



PASSAIC ARTS & SCIENCE CHARTER SCHOOL

Passaic ASCS Primary ❖ 6 Wall Street, Passaic, NJ 07055 ❖ (862)238-7800 ❖ Fax: (862)238-7801

Passaic ASCS Intermediate ❖ 40 Tulip Street, Passaic, NJ 07055 ❖ (973)928-5544 ❖ Fax: (973)928-5545

Passaic ASCS Middle High School ❖ 7 St. Francis Way, Passaic, NJ 07055 ❖ (973)928-5544 ❖ Fax: (973)928-5545

APPLICATION FOR RE-ENROLLMENT

Final Deadline, FRIDAY, MARCH 17TH

DEAR PARENT/GUARDIAN:

Thank you for your choosing Passaic-ASCS for your child's education. It is the Passaic-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 Passaic-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 Passaic-ASCS. Once again this form is designed only for currently enrolled students. Please either type or print clearly using black or blue ink.

FOR OFFICE USE ONLY

Date Application Received: _____

Application #: _____

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.
Passaic 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.