



# ENROLLMENT APPLICATION

## STUDENT INFORMATION

What grade is your child currently in? \_\_\_\_\_ What grade is your child applying for? \_\_\_\_\_

Student's Name \_\_\_\_\_  
Last First Middle

Mailing Address (if different from the address on the right side of this form):  
\_\_\_\_\_  
P.O. Box # or Number/Name of Street City, State, Zip Code

## PARENT INFORMATION

Check one:  
 Mother  Stepmother  Legal Guardian

Check one:  
 Father  Stepfather  Legal Guardian

Full Name \_\_\_\_\_

Full Name \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

(if different from student's address)

(if different from student's address)

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Email Address \_\_\_\_\_

Cell Phone \_\_\_\_\_ Email Address \_\_\_\_\_

## SIBLING INFORMATION

*Sibling Policy: Preference will be given to siblings of enrolled students (N.J.S.A. 36-A-8c). Once a student is admitted, if a student has a sibling who has also applied for admission, the sibling will be automatically admitted, as space allows.*

Does the student have brothers or sisters currently enrolled in Link Community Charter School? Yes  No

If yes, please list: (use back of form if more space is needed):

Student Name

Current Grade

\_\_\_\_\_  
\_\_\_\_\_

Does the student have a brother or sister who is also applying to Link Community Charter School? Yes  No   
(Note: You must complete a separate application for each child applying.)

How did you learn about Link Community Charter School?

Internet  Friend/Family  Mailing  Child's Current School/Teacher  Press  Bus Signs/Posters

Other (describe): \_\_\_\_\_

### Notice of Nondiscriminatory Policy as to Students

Link Community Charter School admits students of any race, color, and national and ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, or national and ethnic origin in administration of its educational policies, admissions policies, scholarship and loan programs, and athletic and other school-administered programs.

## PARENT/GUARDIAN SIGNATURE

By signing your name below, you are ensuring that the information you provided is true and correct.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Address	STUDENT'S First name	Middle Name	Last Name	Birth date	Age	Gender
City, State, Zip						
Home Phone						
Parent/Guardian Cell Phone						