

# Newark Educators' Community Charter School

## Registration Form

Student's Name:                      (Last)            (First)  (Mid. Init.)  
Birth Date (must be 10/1/2010 or earlier):       Sex: Male Female  
City of Birth: \_\_\_\_\_ State of Birth: \_\_\_\_\_ Country of Birth: \_\_\_\_\_

### STUDENT'S PRIMARY RESIDENCE (If Guardian, must present proof)

Name of Parent/Guardian: (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (Relation) \_\_\_\_\_  
Address: (Street) \_\_\_\_\_  
City: \_\_\_\_\_ County: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Telephone: (Home) \_\_\_\_\_ (Work) \_\_\_\_\_ (Cell) \_\_\_\_\_  
Email Address: \_\_\_\_\_ @ \_\_\_\_\_ . \_\_\_\_\_

### STUDENT'S SECONDARY RESIDENCE (If applicable)

Name of Parent/Guardian: (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (Relation) \_\_\_\_\_  
Address: (Street) \_\_\_\_\_  
City: \_\_\_\_\_ County: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Telephone: (Home) \_\_\_\_\_ (Work) \_\_\_\_\_ (Cell) \_\_\_\_\_  
Email Address: \_\_\_\_\_ @ \_\_\_\_\_ . \_\_\_\_\_

### Emergency Contact Person

Name of Contact: (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (Relation) \_\_\_\_\_  
Address: (Street) \_\_\_\_\_  
City: \_\_\_\_\_ Zip: \_\_\_\_\_  
Telephone: (Home) \_\_\_\_\_ (Work) \_\_\_\_\_ (Cell) \_\_\_\_\_  
Email Address: \_\_\_\_\_ @ \_\_\_\_\_ . \_\_\_\_\_

Grade as of Sept. 2014: (circle one) PreK K 1 2 3 4 5

Current Grade: \_\_\_\_\_ Current School: (Name) \_\_\_\_\_  
(City, State) \_\_\_\_\_ Assigned District Public School: \_\_\_\_\_

### My child receives:

Signature: (Parent or Legal Guardian) \_\_\_\_\_ Date: \_\_\_\_\_

- Please bring the following information after being chosen through the lottery
- **Proof of residency (3 of the following):** NJ driver's license, property deed, mortgage statement, lease, notarized statement from landlord, current utility bill
  - **Proof of guardianship (1 of the following):** original birth certificate with raised seal (hospital birth certificate is **NOT** acceptable), copy of section of court decree awarding custody, copy of most recent NJ or U.S. Income Tax return indicating name of dependent, dependent's social security number, and name of adult claiming student as dependent)
  - **Proof of enrollment in local school district:** child's report card, letter from district indicating you have registered
  - **Proof of immunization:** up-to-date immunization record from school or doctor

### DO NOT WRITE BELOW THIS LINE

proof of residency \_\_\_\_\_ proof of guardianship \_\_\_\_\_ enrolled in local district \_\_\_\_\_ immunization record \_\_\_\_\_

Clerk Name: \_\_\_\_\_ Date: \_\_\_\_\_

# Newark Educators' Community Charter School.

## HOME LANGUAGE SURVEY

### English and Other Language(s)

NJ DEPARTMENT OF EDUCATION ADMINISTRATIVE CODE REQUIRES  
THIS DOCUMENT TO BE PART OF THE  
OFFICIAL CUMULATIVE RECORD OF EVERY STUDENT

Name of Student: \_\_\_\_\_ School: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

Previous School/Town: \_\_\_\_\_ Country: \_\_\_\_\_ Grade: \_\_\_\_\_

ID #: \_\_\_\_\_ Room#: \_\_\_\_\_ Language: \_\_\_\_\_

x \_\_\_\_\_ Date: \_\_\_\_\_  
Signature of Parent or Guardian

Your answers to these questions will help us begin the process of determining the best program of instruction for your child. These are the **same** survey questions as those listed above in French so please **choose only one of the language sections to mark your answer.**

- |  | <u>English</u>           | <u>Other Language</u>          |
|--|--------------------------|--------------------------------|
| 1. What language did your child first speak?   | <input type="checkbox"/> | <input type="checkbox"/> _____ |
| 2. What language do you use most often when speaking to your child at home?            | <input type="checkbox"/> | <input type="checkbox"/> _____ |
| 3. What language does your child use most often when speaking to parents at home?      | <input type="checkbox"/> | <input type="checkbox"/> _____ |
| 4. What language does your child use most often when speaking to brothers and sisters? | <input type="checkbox"/> | <input type="checkbox"/> _____ |
| 5. What language does your child use most often when speaking to other relatives?      | <input type="checkbox"/> | <input type="checkbox"/> _____ |
| 6. What language does your child speak most often when speaking to friends at home?    | <input type="checkbox"/> | <input type="checkbox"/> _____ |

This is an official document completed and signed at the time of enrollment by every parent or guardian matriculating a student into the Newark Public Schools. The responses are to be recorded into the district Needs Assessment-PowerSchool data base and the form is returned to the main office where it is to be attached to the Office copy of the student's permanent cumulative record file.