Newark Educators' Community Charter School

Registration Form

Attach Lottery Number Here

Student's Name: (Last) (First) (Mid. Init.)

Birth Date (must be 10/1/2005 or earlier): **Sex:** Male Female

City of Birth: _____ **State of Birth:** _____ **Country of Birth:** _____

STUDENT'S PRIMARY RESIDENCE

Name of Parent/Guardian: (Last) _____ (First) _____ (Relation):_____

Name of Parent/Guardian: (Last) _____ (First) _____(Relation):_____

Address: (Street):_____

City: _____ **County:** _____ **Zip Code:** _____

(Telephone - Home)	(**Telephone - Work)**	**(Telephone - Cell)**

Email Address: _____ @ _____.____

OTHER PARENT/LEGAL GUARDIAN ☐ **Include in all mailings**

Name of Parent/Guardian: (Last) _____ (First) _____ (Relation):_____

Address: (Street):_____

City: _____ **Zip:** _____

(Telephone - Home)	(**Telephone – Work)**	**(Telephone - Cell)**

Email Address: _____ @ _____.____

Grade as of Sept. 2010: (circle one) **K** **1** **2** **3** **4**

Current Grade: ____

Current School: (Name) _____ (City, State) _____

Assigned District Public School: _____

Signature: (Parent or Legal Guardian) _____ Date**:** _____

Please bring this form and the following information to register:

- **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_____

Rev. 10.2009