Soaring Heights Charter School 1 Romar Avenue Jersey City, NJ 07305 (201) 434-4800 Fax (201) 434-7474

Application for Admission

*Please print in ink and complete application in its entirety for more accurate processing.

Student's Name Last	First	MI	
Date of Birth	Sex: M F (circl	ie)	
Current School Child Attends			
Current Grade (circle one) Pre-K (K)	1 2 3 4 5 6 7	,	
Grade next September (circle one) (K	1 2 3 4 5 6	7 8	
Name of Parent/Legal Guardian			
Address	Apt. # (Dity	
State Zip Code	Home Telephone #_		
Work or other #	_ Cell phone Telephon	ne #	
Emergency Contact PersonName		to child	Telephone number
Email Address			·
List name/s of any brothers/sisters eitle Charter School: (List name/s and current to the control of the contro	et grade)		
List your child's talents and/or interests			
How did you hear about Soaring Heights	Charter School?		
When returning this application, please records and proof of Jersey City residen Avenue, Jersey City, NJ 07305. You mathe above address. All information on t	cy. Please return it to Soari also fax the information to	ing Heights Ch o us at (201) ^z	narter School, 1 Romar
Your child's name will be placed on our becomes available. Thank you for your			
I am aware that every January the order mandated by New Jersey Statute 6A: 12			of the Annual Lottery
Parant/Guardian Signatura		Data	
Parent/Guardian Signature		Date	

Soaring Heights Charter School does not discriminate on the basis of age, religion, national origin, or handicap in its educational programs, activities, or employment practices.