GALLOWAY COMMUNITY CHARTER SCHOOL
PRE-REGISTRATION FORM
2010-2011

Parent/Guardian Completes this Section (PLEASE PRINT):

GRADE ENTERING SEPTEMBER 2010: _____

_____	_____	_____
Student Last Name	**First Name**	**MI**

_____	_____	New Jersey	_____
Number/Street Address	**City**	**State**	**Zip Code**

_____	_____	_____
Date of Birth	**Sex**	**Race**

Person Registering Student:_____

Relation to Student: _____

Home Phone #: _____

Cell Phone #: _____

Work Phone #: _____

Friend/Relative Contact Name: _____ Phone #: _____

Mother Full Name: _____

Father Full Name: _____

_____ _____
Signature **Date**

For Office Use: **Date Processed: _____** **Initials : _____**

Type:
____ WOM
____ TV
____ Radio
____ Ad

File: ____ District Confirmation ____ B6T ____ Custody Form
____ Physical Form ____ NJ SMART Form ____Photo

End of Session Outcome:
_____Registered
_____Lottery

District:
_____Residence
_____Non-Residence (_____)