The Queen City Academy Charter School Date Received _____
Phone: (908) 753-4700 Fax (908) 753-4816
Website: www.queencity.edu
Application for Admission

Date: _____

Student's Name: _____
first middle last

Birth date: _____ Sex: M F (circle one)
month day year

Current School: _____

Current grade: _____ **Date/Grade for which you are requesting admission**: _____

Name of parent _____
Or legal guardian first last

Address: _____
street city zip code

Telephone: (____)_____(____)_____
area code home area code work

Name of parent _____
Or legal guardian first last

Address: _____
street city zip code

Telephone: (____)_____(____)_____
area code home area code work

Emergency contact in the event that we are unable to contact the parent/guardians at the above telephone numbers:
Name: _____
first last

Telephone: _____
home work

Do any the child's siblings currently attend Queen City: Yes No (circle one)
Please list:
Name: _____ Current grade _____

Name: _____ Current grade _____

Note: All information on this application will be treated as confidential. Names of students who are offered, and accept admission to Queen City must be reported to the Plainfield School district. The Queen City Academy Charter School enrollment is open to all children regardless of race, gender, religion, national origin, disability, or color.

_____
Parent or legal guardian signature Date

Mail all completed applications to: The Queen City Academy Charter School
815 W. 7th Street
Plainfield NJ 07060