



Union County T.E.A.M.S. (Technology, Engineering, Architecture, Mathematics and Science) Charter School
And High School/College Leadership Academy
515-517 West Fourth Street, Plainfield, NJ 07060
www.ucteams.org
908-754-9043 – Office
908-754-3918 – Direct Line

Application for Enrollment 2012 – 2013 School Year

- Complete all information and attach proof of residence, copy of most recent report card, birth certificate, social security card and immunization records for each child.
- Sign and date in the space provided at the bottom of application.
- **Applications MUST BE RECEIVED BY WEDNESDAY, FEBRUARY 29, 2012 by mail only.**
- **ONLY COMPLETE APPLICATIONS WITH REQUIRED DOCUMENTS WILL BE ELIGIBLE FOR ENROLLMENT.**

Only one form required for all children

STUDENT INFORMATION

Name _____
 Last _____ First _____ Middle _____

Date of Birth _____ Place of Birth _____

Grade expected in 2012-13 grade: 1 2 3 4 5 Female Male

Current School _____ Address _____

Current Lunch Status: Free Reduced Other

SIBLING 1 INFORMATION

Will a sibling of the applicant be **applying** to this school for the 2012-2013 school year? Yes No
(If you answered "Yes" to the above question, please enter name of sibling(s) below.)

Name _____
 Last _____ First _____ Middle _____

Date of Birth _____ Place of Birth _____

Grade expected in 2012-13: K 1 2 3 4 5 6 7 8 9 10 11 12
 Female Male

**** Students applying to grades 6 – 12 must complete a 250 handwritten word essay: "The area of interest that I desire to pursue at UC T.E.A.M.S. Charter School is _____."**

Current School _____ Address _____

Current Lunch Status: Free Reduced Other

(OVER)

SIBLING 2 INFORMATION

Name _____
Last

First

Middle

Date of Birth _____

Place of Birth _____

Grade expected in 2012-13: K 1 2 3 4 5 6 7 8 9 10 11 12 Female Male

**** Students applying to grades 6 – 12 must complete a 250 handwritten word essay: "The area of interest that I desire to pursue at UC T.E.A.M.S. Charter School is _____."**

Current School _____ Address _____

Current Lunch Status: Free Reduced Other

PARENT/GUARDIAN/FAMILY REQUIRED INFORMATION

Contact Name (Dr. Ms. Mrs. Mr.) _____
(Circle one) Last Name First Name

Relationship _____ Home Phone () _____ Cell Phone () _____

Work Phone () _____ Email Address _____

Home Address* _____

***This is where all school correspondence, including report cards, will be mailed.**

City _____ State _____ Zip Code _____

How did you hear about the school?

To the best of my knowledge, the above information is correct and complete. In the event of a change of address, phone, name, I will contact the school.

Signature of Parent/Legal Guardian

Date

FOR INTERNAL USE ONLY

Date Received _____

School ID Number _____

Birth Date _____

Grade _____

Wait List Number _____

Lottery Number _____