



# BERGEN ARTS & SCIENCE CHARTER SCHOOL

Bergen ASCS Elementary 30 Madonna Place, Garfield, NJ (862) 247-8510 Fax: (862) 247-8511  
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 FOR RE-ENROLLMENT

### Final Deadline, FRIDAY, MARCH 17, 2017

#### DEAR PARENT/GUARDIAN:

Thank you for choosing Bergen-ASCS for your child's education. It is the Bergen-ASCS's mission to provide the ideal environment for the intellectual and social development of its students by utilizing a combined effort of students, educators, families, and the community as a whole. As part of the Bergen-ASCS's

admission policy, all enrolled students are eligible for re-enrollment the following year, until they graduate from the school. For the automatic re-enrollment, all parents are required to sign attached simple re-enrollment form every year. Signed forms should be returned to school offices by March 17th. Re-enrollment forms will give us a better understanding of those families who wish to continue enrollment for their children at Bergen-ASCS. Once again this form is designed only for currently enrolled students.

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

For (20 \_\_ - 20 \_\_) Please complete for coming Academic Year)

**Student's name:** \_\_\_\_\_  
(Last) (First) (Middle)

**New Sibling's Name:** \_\_\_\_\_ **Grade** \_\_\_\_\_  
(Last) (First) (Middle)

**Parent/Guardian's Name:** \_\_\_\_\_  
(Last) (First) (Middle)

**Guardian's relationship to student:**  Mother  Father  Sister/Brother  Other: \_\_\_\_\_

**Student lives with** :  Mother  Father  Both  Other: \_\_\_\_\_

**Permanent address:** \_\_\_\_\_  
(Street & House/Apt. No.)

\_\_\_\_\_  
(City) (State) (Zip Code)

**Phone:** (\_\_\_\_\_) \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
(Home) (Work) (Other)

**Cellular:** (\_\_\_\_\_) \_\_\_\_\_ **Fax:** (\_\_\_\_\_) \_\_\_\_\_ **E-mail:** \_\_\_\_\_

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.

\_\_\_\_\_  
Name of Parent or Guardian Signature of Parent or Guardian Date

Please bring, mail or fax the completed application to your schools front office.

**Bergen Arts and Science Charter School admits students without regard to race, color, religion, gender, national and ethnic origin, or the presence of a medical condition or disability.**