Compass Academy Charter School Registration Form

RETURN WITH DOCUMENTS TO: 23 W. Chestnut Ave. Vineland, NJ 08360

Email: cacsadmin@compassacs.org Website: www.compassacademycharter.org Student's Name: (Mid. Init.) Birth Date (must be 10/1/2019 or earlier): Sex: Male Female State of Birth: Country of Birth: STUDENT'S PRIMARY RESIDENCE Name of Parent/Guardian: (Last) _____ (First) ____ (Relation):_____ Name of Parent/Guardian: (Last) ______(Relation):______ Address: (Street):_____ City: County: Zip Code: _ (Telephone - Home) (Telephone - Work) (Telephone - Cell) Email Address: OTHER PARENT/LEGAL GUARDIAN Include in all mailings Name of Parent/Guardian: (Last) (First) (Relation): Address: (Street): City: Zip: (Telephone - Home) (Telephone - Work) (Telephone - Cell) Email Address: Grade as of Sept. 2023: (circle one) Pre-K4 K 1 Current Grade: _____ Current School: (Name) _____ (City, State) _____ Assigned District Public School: Signature: (Parent or Legal Guardian) Please bring this form and the following information to register: Proof of residency (3 of the following): NJ driver's license, property deed, mortgage statement, lease, notarized statement from landlord, current utility bill Proof of guardianship (1 of the following): original birth certificate with raised seal (hospital birth certificate is not acceptable), or copy of section of court decree awarding custody Proof of enrollment in local school district: child's report card, letter from district indicating you have registered **Proof of immunization:** up-to-date immunization record from school or doctor DO NOT WRITE BELOW THIS LINE

proof of guardianship____ enrolled in local district____ immunization record____

Clerk name_____

proof of residency____