



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: K 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 ** Siblings 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 ." 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 2012-13: K 1 2 3 4 5 6 7 8 9 10 11 12

**** Siblings 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 _____."**

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 _____