

APPLICATION FOR 2017-2018 SCHOOL YEAR  
Application valid only for 2017-2018 school year



# The Ethical Community Charter School ~ Jersey City



Date Received: \_\_\_\_\_ Received by: \_\_\_\_\_ Application #: \_\_\_\_\_

Grade Student will enter in Fall 2017 (circle one): K, 1, 2, 3, 4, 5, 6, 7, 8

**Note: Student must be 5 years old by October 1, 2017 to be eligible for Kindergarten**

## STUDENT INFORMATION

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ M \_ F \_  
(First Name) (Middle Name) (Last Name)

Address \_\_\_\_\_ Apt. # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Telephone \_\_\_\_\_

Place of birth: City \_\_\_\_\_ State \_\_\_\_\_ Country \_\_\_\_\_

Ethnicity:  African- American  Asian  Caucasian  Native American  Latino  Other (please specify) \_\_\_\_\_

Home Language:  English  Spanish  Other (please specify) \_\_\_\_\_

Current School Name & Address, if any \_\_\_\_\_

## PARENT/GUARDIAN INFORMATION

Name \_\_\_\_\_ Home Phone# \_\_\_\_\_

Relationship \_\_\_\_\_ Cell Phone# \_\_\_\_\_

Address \_\_\_\_\_ Apt # \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

E-Mail \_\_\_\_\_ Work Phone# \_\_\_\_\_

## SECOND PARENT/GUARDIAN INFORMATION

Name \_\_\_\_\_ Home Phone# \_\_\_\_\_

Relationship \_\_\_\_\_ Cell Phone# \_\_\_\_\_

Address \_\_\_\_\_ Apt # \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

E-Mail \_\_\_\_\_ Work Phone# \_\_\_\_\_

**BROTHERS AND SISTERS HAVE PREFERENCE IN THE ADMISSIONS LOTTERY, BUT ONLY IF A SEPARATE APPLICATION IS SUBMITTED FOR EACH CHILD AND INFORMATION IS ALSO PROVIDED BELOW.**

Name \_\_\_\_\_ Grade \_\_\_\_\_

Name \_\_\_\_\_ Grade \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Email to: [maria.castillo@teccsjc.org](mailto:maria.castillo@teccsjc.org) (Fax# 201-200-9931)

For information please call: 201-984-4151