



**Lillie May Carroll Jackson Charter School** will serve scholars in 5<sup>th</sup>-8<sup>th</sup> grades during the 2017-2018 school year. To apply to LMCJS, please complete and submit an application **for each child** you wish to enroll. Please be sure to complete **all** sections of the application and ensure that it is accurate and legible.

Because of the culture and climate of our school, 5<sup>th</sup> and 6<sup>th</sup> grade applications will be reviewed for admission through our lottery on February 15, 2017 at 10 A.M. (Inclement weather date: February 16, 2017 at 10 A.M.). 7<sup>th</sup> and 8<sup>th</sup> grade applications will automatically be placed on a waiting list because we need to evaluate the number of current scholars in grades 7 & 8 who may choose to leave LMCJS for any reason. Thank you for understanding.

## **Applications are due by Feb. 10, 2017.**

All applications **must** be Post Marked by **February 10, 2017 US MAIL** or **DROP OFF ONLY**:  
(Please **DO NOT FAX OR EMAIL THIS APPLICATION.**)

Lillie May Carroll Jackson Charter School

**ATTENTION: ADMISSIONS**

900 Woodbourne Ave

Baltimore, MD 21212

### **STUDENT INFORMATION (PLEASE PRINT CLEARLY to prevent errors!)**

Last Name: \_\_\_\_\_

First name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Current School: \_\_\_\_\_

Current Grade: \_\_\_\_\_

**Baltimore City Schools ID# (if known):** \_\_\_\_\_

Please complete reverse side 



**FAMILY INFORMATION**

**Applicants must live in Baltimore City in order to be considered. Valid proof of residence will be required. Sorry, No Exceptions!**

Parent/Guardian Name: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Are you the legal guardian of the child?: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Cell Number: \_\_\_\_\_

Email Address (*PLEASE PRINT CLEARLY!*): \_\_\_\_\_ @ \_\_\_\_\_

Best means of contacting parent/guardian: \_\_\_\_\_

Does your child have a sister applying to LMCJS?: YES / NO

If so, Name of Sister: \_\_\_\_\_

Signature: \_\_\_\_\_ Relationship: \_\_\_\_\_

How did you learn about us?

Family Member (please name): \_\_\_\_\_

Scholar (please name): \_\_\_\_\_ grade: \_\_\_\_\_ (*referral reward offered!*)

Friend (please name): \_\_\_\_\_

Coworker (please name): \_\_\_\_\_

Website: \_\_\_\_\_ Social Media: \_\_\_\_\_

School Fair (name the school): \_\_\_\_\_

LMCJS does not distribute personal information and all information gathered will be used solely for school purposes.

*Baltimore City Public Schools does not discriminate on the basis of race, color, ancestry or national origin, religion, sex, sexual orientation, gender identity, gender expression, marital status, disability, veteran status, genetic information, or age in its programs and activities and provides equal access to the Boy Scouts of America and other designated youth groups.*