

ENGLEWOOD ON THE PALISADES CHARTER SCHOOL
65 WEST DEMAREST AVENUE
ENGLEWOOD, NJ 07631

PHONE: (201) 569-9765

FAX: (201) 568-9576

Application for Admission
2011-2012

Admission to Grade: _____

Student's Name: _____
First Last Middle

Student's Address: _____

City State Zip Code

Telephone Number: _____
Home

Date of Birth: _____ Sex: Male/Female
Month Day Year (circle one)

*Name of Mother/Legal Guardian: _____

*Mother/Legal Guardian: Cell: _____ Work: _____

*Name of Father/Legal Guardian: _____

*Father/Legal Guardian: Cell: _____ Work: _____

Race/Ethnicity:

- | | |
|--|--|
| <input type="checkbox"/> Asian | <input type="checkbox"/> Hispanic |
| <input type="checkbox"/> American Indian or Alaskan Native | <input type="checkbox"/> Native Hawaiian or other Pacific Islander |
| <input type="checkbox"/> Black or African American | <input type="checkbox"/> White |

* If you are the legal guardian, please submit legal documentation with this application.

List all siblings that are currently attending EPCS:

Name:

Grade:

Name of last School Attended: _____

City

State

Zip Code

Reason for leaving:

Has your child been referred to a Child Study Team?

Yes _____ No _____

Does your child have an IEP (Individual Education Plan)?

Yes _____ No _____

If yes, please submit the IEP with this application.

Has your child ever been referred for Speech Services?

Yes _____ No _____

Does your child have an Individual Speech Plan?

Yes _____ No _____

If yes, please submit the Individual Speech Plan with this application.

Signature of Parent/Guardian

Date

Office only

Date received _____

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Emergency Procedure Form

Student Name: _____ School Year _____
Grade: _____
Address: _____ Family Physician: _____
Home Telephone #: _____ Physicians #: _____

In case of emergency, illness and or accident please contact the following information so that we will know how to proceed.

Father or Guardian's Full Name

Mother or Guardian's Full Name

Father or Guardian Place of Business

Mother or Guardian's Place of Business

Work Telephone Number

Work Telephone Number

Cellular Telephone Number

Cellular Telephone Number

Please provide us with names(s), addresses, and telephone numbers of relative, friends/neighbors who may be called if you are not available.

Name: _____

Name: _____

Address: _____

Address: _____

Telephone (Home): _____

Telephone (Home): _____

Telephone (Cellular): _____

Telephone (Cellular): _____

Relationship: _____

Relationship: _____

If your child becomes ill or injured during the day and no one is at home, can we:
Call the mother at work? ____ Call the father at work? ____ Call the relatives/friends listed above? ____

STUDENT(S) WILL NOT BE RELEASED FROM SCHOOL UNLESS ACCOMPANIED BY AN ADULT DESIGNATED BY THE PARENT OR PERMISSION HAS BEEN GIVEN FOR THE STUDENT(S) TO WALK HOME.

Please notify the school immediately if there is any change in the above information, especially telephone numbers.

Parent/Guardian Signature

Date

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Custody Release Form

Student Name: _____

Grade: _____

The following authorized person(s) have my permission to pick up my child from school. Please include you, (parents and guardians) on this list. Print the name and the relationship of that person to your child, (i.e. grandmother, neighbor or friend).

Name: _____ Relationship: _____

Home Telephone #: _____ Cellular # _____

Work #: _____

Name: _____ Relationship: _____

Work # _____

Home Telephone #: _____ Cellular #: _____

Work #: _____

Name: _____ Relationship: _____

Home Telephone #: _____ Cellular #: _____

Work #: _____

Name: _____ Relationship: _____

Work #: _____

Signature of Parent/Guardian

Date

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Permission Form for Class Trips

Date: _____

I hereby give permission for my child to leave the school building during the school day for class trips taken during the year. I am aware that some of the trips may require the students to walk and sometimes bus transportation will be needed.

I accept responsibility for my child adhering to his/her teacher's instructions and directions in transit and at the point of destination.

Child's Name: _____

Grade: _____

Parent/Guardian Signature

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Permission Form for Class Telephone Chain

The Englewood on the Palisades Charter School has our permission to list our name and telephone number on the “class phone chain.”

Circle one:

YES

NO

Student's Name:

First Name

Last Name

Parent/Guardian Name:

First Name

Last Name

Family Telephone Number: _____

Parent/Guardian Signature

Date

***The above “Class Phone Chain” will only be used by the instructional staff to inform parents about school closing due to inclement weather or emergency school closings.**

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Record Release Form

Please release the following records to the Englewood on the Palisades Charter School.

Student's Name

Date of Birth

Please provide the following Information:

- Academic Records
- Health Records
- Standardized Test Records
- Confidential Records: (Child Study Team Records of psychological, neurological, psychiatric, learning disabilities evaluations, social history, and speech).

- Student Identification Number _____

Please print the name and address of your child's previous/current school.

Name of School

School Address

City

State

Zip Code

I understand the need for these records to be transferred, and hereby grant permission for you to release all records concerning my child to the Englewood on the Palisades Charter School.

Thank you for your prompt consideration of this request.

Parent or Guardian

Signature:

Name

Date

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Family Input Sheet

Child's Name: _____

Entering Grade: _____

Please take this opportunity to describe your child's interests, strengths, and needs.

Are there any special learning needs that you feel we should know about that would help us plan for your child's academic success?

Please describe your hopes for your child this school year. Do you have any specific goals for expectations you want to share with us?

Is English your child's first language? YES _____ NO _____

If NO, what is the primary language spoken in your home? _____

Can your child participate in cultural celebrations and birthdays at school?

Please include a copy of your child's report card from the past year, and their IEP if your child has one.

Parent/Guardian Signature: _____

Home Telephone #: _____

Work #: _____

Date: _____

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Policy on Medication

We request that parents administer all medication at home.

In case of special circumstances such as chronic diseases, medical operations or specific disabilities, it may be necessary for children to receive medication during the school day.

In accordance with State regulations and guidelines for **THE ADMINISTERING OF MEDICATION**, a **physician's prescription AND written consent of parent or guardian** must accompany all medication, both **PRESCRIPTIONS AND NON-PRESCRIPTIONS** (over the counter).

PRESCRIPTION and **NON-PRESCRIPTION** medications must be brought to school in the original container with the original label. Medications will be kept locked in the main office.

A written statement from the child's physician must be obtained each school year for those students who are on continuous daily medication or who require "as needed" medication for allergies, allergic reaction, chronic headaches, etc.

IMPORTANT!!!

MEDICATION WILL NOT BE ADMINISTERED WITHOUT THE WRITTEN PERMISSION OF BOTH THE PARENT/GUARDIAN AND THE PHYSICIAN.

Please indicate by signing that you understand the Policy on Medication.

Parent/Guardian signature: _____

ENGLEWOOD ON THE PALISADES CHARTER SCHOOL
Health Information Survey

Date: _____

Name of Student: _____

Grade: _____

Please complete the questions below. The information obtained from this survey will be used for the sole purpose of completing the New Jersey Department Education Student Database System.

Thank You.

1. Does your child have health insurance coverage?

- A. Yes B. No

2. If you answered yes to question number 1, please write the complete name of your health insurance coverage provider below.
