



ANNA JULIA COOPER
SCHOOL

faith • knowledge • pride

Dear Parent or Guardian,

Thank you so much for your interest in your child attending Anna Julia Cooper School. We welcome all applicants!

Here's how our process works:

- 1) Please fill out the attached **application** and return it to the School at your earliest convenience.
- 2) Once we have the **completed application**, we will call you to schedule an **interview** after December 1.
- 3) We make decisions about **acceptance and enrollment** of students each month beginning in January.

Two important notes:

- AJC is here to serve lower income families and we provide 100% scholarships to all those students who attend AJC. Because of that, we must have **ALL** the **financial information** noted on page four of the application. Please be sure to turn this in with your application.
- In addition, please see our **primary criteria** for admission along with our income guidelines on the back of this page.

If you have any questions about the application, please call us! The School's number is 804-822-6610.

We look forward to receiving your application and meeting you and your child.

Sincerely,

Ingrid Addison, Director of Admissions



Admission Criteria

Priority will be given to families who meet the following criteria:

- Demonstrated economic hardship
- Residency in the Church Hill/East End area
- Sibling(s) of a child already admitted to the School
- The male-female balance of a particular class
- Whether the School believes it will be able to serve the student well
- A percentage of students from RRHA/Section 8 Housing

2023-2024 Scholarship Qualifications

Anna Julia Cooper School serves families whose adjusted gross annual income does not exceed approximately 200% of the federal poverty guidelines as published each year.* Please consult the chart below and note that a household includes any child or adult living in the home.

Persons in Family Unit	Income Level
2	\$36,620
3	\$46,060
4	\$55,500
5	\$64,940
6	\$74,380
7	\$83,820
8	\$93,260

*** AJCS will consider low-income families who exceed these guidelines on an individual basis.**



For office use: _____

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APPLICATION FOR ADMISSION 2023-2024

The mission of Anna Julia Cooper School is to love, educate, and uplift its students and graduates so that they may realize their God-given gifts.

Student Information

Child's Full Name: _____

Social Security Number: _____ (required)

Date of Birth: _____ Male/Female: _____ Current Grade: _____

School Most Recently Attended: _____ Grade '23- '24: _____

Parent/Guardian Name: _____

Home Phone: _____ Cell Phone: _____

Street Address: _____

City: _____ Zip Code: _____ County: _____

RRHA? Yes/No Section 8 Housing? Yes/No Other Housing Assistance: _____

Email Address: _____

How did you hear about the school?

Name of parent(s)/guardian(s) child lives with:

Relationship: _____

Place of Employment (if any): _____

Total # of people living in household (adults & children): _____

Brothers and Sisters

NAME	AGE	GRADE & SCHOOL	AT HOME	
_____	_____	_____	YES	NO
_____	_____	_____	YES	NO
_____	_____	_____	YES	NO
_____	_____	_____	YES	NO
_____	_____	_____	YES	NO
_____	_____	_____	YES	NO

Academic Information

SCHOOLS ATTENDED BY APPLICANT	GRADES ATTENDED
_____	_____
_____	_____
_____	_____
_____	_____

Has your child ever repeated a grade? **YES** **NO**
If yes, please indicate grade and reason for retention: _____

Has your child ever been evaluated for or received special education services, including an Individualized Education Plan (IEP) or 504 Plan? **YES** **NO**
If yes, list grades and describe (ALSO ATTACH COPY OF IEP OR 504): _____

Please check all applicable school-related support services your student receives:

Counseling (in school) Title 1 Reading Speech/Language Therapy

Counseling (out of school) Title 1 Math Other (Please specify): _____

Has your child ever been suspended (in-school or out-of-school) or expelled from school?

YES NO

If yes, please list grades, type of disciplinary action and reason for suspension/expulsion:

(Attach additional pages if needed.)

Has your child ever received counseling or therapy? Any psychological testing (RBHA, other)?

YES NO

If yes, please list age, agency, reason for test and major findings:

Please list any illness, medical condition, food allergy, or disability that might interfere with your child's participation in school activities or school attendance.

Does your child take any prescription medications on a regular basis (now or in the past)?

YES NO

If yes, please list name of medication and reason prescribed:

Have you had any significant concerns about your child's behavior, well-being, etc.?

If yes, please explain:

YES NO

Please share any other important information (not already mentioned) about your child that we should know.

Household Financial Information

2023-2024
School Year
Application

Student Name(s): _____

Parent(s)/Guardian(s) Name(s): _____

Total # of people living in household (adults & children): _____

Did you file taxes in 2021? Circle: **YES** **NO**

Did you or will you file taxes in 2022? Circle: **YES** **NO**

Do you have income reported on a W-2? If so, how much for 2021? For 2022?

Please include ALL W-2s if you have more than one.

2021: _____ 2022: _____

What is your TOTAL household income? _____

Financial Assistance

Does anyone in your household receive **SSI**? If so, how much per month? _____

Include a copy of your most recent statement.

Does your family receive **SNAP/EBT**? If so, how much per month? _____

Include a copy of your most recent statement.

Does your family receive **TANF**? If so, how much per month? _____

Include a copy of your most recent statement.

Does anyone in the household receive **child support**?

If so, how much per month? _____

Include a copy of your most recent statement.

Do you receive any other **non-taxable income**?

If so, how much per month? _____

Please attach copies of official statements of all financial assistance you receive.
(Or bring them to our school, along with this completed application, and we will make copies for you.)



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Release/Exchange of Confidential Information Request Form

Name of Student's Current School

Complete Current School Mailing Address

Student's Full Name _____

Date of Birth _____ SSN: _____

Parent/Guardian Signature _____ Date _____

The student named on this form is APPLYING/or HAS BEEN ACCEPTED to Anna Julia Cooper School. As such, please provide all RECORDS regarding the student.

Please include all the information below, as available:

- | | |
|---------------------------------------|---------------------------|
| ✓ Immunization and physical records | ✓ Most recent report card |
| ✓ Attendance records | ✓ Current IEP/504 records |
| ✓ MAP/ SOL Testing results | ✓ Official transcript |
| ✓ Current/most recent course schedule | ✓ Birth Certificate |

Please mail, fax, or email, the corresponding student's records to:

Address: Anna Julia Cooper School
2100 North 29th Street
Richmond, Virginia 23223

Fax: 804-447-5784
Email: admissions@ajcschool.org