



**New Jersey Common Charter School Application  
2014-2015**

**NEW HORIZONS COMMUNITY CHARTER SCHOOL**

**STUDENT INFORMATION**

Student Last Name	First Name	Middle Name	Gender <input type="checkbox"/> Boy <input type="checkbox"/> Girl
Age	D.O.B / /	Current Grade	Expected Grade Next Year

What grade is this student applying for in the 2014-2015 school year? \_\_\_\_\_

**Address**

City	State	Zip Code
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**Mailing Address (If different from above)**

City	State	Zip Code
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**Home Phone #**

**Alternate Phone #**

Check one (optional)  Hispanic  Black  White  American Indian/Alaskan  Asian/Pacific Islander  
*Information about race, gender and ethnicity is collected for statistical purposes required by the State of New Jersey. All New Jersey Charter Schools are committed to serving all students, regardless of race, creed, color, national origin, ancestry, age, marital status, affectional or sexual orientation, gender, religion, academic ability, disability, or socioeconomic status.*

**FAMILY INFORMATION**

**CHECK ONE:**

Parent  Step-parent  Legal Guardian

Name: \_\_\_\_\_

Phone#: \_\_\_\_\_

Work#: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**CHECK ONE:**

Parent  Step-parent  Legal Guardian

Name: \_\_\_\_\_

Phone#: \_\_\_\_\_

Work#: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

*Sibling Policy: Preference is given to siblings of enrolled students (N.J.S.A. 36A-8c). Once a student is admitted, if the student has a sibling or siblings who have also applied for admission, they will automatically be admitted, as space allows. Please list any siblings (brothers/sisters) applying for or enrolled at New Horizons Community Charter School this year.*

Sibling Name: \_\_\_\_\_ Grade in 2014-15 \_\_\_\_\_

Enrolled in CS: \_\_\_\_\_ Grade in 2014-15 \_\_\_\_\_

\_\_\_\_\_  
(Signature of Parent/Guardian)

\_\_\_\_\_  
(Date)