

**Robert Treat Academy Charter School  
2012-2013 Kindergarten Lottery Application**

Student's Name: \_\_\_\_\_  
(Last) (First) (Middle)

Sex \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth\* \_\_\_\_/\_\_\_\_/\_\_\_\_

\*Children must be five years old on or before October 1, 2012.

Current Grade \_\_\_\_\_ Expected Grade for Next Year \_\_\_\_\_

What grade is this student applying for in the 2012-2013 school year: Kindergarten

Address: \_\_\_\_\_  
(Number/Name of Street) (Apt.#) (City) (Zip Code)

Mailing Address: \_\_\_\_\_  
(If different from above) (P.O. Box # or Number/Name of Street) (City) (Zip Code)

Home Phone # \_\_\_\_\_ Alternate Phone # \_\_\_\_\_

Check one (optional)  Hispanic  Black  White  American Indian/Alaskan  Asian/Pacific Islander

*Information about race, gender, and ethnicity is collected for statistical purposes required by the State of New Jersey. All New Jersey Charter Schools are committed to serving all students, regardless of race, creed, color, national origin, ancestry, age, marital status, affectional or sexual orientation, gender, religion, academic ability, disability or socioeconomic status.*

**FAMILY INFORMATION:**

Check One:  Parent  Step Parent  Legal Guardian

Check One:  Parent  Step Parent  Legal Guardian

Full Name: \_\_\_\_\_

Full Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

*Sibling Policy: Preference is given to siblings of enrolled students (N.J.S.A. 35A-8c). Once a student is admitted, if the student has a sibling or siblings who have also applied for admission, they will automatically be admitted, as space allows.*

*Please list any siblings (brothers/sisters) applying for or enrolled at Robert Treat Academy Charter School this year.*

Sibling Name: \_\_\_\_\_ Grade in 2012-13 \_\_\_\_\_

Enrolled in Robert Treat Academy CS Yes \_\_\_\_\_ No \_\_\_\_\_

Sibling Name \_\_\_\_\_ Grade in 2012-13 \_\_\_\_\_

Enrolled in Robert Treat Academy CS Yes \_\_\_\_\_ No \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

**APPLICATIONS AND SUPPORTING DOCUMENTATION MUST BE SUBMITTED PRIOR  
TO DECEMBER 15, 2011 IN ORDER TO BE ELIGIBLE FOR THE LOTTERY.**