



Liberty Academy Charter School  
211 Sherman Avenue  
Jersey City, New Jersey 07307  
201-217-6771 • Fax: 201-217-6772



# ENROLLMENT APPLICATION PACKAGE

# 2011 - 2012



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## **ENROLLMENT CHECKLIST**

The following forms must be completed and submitted in order to comply with state law.

- Application
- New Pupil Registration
- Student Emergency Info Form
- Student Information Form
- Record Release Form
- Transfer form (**yellow slip from public school**)
- Transfer form (**from Charter School**)
- Parental Involvement Policy

### **The following documents must be submitted:**

**Birth Certificate**  
**Immunization Record**  
**Proof of Residency (PSE&G *OR* Telephone Bills )**  
**Valid/Most Recent Report Card**  
**IEP (for special education students only)**

Parent's Name: Print \_\_\_\_\_

Are there custody issues? \_\_\_ Yes \_\_\_ No

\*\*\*\*\* (If yes, you must provide copy of court order)

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Work Phone \_\_\_\_\_

For office use only:

Documents received by: \_\_\_\_\_ Date \_\_\_\_\_



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## 2010—2011 STUDENT INFORMATION FORM

### INFORMATION ABOUT YOUR CHILD:

1. Student's Last Name \_\_\_\_\_
2. Student's First Name \_\_\_\_\_
3. Middle Name \_\_\_\_\_
4. Birth Date \_\_\_\_\_
5. City of Birth \_\_\_\_\_ State of Birth \_\_\_\_\_
6. Student: Current grade \_\_\_\_\_ Grade attending in 2009-2010 \_\_\_\_\_
7. Previous School and Location \_\_\_\_\_
8. Sex:     Male     Female
9. Ethnic Origin:     White     Black     Hispanic     Unknown  
                           American Indian     Asian     Pacific Islander     Multi
10. Country of Birth \_\_\_\_\_
11. US Citizen:     Yes     No
12. Does student have Health Insurance?  Yes     No
13. Health Insurance Provider: \_\_\_\_\_
14. Date of last medical exam : \_\_\_\_\_
15. Date of last Lead Test: \_\_\_\_\_    Lead Level: \_\_\_\_\_
16. Date of Polio Immunization: \_\_\_\_\_
17. Has your child ever been referred to Special Services/Child Study Team?    Yes    No
18. Does your child have an IEP?    Yes    No

Name of Parent/Guardian (**Print**) \_\_\_\_\_

Address \_\_\_\_\_

City & State \_\_\_\_\_ Zip \_\_\_\_\_

Home phone number \_\_\_\_\_ Cell Phone# \_\_\_\_\_

Business \_\_\_\_\_

Signature of Principal \_\_\_\_\_ Date \_\_\_\_\_

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



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**STUDENT EMERGENCY CONTACT INFORMATION**

Name of Student: \_\_\_\_\_ Grade: \_\_\_\_\_

**PARENT INFORMATION:**

**PARENT/GUARDIANS NAME:** \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone # \_\_\_\_\_ Cell# \_\_\_\_\_

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Name of person to contact in case of emergency: Note: Each person listed below must have a valid photo ID, current driver's license or a valid county photo ID. NO EXCEPTIONS !!!!!!!!

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Relationship to the child: \_\_\_\_\_

Home # \_\_\_\_\_ Work# \_\_\_\_\_ Cell# \_\_\_\_\_

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Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Relationship to the child: \_\_\_\_\_

Home# \_\_\_\_\_ Work# \_\_\_\_\_ Cell# \_\_\_\_\_

+++++

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Relationship to the child: \_\_\_\_\_

Home # \_\_\_\_\_ Work# \_\_\_\_\_ Cell# \_\_\_\_\_

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\*\*SIGNATURE OF PARENT \_\_\_\_\_ Date: \_\_\_\_\_

**Please list the people who may pick up your child from school. Person must have proper photo ID at time of pick up.**

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**Note: Please inform the Main Office immediately of any home address and/or phone number changes.**



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## RELEASE OF RECORDS FORM

Parent's Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ zip \_\_\_\_\_

Date \_\_\_\_\_

### Previous School Attended

To: \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

To Whom It May Concern:

My child \_\_\_\_\_ will be attending Liberty Academy Charter School in the fall of 2011. Please forward all school records, including testing, grades, IEP's for Special Education, attendance records, etc. to the above address right away. Your prompt attention is appreciated.

Thank you,

\_\_\_\_\_  
Signature of Parent or Legal Guardian

\_\_\_\_\_  
Date

**NOTE Internal Office Staff Only:**  
**Pull Out Form & Return to Main Office**



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## **2011—2012**

# **SCHOOL UNIFORM DRESS CODE**

# **PARENT AGREEMENT**

My signature indicates that I will ensure that my child will participate in the school's uniform dress code everyday. I realize that this is an important school policy and my child will be in compliance. I understand that if my child is **not in school uniform my child will be sent home. I may also be asked to bring the uniform to school for my child to change into the proper attire.**

Note: I also understand than on days of noon dismissal my child will attend school in the appropriate uniform of the day, be it PE uniform or regular uniform. **½ day dismissal is not a day for FREE DRESS.**

**Student:** \_\_\_\_\_ **Grade** \_\_\_\_\_  
(Please Print)

**Parent:** \_\_\_\_\_  
(Please Print)

**Parent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Please return this completed form to the main office**