



The Ethical Community Charter School – Jersey City

Application for 2012-2013 School Year

Date Rec'd: _____
Rec'd by: _____
App#: _____
Ref. Source: _____

STUDENT INFORMATION (please write clearly)

Name _____ Date of Birth _____ M _____ F _____
(First Name) (Middle Name) (Last Name)

Address _____ Apt. # _____

City _____ State _____ Zip _____ Telephone _____

Current School Name & Address (if any) _____

Grade student will enter in fall 2012 (circle one): K 1 2 3 4

Note: Student must be 5 years old by October 1, 2012 to be eligible for Kindergarten

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 _____

Primary language spoken at home _____

Please note: if siblings are applying to TECCS, a separate application must be submitted for each child. List below names of sibling(s) who are also applying to TECCS, or if the sibling is already enrolled in TECCS.

Sibling name _____ Grade (fall 2012) _____ Currently Enrolled in TECCS?: Y N

Sibling name _____ Grade (fall 2012) _____ Currently Enrolled in TECCS?: Y N

Parent/Guardian Signature _____ Date _____

You may mail, email, or fax your application (if you require a receipt please hand deliver to the school)

TECCS, 95 Broadway, Jersey City, NJ 07306

Email to: miriam.oyola@teccsjc.org

Fax# 201-200-9931

For Information, Please call: 201-984-4151

For TECCS use only

Application #: _____

Received by: _____ Date registered: _____

Child's name _____ Grade: _____