

# Classical Academy Charter School of Clifton – GRADES 6-8

Appendix D

APPLICATIONS MUST BE SUBMITTED BY JANUARY 17<sup>TH</sup>, 2020  
SUBMIT ONE APPLICATION FOR EACH APPLICANT STUDENT

Student's Name: \_\_\_\_\_

(Last)

(First)

(Middle)

Gender \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Current Grade \_\_\_\_\_ Expected Grade for Next Year \_\_\_\_\_

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

(Number/Name of Street)

(Apt.#)

(City)

(Zip Code)

Mailing Address: \_\_\_\_\_

(If different from above)

(P.O. Box # or Number/Name of Street)

(City)

(Zip Code)

Home Phone # \_\_\_\_\_ Alternate Phone # \_\_\_\_\_

## PARENT/GUARDIAN INFORMATION:

Check One:  Parent  Step Parent  Legal Guardian

Check One:  Parent  Step Parent  Legal Guardian

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

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

Home Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

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

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

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

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

*Sibling Policy: Preference is given to siblings of enrolled students pursuant to N.J.S.A. 18A:36A-8(c).*

*Please list any siblings (brothers/sisters) enrolled at Classical Academy Charter School in 2019-2020.*

*Sibling Name:* \_\_\_\_\_ *Current Grade* \_\_\_\_\_ *Grade in 2018-19* \_\_\_\_\_

*Sibling Name:* \_\_\_\_\_ *Current Grade* \_\_\_\_\_ *Grade in 2018-19* \_\_\_\_\_

*Signature of Parent/Guardian* \_\_\_\_\_ *Date* \_\_\_\_\_

Classical Academy is a free, open-enrollment public charter school. Classical Academy is open to all students on a space available basis and does not discriminate in its admission policies or practices on the basis of intellectual or athletic ability, measures of achievement or aptitude, special education status, proficiency in the English language, or any other basis that would be illegal if used by any school district.