



Galloway Community Charter School

112 South New York Road ~ Galloway, New Jersey 08205
609-652-7118 ~ Fax: 609-652-3640
www.gccscharterschool.org

District of Residence Registration Confirmation

The District of Residence completes this form to certify the registration.

Student Name: _____

Address: _____

The above student has registered with the _____ School District and to attend the Galloway Community Charter School for the 20 ____ to 20 ____ school year.

District of Residence Signature

Parent/Guardian Signature

Date