



Date Received: \_\_\_\_\_ Lottery Number: \_\_\_\_\_ Received by: \_\_\_\_\_

**APPLICATION FOR ADMISSION  
2010-2011**  
(Please Print)

Student's Name: \_\_\_\_\_  
(first) (last) (middle)

Date of Birth: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_ Sex: male: \_\_\_\_\_ female: \_\_\_\_\_

Current School Attending: \_\_\_\_\_

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

**PLEASE CIRCLE THE GRADE YOUR CHILD WILL ENTER IN SEPTEMBER 2010**

**K      1st      2nd      3rd      4<sup>th</sup>      5<sup>th</sup>      6<sup>th</sup>      7<sup>th</sup>      8<sup>th</sup>**

**\* \* \* \* \***

**Parent/Guardian(s):**

**Mother's Name:** \_\_\_\_\_  
(first) (last)

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

Telephone: (\_\_\_\_) \_\_\_\_\_ (home) (\_\_\_\_) \_\_\_\_\_ (work) (\_\_\_\_) \_\_\_\_\_ Cell

**Father's Name:** \_\_\_\_\_  
(first) (last)

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

Telephone: (\_\_\_\_) \_\_\_\_\_ (home) (\_\_\_\_) \_\_\_\_\_ (work)

**Emergency contact in the event that we are unable to contact the parent/guardian(s) at the above telephone numbers:**

Name: \_\_\_\_\_  
(first) (last)

Telephone: (\_\_\_\_) \_\_\_\_\_ (home) (\_\_\_\_) \_\_\_\_\_ (work) (\_\_\_\_) \_\_\_\_\_ Cell

Relationship: Relative \_\_\_\_\_ Friend \_\_\_\_\_ Other \_\_\_\_\_

**Please list any siblings currently attending or applying to Marion P. Thomas Charter School – This means brother(s) or sister(s) ONLY!**

Name: \_\_\_\_\_ Current Grade: \_\_\_\_\_ Teacher: \_\_\_\_\_ Status: \_\_\_\_\_

Name: \_\_\_\_\_ Current Grade: \_\_\_\_\_ Teacher: \_\_\_\_\_ Status: \_\_\_\_\_

**NOTE:** All information on this application will be treated as confidential. The application list will NOT be made public. However, names of students who are offered, and accept, admission to Marion P. Thomas Charter School must be reported to their respective school districts. **Applications (one for each child) must be received to participate in the selection lottery. Please include proof of residency (copy of utility bill or bank statement showing name and address) along with a copy of each child's birth certificate and immunization record.** Admission is open to all Newark residents regardless of race, creed, religious affiliation, socioeconomic background or physical ability. Falsification of any information will void this application.

Signature: \_\_\_\_\_  
(Parent or Legal Guardian) (Date)

370-374 South 7<sup>th</sup> Street \*\* Newark, NJ 07103 \*\* 973/621-0060-Tel \*\* 973/621-0061-Fax