building without turning in his/her cell phone.		
<ul style="list-style-type: none">I understand that if my student is found to be using a cell phone in the building and refuse to turn it in, they will be sent home for the day.		





<ul style="list-style-type: none"> I understand and agree that my student will receive their cell phone ONLY at the end of the day. Cell phones will not be returned to students during their lunch break. 		
<ul style="list-style-type: none"> I understand that New Dawn Charter High School II WILL NOT be responsible for any cell phones that are lost, stolen or damaged if it was not turned in. 		

By signing this policy, we (parent/guardian and student) agree to the above terms.

Parent/Guardian Name (Please print) Date _____

Parent Signature

Student Name (Please Print) Date _____

Student Signature





Consent Form

To:

School Name: _____

Fax Number: _____

ATTN: _____

Re:

Student Name: _____

DOB: _____

OSIS: _____

To Whom It May Concern:

I authorize the release of the following information to New Dawn Charter High School II:

<input type="checkbox"/>	Current Transcript
<input type="checkbox"/>	Immunization Records
<input type="checkbox"/>	Medical Records
<input type="checkbox"/>	School Records
<input type="checkbox"/>	Other:

Signature of Parent/Guardian: _____

Date: _____

Please email the above requested information to: Enrollment@ndchsbrooklyn.org

