



## APPLICANT INFORMATION

973-732-0086

**DATE:** \_\_\_\_/\_\_\_\_/\_\_\_\_  
\_\_\_\_/\_\_\_\_/\_\_\_\_

**Date of Birth:**

**Name:**

\_\_\_\_\_  
\_\_\_\_\_

**Address:**

\_\_\_\_\_  
\_\_\_\_\_

**City:** \_\_\_\_\_

**State:** \_\_\_\_\_

**Zip:**

\_\_\_\_\_

**Home phone:** \_\_\_\_\_

**Cell Phone:**

\_\_\_\_\_

**School district:**

\_\_\_\_\_

Previous Schools attended (Put in chronological order; current one first)

1. **School:**

\_\_\_\_\_  
\_\_\_\_\_

**School address:**

\_\_\_\_\_  
**Date(s) attended:**

\_\_\_\_\_

2. **School:**

\_\_\_\_\_  
\_\_\_\_\_

**School address:**

\_\_\_\_\_  
**Date(s) attended:**

\_\_\_\_\_

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## ACADEMIC INFORMATION

Grade Entering: \_\_\_\_\_ Grade last attended: \_\_\_\_\_ Any Grade Repeated: \_\_\_\_\_

Ever been dismissed, expelled or suspended in any school:

\_\_\_\_\_

If yes, explain why:

\_\_\_\_\_

## FAMILY BACKGROUND

Student lives with: Both Parent ☐ Father ☐ Mother ☐ Guardian ☐

Language(s) apart from English spoken at home:

\_\_\_\_\_

Father's Name:

\_\_\_\_\_

Mother's Name:

\_\_\_\_\_

Guardian's Name:

\_\_\_\_\_



	Father	Mother	Guardian
Marital status			
Religious affiliation			
Occupation			
Employer			
Employer's address			
Home address/Phone (if it differs from the student's)			

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### Other Children

NAMES (Oldest to Youngest)	AGE	GENDER	Lives at home	
			YES	NO

### EMERGENCY CONTACT

NAME  
PHONE NUMBER

RELATIONSHIP TO STUDENT

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Family Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

\_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_



### \$650.00 Registration Fee Breakdown. Excluding Graduation Fees

Application fee: \$50.00 (per child)	Administration Fee: \$250.00 (per family)
Technology/Textbooks: \$300.00	NJSLA Test: \$50.00

\*Graduation fees; Kindergarten: \$150.00      8<sup>TH</sup> Grade: \$200.00

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**Tuition Cost (25% Discount with Programs for Parents child care)**

1 Child: \$425.00 (Grades 1-8) - \$430.00 (Kindergarten)  
2 or more Children – Inquire within

FOR OFFICE USE ONLY

Amount Received:

Date Received:

Received by:

Payment Type:

Credit Card

Check

Money order