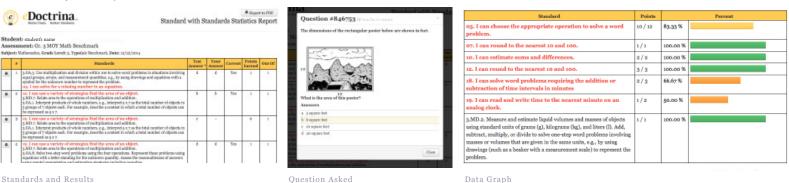


Please visit our website at csat-k12.org for the 6-12 Parent Portal.



This is an example of what you will see inside the Parent Portal.

Please fill out the application below in its entirety. Missing information may result in a delay of your account being approved and created. You must be the parent/legal guardian of the student(s) in order to have an account created. All applications may be returned to the Main Office in a sealed envelope with ATTN: Emily Lyons.

Parent/Guardian Information

Please print clearly. All fields are required.

PARENT/GUARDIAN'S LAST NAME	PARENT/GUARDIAN'S FIRST NAME		
STREET ADDRESS	GENDER (CIRCLE ONE)		
	N	lale	Female
RELATIONSHIP TO STUDENT	СІТҮ	STATE	ZIP CODE
PRIMARY PHONE NUMBER	WORK PHONE NUMBER	-	
EMAIL ADDRESS			

YOU WILL RECEIVE A CONFIRMATION EMAIL WITH YOUR USER NAME AND PASSWORD AS SOON AS YOUR INFORMATION HAS BEEN VERIFIED AND YOUR ACCOUNT HAS BEEN CREATED.

Applications are available on the website at *www.csat-k12.org* under the *Our Families* tab and also in the Main Office, 2303 Kenmore Avenue. Please visit our website at *www.csat-k12.org* for the 6-12 Parent Portal or contact Melinda Cebulski at (716) 876-7505 ext. 4123.

IMPORTANT NOTE: eDoctrina_⊕ does NOT work with Internet Explorer. Please use the following platforms: MAC USERS: Chrome or Safari WINDOWS USERS: Chrome

OFFICE USE ONLY
date received _____
approved _____
confirmation sent _____

Charter School for Applied Technologies 2303 Kenmore Avenue, Buffalo, New York 14207 P. (716) 876-7505 F. (716) 876-9758

Applications are available on the website at www.csat-k12.org under the Our Families tab and also in the Main Office, 2303 Kenmore Avenue. Please visit our website at www.csat-k12.org for the 6-12 Parent Portal or contact Melinda Cebulski at (716) 876-7505 ext. 4123.

Student Information Please print clearly. All fields are required.

STUDENT'S LAST NAME	STUDENT'S FIRST NAME		
STUDENT'S AGE	GENDER (CIRCLE ONE)		
	M	lale	Female
STREET ADDRESS	СІТҮ	STATE	ZIP CODE
SCHOOL DISTRICT	CURRENT GRADE	HOMEROOM TEACHER	
PARENT/GUARDIAN SIGNATURE	STUDENT'S DATE OF BIRT	ГH	

This is for verification purposes. If you have any questions, please call the student information office at (716) 876-7505 ext. 4123 or 4120

Student Information

Please print clearly. All fields are required.

STUDENT'S LAST NAME	STUDENT'S FIRST NAME		
STUDENT'S AGE	GENDER (CIRCLE ONE)		
	N	lale	Female
STREET ADDRESS	СІТҮ	STATE	ZIP CODE
SCHOOL DISTRICT	CURRENT GRADE	HOMEROOM TEACHER	
PARENT/GUARDIAN SIGNATURE	STUDENT'S DATE OF BIRT	ΓH	

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Student Information

Please print clearly. All fields are required.

STUDENT'S LAST NAME	STUDENT'S FIRST NAME		
STUDENT'S AGE	GENDER (CIRCLE ONE)		
	M	lale	Female
STREET ADDRESS	СІТҮ	STATE	ZIP CODE
SCHOOL DISTRICT	CURRENT GRADE	HOMEROOM TEACHER	
PARENT/GUARDIAN SIGNATURE	STUDENT'S DATE OF BIRT	ГН	

This is for verification purposes. If you have any questions, please call the student information office at (716) 876-7505 ext. 4123 or 4120