



BERGEN ARTS & SCIENCE CHARTER SCHOOL

200 MacArthur Ave. Garfield, NJ, 07026 ♦ Tel: 973.253.0002 ♦ Fax: 973.253.0110

APPLICATION FOR RE-ADMISSION FOR THE ACADEMIC YEAR 2009-2010

Deadline March 11th, 2009 (Wednesday)

DEAR PARENTS AND APPLICANT:

Thank you for your support in Bergen Arts and Science charter School. Due to limited space for the upcoming year, we ask each parent/guardian to fill out this re-enrolment form completely. This application form is designed for currently enrolled students. The closing date for this application is **Wednesday March 11th, 2009**. Applications received unsigned, incomplete, or after the closing date may not be considered for next year.

FOR OFFICE USE ONLY
Date Application Received: _____
Application #: _____

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

Student's name: _____
 (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: **Front Office (Bergen Arts and Science Charter School)**

200 MacArthur Ave., NJ 07026

Phone: (973) 253-0002 **Fax:** (973) 253-0110

Email: info@bergencharter.org **WEB:** www.bergencharter.org

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