



DREAM

MOTT HAVEN

DREAM is Mott Haven's community-based, public charter school, where all students recognize their potential and realize their dreams.

A DREAM EDUCATION PROVIDES:

RIGOROUS ACADEMICS Our scholars are challenged every day to meet high expectations because we know they can. They learn from an engaging curriculum where the expectations are defined for each individual. Along the way, scholars develop a deep love of learning as they take the opportunities to take ownership of their education.

A WHOLE CHILD FOCUS We believe in the whole child. A scholar is defined by more than his or her grades. We surround our scholars with a variety of enrichment activities including physical education, arts and music to ignite their passions.

AN INCLUSIVE ENVIRONMENT We love how each scholar is unique and learns in different ways. We embrace diversity and use multiple methods to reach every learner. We welcome scholars with Special Needs as well as English Language Learners.

FAMILY ENGAGEMENT Our families are critical partners who make our work complete. They visit our classrooms and we visit their homes. We actively work together to provide the best for our scholars every step of the way.

AFTER-SCHOOL AND SUMMER PROGRAMMING DREAM exists within and for the community. We actively partner with our neighbors in order to best serve our scholars and families. We offer free after-school and summer programs that help our scholars to become confident, competent and caring community members.

REGISTER FOR THE DREAM MOTT HAVEN LOTTERY:

FIRST PREFERENCE WILL BE GIVEN TO RETURNING STUDENTS FROM THE PRIOR SCHOOL YEAR, INCLUDING TRANSFER STUDENTS FROM ANOTHER DREAM SCHOOL.

SECOND PREFERENCE WILL BE GIVEN TO SIBLINGS OF RETURNING STUDENTS AT ANY DREAM SCHOOL. "SIBLINGS" MEANS TWO OR MORE CHILDREN THAT ARE RELATED BY HAVING THE SAME FATHER AND/OR MOTHER, THROUGH BIOLOGY OR LEGAL ADOPTION.

THIRD PREFERENCE WILL BE GIVEN TO INCOMING ELEMENTARY SCHOOL STUDENTS WHO RESIDE IN COMMUNITY SCHOOL DISTRICT (CSD) 7.

SPECIAL EDUCATION STUDENTS AND ENGLISH LANGUAGE LEARNERS WELCOME.

APPLICATIONS ARE DUE BY 4:00PM MONDAY, APRIL 1, 2019.

FOR MORE INFORMATION CALL 212 722 0232 OR EMAIL ENROLLMENTS@WEAREDREAM.ORG.



Enrollment Application for 2019-2020 School Year

APPLICATION INFORMATION AND REQUIREMENTS

- First preference will be given to returning students from the prior school year, including transfer students from another DREAM school..
- Second preference will be given to siblings of returning students at any DREAM school. "Siblings" means two or more children that are related by having the same father and/or mother, through biology or legal adoption
- Third preference will be given to incoming Elementary School students who reside in Community School District (CSD) 7.
- A separate application must be completed for each applying student.
- Signed applications must be received by 4:00pm, Monday, April 1, 2019, to be eligible for the lottery. Applications received after 4:00pm on April 1, 2019 will be placed on the waiting list in the order in which they were received.
- A lottery will be held on Tuesday, April 9, 2019

The items marked with an asterisk (*) are required to be submitted in order to apply to this charter school. Any items not marked by an (*) are optional. If you choose not to respond to the optional items, that fact alone will not disqualify the applicant from admission to the school.

***CHILD'S NAME** _____

***DATE OF BIRTH** ___ / ___ / _____ ***GENDER** Male Female

***HOME ADDRESS** _____ **APT #** _____ **CITY** _____ **ZIP** _____

NYCHA HOUSING RESIDENT Yes No If yes, please indicate name of housing development: _____

***GRADE FOR WHICH THE STUDENT IS APPLYING** Kindergarten

Is the child currently attending another school? (If so, please indicate the following)

SCHOOL NAME _____ **CURRENT GRADE** _____

***IS A SIBLING ALREADY ENROLLED AT DREAM CHARTER SCHOOL?** (If so, please indicate the following for the oldest child enrolled)

His/her full name _____ Date of Birth ___ / ___ / _____ Current Grade _____

HOW DID YOU LEARN ABOUT DREAM CHARTER SCHOOL? _____

ARE YOU CURRENTLY A DREAM AFTER-SCHOOL OR SUMMER PARTICIPANT? Yes No

Parent/Guardian

1. *NAME _____ **HOME PHONE** _____
STREET ADDRESS _____ **CELL PHONE** _____
APT # _____ **WORK PHONE** _____
CITY _____ **ZIP** _____ **EMAIL** _____

***RELATIONSHIP TO CHILD** _____ ***DO YOU CURRENTLY WORK AT DREAM?** Yes

2. NAME _____ **HOME PHONE** _____
STREET ADDRESS _____ **CELL PHONE** _____
APT # _____ **WORK PHONE** _____
CITY _____ **ZIP** _____ **EMAIL** _____

***RELATIONSHIP TO CHILD** _____

I agree that the school records of the student for whom I am submitting this application may be used for studies of this charter school. In these studies, only aggregate outcomes, not individual students' outcomes, will be reported.

PARENT/GUARDIAN SIGNATURE _____ **DATE** _____

STATEMENT OF NON-DISCRIMINATION A charter school shall not discriminate against any student or limit the admission of any student on the basis of ethnicity, national origin, gender, disability, intellectual ability, measures of achievement or aptitude, athletic ability, race, creed, religion or ancestry or any other ground that would be unlawful if done by a school. A school may not require any action by a student or family (such as an admissions test, interview, essay, attendance at an information session, etc.) in order for an applicant to either receive or submit an application for admission to that school.

TO SUBMIT AN APPLICATION

Please apply online at wearedream.org or send this application to:

DREAM CHARTER SCHOOL

PO Box 541578, Bronx, NY 10454 TEL 212 722 0232 FAX 212 348 5979 EMAIL enrollmentSB@wearedream.org WEAREDREAM.ORG