Englewood on the Palisades Charter School
Application 2026-2027

Student's Name: _____
(Last) (First) (Middle)

Gender: _____ **Age:** _____ **Date of Birth:** _____/_____/_____
NOTE: All Kindergartners MUST reach the age of 5 before October 1st of the 2026-2027 Year.

Grade this Student attends/attended in the 2025-2026 School Year: _____

For which Grade is this Student applying in the 2026-2027 School year? _____

Address: _____
(Number/Name of Street) (Apt. #) (City/State) (Zip Code)

Mailing Address: _____
(*If different from above*)(P.O. Box # or Number/Name of Street) (City/State) (Zip Code)

Home Phone #: _____ **Alternate Phone #:** _____

FAMILY INFORMATION:

Check One:
☐ **Mother** ☐ **Father** ☐ **Step-Parent** ☐ **Legal Guardian**

Full Name: _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

Email Address: _____

Check One:
☐ **Mother** ☐ **Father** ☐ **Step-Parent** ☐ **Legal Guardian**

Full Name: _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

Email Address: _____

Sibling Policy: Preference may be given to siblings of enrolled students, depending on space available (N.J.A 36A-8c). Please list any siblings (Brothers/Sisters applying for, or currently enrolled at, Englewood on the Palisades Charter School.

Sibling 1 Name: _____ Grade in 2026-2027: _____

Sibling 2 Name: _____ Grade in 2026-2027: _____

Sibling 3 Name: _____ Grade in 2026-2027: _____

_____ _____/_____/_____
(Signature of Parent/Guardian) (Date)

Charter Schools are free, open-enrollment public schools that are require by law to serve all students. Charter school shall be open to all students on a space available basis and shall not discriminate in its admission policies or practices on the basis of intellectual or athletic ability, measures of achievement or aptitude, status as a handicapped person, proficiency in the English language, or any other basis that would be illegal if used by a school district.