



# UNION ARTS & SCIENCE CHARTER SCHOOL

Elementary ❖ 705 Clinton Street, Linden, NJ 07036 ❖ (908) 525-3162 ❖ Fax: (908) 583-6390

## APPLICATION FORM

**DEAR PARENT(S) AND APPLICANT:** Thank you for your interest in Union 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	
__ / __ / __ 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:		
	Union ASCS Elementary 705 Clinton Street, Linden, NJ 07036	
	Fax: (908) 583-6390 E-mail: info@unioncharterschool.org	

Union 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.