

Englewood on the Palisades Charter School

Application

2016-2017

Student's Name \_\_\_\_\_

(Last)

(First)

(Middle)

Gender \_\_\_\_\_

Age \_\_\_\_\_

Date of Birth \_\_\_/\_\_\_/\_\_\_

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

Expected Grade for Next Year \_\_\_\_\_

What grade is this student applying for in the 2016-2017 school year? \_\_\_\_\_

Address \_\_\_\_\_

(Number / Name of Street) (Apt. #)

(City/State)

(Zip Code)

Mailing Address \_\_\_\_\_

(if different from above) (P.O. Box # or Number/Name of Street) (City/State) (Zip Code)

Home Phone # \_\_\_\_\_ Alternate Phone# \_\_\_\_\_

FAMILY INFORMATION

Check one:  Parent  Step-parent  Legal Guardian

Check one:  Parent  Step-parent  Legal Guardian

Full Name: \_\_\_\_\_

Full Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

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

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

Sibling Policy: Preference may be given to siblings of enrolled students, depending on space available (N.J.S.A 36A-8c). Please list any siblings (brothers/sisters) applying for or currently enrolled at \_\_\_\_\_ Charter School this year.

Sibling 1 Name \_\_\_\_\_ Grade in 2016-17 \_\_\_\_\_

Sibling 2 Name \_\_\_\_\_ Grade in 2016-17 \_\_\_\_\_

Sibling 3 Name \_\_\_\_\_ Grade in 2016-17 \_\_\_\_\_

\_\_\_\_\_  
(Signature of Parent/Guardian)

\_\_\_\_\_  
(Date)

Charter schools are free, open-enrollment public schools that are required by law to serve all students. Charter schools shall be open to all students on a space available basis and shall not discriminate in its admission policies or practices on the basis of intellectual or athletic ability, measures of achievement or aptitude, status as a handicapped person, proficiency in the English language, or any other basis that would be illegal if used by a school district.