# ALAIN LOCKE CHARTER SCHOOL

## 3141 West Jackson Boulevard · Chicago, Illinois 60612 · (P) (773) 265-7230 · (F) (773) 265-7258

**LOTTERY APPLICATION**

**2024-2025 School Year**

**Please complete one application per child.**

**IMPORTANT PLEASE READ:**

* **Any student who is a resident of the City of Chicago is eligible to apply.**
* If applying for Pre-Kindergarten, the student **must be 4 years old by September 1, 2024.**
* If applying for Kindergarten, the student **must be 5 years old by September 1, 2024.**
* Alain Locke’s Lottery date is Friday**, April 26, 2024, 9:00am,** at the school.
* The deadline to receive applications is Friday, April 19, 2024.
* Alain Locke will contact eligible applications by phone.
* Alain Locke will place all applications received after the Lottery on the waitlist.
* Alain Locke will continue to accept enrollment applications past the lottery date.

**STUDENT AND FAMILY INFORMATION: (PLEASE PRINT CLEARLY)**

**Student First Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Middle Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Last Name**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Apt.# \_\_\_\_\_\_\_­­­­­­­ City/State: Chicago, IL\_\_\_ Zip: \_\_\_\_\_\_\_**

**Birth Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_\_\_\_**  **Male \_\_\_**  **Female \_\_\_**

**Current School\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Grade Applying for 2024-2025 School Year: (circle one) PK K 1 2 3 4 5 6 7 8**

***How did you hear about Alain Locke?***

# \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Mother/Guardian Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship to Student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Father/Guardian Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Relationship to Student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Daytime Phone:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Other Phone:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**SIBLING INFORMATION:**

**Please list any siblings the applicant has currently enrolled at Alain Locke.**

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

*If you have another student who is also applying for enrollment, please complete and submit   
a separate form. Also, please write the student’s name and grade below.*

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**PLEASE NOTE: Should contact information change, you must update your records by calling 773-265-7232.**

**I acknowledge that the information I have provided on this application is true.**

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### Parent/Legal Guardian Signature Date