Soaring Heights Charter School
1 Romar Avenue
Jersey City, NJ 07305
(201) 434-4800 Fax (201) 434-7474

Application for Admission

***Please print in ink and complete application in its entirety for more accurate processing.**

Student's Name _____
Last First MI

Date of Birth _____ Sex: M F (circle)

Current School Child Attends _____

Current Grade (circle one) **Pre-K (K) 1 2 3 4 5 6 7**

Grade next September (circle one) **(K) 1 2 3 4 5 6 7 8**

Name of Parent/Legal Guardian _____

Address _____ Apt. # _____ City _____

State _____ Zip Code _____ Home Telephone #_____

Work or other # _____ Cell phone Telephone #_____

Emergency Contact Person _____
Name Relation to child Telephone number

Email Address_____

List name/s of any brothers/sisters either currently attending or currently applying to Soaring Heights Charter School: (List name/s and current grade)

_____

List your child's talents and/or interests: _____

How did you hear about Soaring Heights Charter School? _____

When returning this application, please enclose **a copy** of your child's birth certificate, immunization records and proof of Jersey City residency. Please return it to Soaring Heights Charter School, 1 Romar Avenue, Jersey City, NJ 07305. You may also fax the information to us at (201) 434-7474 or mail copies to the above address. All information on this application will be kept confidential.

Your child's name will be placed on our waiting list. We will contact you when an opening for enrollment becomes available. Thank you for your interest in Soaring Heights Charter School.

I am aware that every January the order of the waiting list will change as a result of the Annual Lottery mandated by New Jersey Statute 6A: 11- 4.5 (b). Please initial _____

_____ _____
Parent/Guardian Signature Date

Soaring Heights Charter School does not discriminate on the basis of age, religion, national origin, or handicap in its educational programs, activities, or employment practices.