

**GALLOWAY COMMUNITY CHARTER SCHOOL
REGISTRATION FORM
2012-13**

Parent/Guardian Completes this Section (PLEASE PRINT):

GRADE ENTERING SEPTEMBER 2012: _____

DISTRICT OF RESIDENCE SCHOOL DISTRICT _____

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

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

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

Printed Name of Person Registering: _____

Relationship to Student: _____

Home Phone#: _____ **Cell Phone #:** _____

Did you home school this student during 2011-12? _____ **yes** _____ **no**

Did this student attend a private school during 2011-12? _____ **yes** _____ **no**

If applicable, name of private school _____

If applicable, address of private school _____

Signature of Person Registering

For Office Use:

Type: **Sibling:**
____ WOM _____ No
____ TV _____ Yes
____ Radio _____ Proof (_____)
____ Ad
____ Web Site

File: _____ District Confirmation/Transfer Card _____ Custody Form
 _____ Physical Form _____ NJ SMART Form _____ B6T _____ Birth Certificate

Date : _____ **Session:** _____ **Signature:** _____ **Stamp:** _____ **Applicant Copy** _____

District: **End of Session Outcome:**
____ Resident _____ Registered
____ Non-Resident _____ Lottery

The official stamp of the Galloway Community Charter School on this application confirms that this application was processed by the Galloway Community Charter School and that a copy was provided to the parent/guardian of the applicant.