

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

Kindergarten

Child's Full Name: _____

First

Last

MI

Date of Birth: _____/_____/_____
Month Day Year

Sex (circle one)

M

F

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 e-mail: hopeacademics.org

HOPE ACADEMY CHARTER SCHOOL

Transforming Our community, one child at a time

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 completed for each child.)

Name: _____

Grade Applying For: _____

Name: _____

Grade Applying For: _____

Name: _____

Grade Applying For: _____

Name: _____

Grade Applying For: _____

Name: _____

Grade Applying For: _____

732-988-4227 • Fax: 732-988-9125 • e-mail: hopeacademycs.org

Each student must be represented by a parent or guardian to be included in the lottery

Application Deadline for the Kindergarten Lottery is 4:00PM Monday December 10, 2018. The lottery will be held at 4:00PM Monday, December 17, 2018.