

HOPE ACADEMY CHARTER SCHOOL

Transforming Our community, one child at a time

Lottery Number: _____

Position: _____

Enrollment Application 2019-2020

Date of Registration: _____

Resident of Asbury Park Non-Resident of Asbury Park (*please check one*)

Mail completed application to: Hope Academy Charter School
601 Grand Avenue
Asbury Park, NJ 07712

Check the grade you are applying for (*school year 2019-2020*)

Kindergarten First Grade Second Grade Third Grade

Fourth Grade Fifth Grade Sixth Grade Seventh Grade

Eighth Grade

Child's Full Name: _____
First Last MI

Date of Birth: _____ / _____ / _____ Sex (circle one) M F
Month Day Year

Current School Attending: _____

Name of Parent/Legal Guardian: _____ Relationship _____
First Last

Address: _____
Street Apt. City Zip Code

Telephone: _____
Home Work Cell

E-Mail: _____

Emergency Contact Information (*if we cannot contact parents/guardians above*)

Name: _____
First Last

Telephone: _____
Home Work Cell

732 988-4227 Fax: 732 988-9125

Visit us online @ hopeacademycps.org

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Please list the names of any siblings presently enrolled in HACS or graduates of HACS (brothers and sisters **living in the same household** or children you are legally responsible for as parent/guardian **living in the same household**).

Name: _____	Current Grade: _____
Name: _____	Current Grade: _____
Name: _____	Current Grade: _____
Name: _____	Current Grade: _____
Name: _____	Current Grade: _____

Please list any siblings applying to HACS for 2019-2020 school year. (NOTE: a separate application must be filed for each child.)

Name: _____	Grade Applying For: _____
Name: _____	Grade Applying For: _____
Name: _____	Grade Applying For: _____
Name: _____	Grade Applying For: _____
Name: _____	Grade Applying For: _____