Soaring Heights Charter School
1 Romar Avenue
Jersey City, New Jersey 07305
(201) 434-4800 Fax (201) 434-7474

- Please print in ink and complete application in its entirely for more accurate processing.

Student's Name _____
Last First MI
Date of Birth _____ Sex: M F (circle)

Current School Child Attends _____

Current Grade (circle one) Pre-K K 1 2 3 4 5 6 7

Grade next September (circle one) K 1 2 3 4 5 6 7 8

Name of Parent/Guardian _____

Address _____ Zip Code _____ Home # _____

Work Telephone # _____ Cell Phone # _____

Emergency Contact Person _____
Name Relation to child Telephone Number

List name(s) of any brothers/sisters either currently attending or currently applying to Soaring Heights Charter School and current grade: _____

List your child's talents and/or interests: _____

How did you hear about Soaring Heights Charter School? _____
When returning this application, please enclose a copy of your child's birth certificate, immunization records and proof of Jersey City residency. Please return it to Soaring Heights Charter School, 1 Romar Avenue, Jersey City, NJ 07305. You may fax the information to us at (201)434-7474 or mail copies to the above address. All information on this application will be kept in confidential.

Your child's name will be placed on our waiting list. We will contact you when an opening for enrollment becomes available. Thank you for your interest in Soaring Heights.
I am aware that every January the order of the waiting list will change as a result of the Annual Lottery mandated by New Jersey Statute 6A: 11-4.5(b). Please initial _____

_____ _____
Signature of Parent/Guardian Date

Soaring Heights Charter School does not discriminate on the basis of age, religion, national origin, or handicap in its educational programs, activities, or employment practices.