



CENTRAL JERSEY COLLEGE PREP CHARTER SCHOOL

Central Jersey College Prep
17 School House Road
Somerset, NJ 08873

Phone- 732-302-9991
Fax - 732-302-9992
www.njcollegeprep.org

Application Form

DEAR PARENTS AND APPLICANT:

Thank you for your interest in Central Jersey College Prep Charter School. Please complete one form for each student to be admitted to the school. Please print clearly with blue or black ink.

Please fill out this form completely. *Falsifications, misrepresentations or omissions may disqualify your application. Information you supply will not be given to any other person/company for any purpose.*

Applications received unsigned, incomplete, or after the closing date may not be considered for acceptance.

Student Information:

Legal Name of Student: (last) _____ (first) _____ (middle) _____

Preferred Name: _____

Gender: Male Female Date of Birth: _____ Home Phone: _(____) _____

Ethnicity: (check one) American Indian/Alaskan Native Asian Black, not Hispanic Hispanic
 White, not Hispanic Native Hawaiian or other Pacific Islander Other Multiracial

Grade level applying for: Seventh Eight Ninth Tenth Eleventh Twelfth

School Year: 20____

Student's Residence Address: (Note: No P.O. Boxes)

Street: _____ Apt #: _____

City: _____ County: _____ State: _____ Zip Code: _____

Student's Mailing Address: (Check here if same as residence address.)

Street: _____ Apt #: _____

City: _____ County: _____ State: _____ Zip Code: _____

Legal School District of Residence: _____

Is student's current school located in this district? Yes No If No, fill in district name: _____

Previous School Information:

Name of Current School: _____

Type of School: Public School Private School Registered Home School Charter School Not in school/Other

Address of Current School:

Street: _____ City: _____ State: _____ Zip Code: _____

School Phone: _(____) _____ School Fax: _(____) _____

Name of Previous School: _____

Type of School: Public School Private School Registered Home School Charter School Not in school/Other

Is applicant currently under expulsion from any school or district? No Yes If yes, explain:

Has the applicant ever skipped a grade? No Yes Which grade and why? _____

Has the applicant ever repeated a grade? No Yes Which grade and why? _____

Parent/Guardian Information:

Student lives with: Both parents Both parents alternately (Joint custody) Mother only Father only Legal guardian

Father's Name: _____

Address and phone same as student? Yes No If No, complete the following:

Street: _____ Apt #: _____

City: _____ County: _____ State: _____ Zip Code: _____

Name of Employer: _____ Occupation: _____

Work Address: Street: _____ Suite #: _____

City: _____ County: _____ State: _____ Zip Code: _____

Work Phone: (____) _____ Home Phone:(____) _____ Cell Phone: (____) _____

E-mail address: _____

Mother's Name: _____

Address and phone same as student? Yes No If No, complete the following:

Street: _____ Apt #: _____

City: _____ County: _____ State: _____ Zip Code: _____

Name of Employer: _____ Occupation: _____

Work Address: Street: _____ Suite #: _____

City: _____ County: _____ State: _____ Zip Code: _____

Work Phone: (____) _____ Home Phone:(____) _____ Cell Phone: (____) _____

E-mail address: _____

Stepparent/Legal Guardian's Name: _____

Address and phone same as student? Yes No If No, complete the following:

Street: _____ Apt #: _____

City: _____ County: _____ State: _____ Zip Code: _____

Name of Employer: _____ Occupation: _____

Work Address: Street: _____ Suite #: _____

City: _____ County: _____ State: _____ Zip Code: _____

Work Phone: (____) _____ Home Phone:(____) _____ Cell Phone: (____) _____

E-mail address: _____

Emergency Contacts:

If a parent cannot be contacted we will attempt to contact one of the following in the order listed below. Please list at least one emergency contact.

FIRST person to contact if parents cannot be reached:

Name: (last) _____ (first) _____ Relationship: _____

Home Phone: (____) _____ Cell Phone:(____) _____ Work Phone: (____) _____

SECOND person to contact if parents cannot be reached:

Name: (last) _____ (first) _____ Relationship: _____

Home Phone: (____) _____ Cell Phone:(____) _____ Work Phone: (____) _____

Sibling Information:

Siblings Enrolled in Central Jersey College Prep:	Home Phone Number	Relationship to Student
1	()	
2	()	
3	()	

Other Children Living in the Household:	Birth Date	Relationship to Student
1		
2		
3		
4		

Motivation

Briefly state why you wish your child enrolled at Central Jersey College Prep Charter School:

Special Programs

Has your child been evaluated for and/or participated in any of the following special services? Yes No

If yes please check all that apply

Gifted & Talented Title 1/Chapter 1 Program Special Education (IEP)

English as a Second Language (ESL) Other: _____

If you checked Special Education (IEP), do you have the student's special education records? Yes No

Honors

Please list applicant's honors, awards, or special achievements (in or out of school) _____

Please list applicant's talents, interests, hobbies, club memberships, and activities _____
