

**Englewood on the Palisades Charter School
Application 2018-2019**

Student's Name _____
(Last) (First) (Middle)

Gender _____ **Age** _____ **Date of Birth** ___/___/___

Current Grade _____

What grade is this student applying for in the 2018-2019 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 2018-2019** _____

Sibling 2 Name _____ **Grade in 2018-2019** _____

Sibling 3 Name _____ **Grade in 2018-2019** _____

(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.