



515-17 West Fourth Street, Plainfield, NJ 07060
www.ucteams.org
908-754-9043 – Office
908-754-3918 – Direct Line

- 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 February 28, 2010 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 2010-11 grade: K 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 2010-2011 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 2010-11 grade: K 1 2 3 4 5 6 7 8 9 10 Female Male

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 2010-11 grade: K 1 2 3 4 5 6 7 8 9 10 Female Male

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 _____