## HOPE ACADEMY CHARTER SCHOOL

Transforming Our community, one child at a time

Lottery Number:		<del></del>	POSI	ition:
Enrolln	nent Ap	pplication 2	020 - 20	021
		Date of Re	gistration:	
☐ Resident of Asbury Park		□ Non-Resident of Asbury Park (please check one)		
Mail completed application to:	Hope Academy 601 Grand Ave Asbury Park, N			
□ Kindergarten □				
Child's Full Name: First	t	Last		MI
Date of Birth:/	y Year	Sex (circle one)	M	F
Current School Attending:				
Name of Parent/Legal Guardian:	First	Last	Relationship	
Address:Street	<u> </u>	Apt. City		Zip Code
Telephone:Home		Work	Cell	
E-Mail:				
Emergency Contact Information (if w	ve cannot contact pare	nts/guardians above)		
Name:First		Last		
Telephone:		2430		
Home		Work	Cell	

732 988-4227 Fax: 732 988-9125 e-mail: hopeacademycs.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:
application must be completed for eac	
Name:	Grade Applying For:
Name:	Grade Applying For:
Name:	Grade Applying For:
Name:	Grade Applying For:

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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 TUESDAY DECEMBER 10, 2019. THE LOTTERY WILL BE HELD AT 4:00PM TUESDAY, DECEMBER 17, 2019.