



# HUDSON ARTS & SCIENCE CHARTER SCHOOL

Hudson ASCS 131 Midland Ave, Kearny, NJ 07032 (201) 995 - 1818 Fax: (201) 991 - 1227

## APPLICATION FOR RE-ENROLLMENT

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

#### DEAR PARENT/GUARDIAN:

*Thank you for your choosing Hudson-ASCS for your child's education. It is the Hudson-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 Hudson - 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-enrolment, all parents are required to sign attached simple re-enrolment 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 Hudson -ASCS. Once again this form is designed only for currently enrolled students. Please either type or print clearly using black or blue ink.*

<p><b>FOR OFFICE USE ONLY</b>  Date Application Received: _____  Application #: _____</p>
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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.

*Hudson 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.*