



**Galloway Community Charter School**

112 South New York Road ~ Galloway, New Jersey 08205  
609-652-7118 ~ Fax: 609-652-3640  
[www.gccscharterschool.org](http://www.gccscharterschool.org)

**District of Residence Confirmation for the Galloway  
Community Charter School Registration or Change of Address**

*The School District of Residence completes this form.*

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

Resident School: \_\_\_\_\_

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

Student Address: \_\_\_\_\_  
\_\_\_\_\_

In order to enroll in a charter school, the student must first register in the school district in which the student resides. For any student who applies for enrollment in a charter school, a district board of education in which the charter school applicant resides shall process the registration of the student for the subsequent school year upon submission of the registration forms. A district board of education shall process in a timely manner all such registrations, including the assessment of residency and the **subsequent** transfer to the charter school.

**Registration does not guarantee enrollment therefore, transfer cards cannot be issued at this time.**

\_\_\_\_\_ I certify that the student who is named above registered with our school district and intends to register at the Galloway Community Charter School for the 20 \_\_\_\_ to 20 \_\_\_\_ school year.

\_\_\_\_\_ I certify that the student named above attends the Galloway Community Charter School and notified our school district of a change in residency.

\_\_\_\_\_  
*District of Residence Authorized Signature/Title*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*District of Residence Authorized Name/Title PLEASE PRINT*

- \_\_\_\_ *Email D. Nataloni*
- \_\_\_\_ *Copy Parent*
- \_\_\_\_ *Original District of Residence*