



# BERGEN ARTS & SCIENCE CHARTER SCHOOL

Bergen ASCS Elementary ❖ Location will be announced soon. ❖ (973) 253-0002 ❖ Fax: (973) 253-0110  
 Bergen ASCS Middle School ❖ 200 MacArthur Ave, Garfield, NJ 07026 ❖ (973) 253-0002 ❖ Fax: (973) 253-0110  
 Bergen ASCS High School ❖ 43 Maple Avenue, Hackensack, NJ 07601 ❖ (201) 968-5039 ❖ Fax: (201) 968-5044

## APPLICATION FORM

**DEAR PARENT(S) AND APPLICANT:** Thank you for your interest in Bergen Arts and Science Charter School. Please fill out this application form completely. Falsifications, misrepresentations, or omissions may disqualify your application. Information you supply may not be given to any other companies. Applications received unsigned or incomplete may not be considered for acceptance.

| FOR OFFICE USE ONLY       |              |
|---------------------------|--------------|
| Date Application Received | __ / __ / __ |
| Application #             |              |

*Please either type or print clearly using black or blue ink.*

| STUDENT INFORMATION        |                            |                            |                |
|----------------------------|----------------------------|----------------------------|----------------|
| LAST NAME                  | FIRST NAME                 | MIDDLE NAME                |                |
|                            |                            |                            |                |
| DATE OF BIRTH              | CURRENT GRADE ENROLLED     | GRADE APPLIED FOR          |                |
| __ / __ / __<br>MM DD YYYY |                            |                            |                |
| PERMANENT ADDRESS          |                            | CITY                       | ZIP            |
|                            |                            |                            |                |
| HOME PHONE                 | CELLULAR                   | WORK PHONE                 |                |
| ( __ __ ) __ __ - __ __ __ | ( __ __ ) __ __ - __ __ __ | ( __ __ ) __ __ - __ __ __ |                |
| CURRENT SCHOOL NAME        |                            | SCHOOL DISTRICT            | YEARS ATTENDED |
|                            |                            |                            |                |

Does the applicant have a sibling who's attending this school?  Yes  No If yes, please write:  
 Student Name: \_\_\_\_\_ and Current Grade Level: \_\_\_\_\_

We/I, the undersigned, hereby certify that, to the best of our/my knowledge and belief, the answers to the foregoing questions and statements made by us/me in this application are complete and accurate. We/I understand that any false information, omissions, or misrepresentations of facts may result in rejection of this application or future dismissal of the applicant.

| PARENT INFORMATION           |        |
|------------------------------|--------|
| PARENT OR GUARDIAN NAME      | DATE   |
|                              |        |
| PARENT OR GUARDIAN SIGNATURE | E-MAIL |
|                              |        |

| Please mail or fax the completed application to:  |  |   |
|---|--|---|
| Bergen ASCS Elementary<br>30 Madonna Pl, Garfield, NJ 07026<br>Fax: (862) 247-8511<br>E-mail: registration.el@bergencharter.org | Bergen ASCS Middle School<br>200 MacArthur Ave, Garfield, NJ 07026<br>Fax: (973) 253-0110<br>E-mail: registration.ms@bergencharter.org | Bergen ASCS High School<br>43 Maple Ave, Hackensack, NJ 07601<br>Fax: (201) 968-5044<br>E-mail: registration.hs@bergencharter.org |

Bergen Arts and Science Charter School does not discriminate in admissions based on gender, national origin, ethnicity, religion, disability, academic, artistic, or athletic ability, or the district the child would otherwise attend.