

For Office Use Only:

- Grade Verified
- Parent Signature
- Sibling(s)

- Wait List: # _____

D.U.E. SEASON CHARTER SCHOOL
Distinctions in Urban Education



"Out of little seeds, great trees can grow."
1000 Atlantic Ave., 3rd Floor, Camden, New Jersey 08104
Telephone (856) 225-0511

Application for Admission

2007-2008 Academic Year
Apply by FAX: (856) 668-2197

Student's Name _____
First Middle Last

Birth Date _____
Month Day Year

Current School _____

Grade Applying For (Circle One): *K 1 2 3 4 5 6 7*

Are You a Resident of Camden? *Yes No (circle one)*

If other municipality, please specify _____

Note: Residents of Camden City have priority over other applicants; seats must first be filled by residents of the city and then offered to non-residents.

Name of Parent/Guardian _____

Address _____
Street City Zip Code

Telephone _____
Home Work

E-mail _____

Emergency Contact Information (in the event we cannot contact parents/guardians)

Name _____

Address _____

Telephone _____
Home Work Cell

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How did you hear about our school?

- Courier Post
- Community Posting
- Flyer
- Virtua Lobby
- Castle Program
- Recruitment Fair
- Word of Mouth

Other Information:

Student Gender: Male or Female

Optional:

Please check one:

- African American
- Asian American
- Latin/Hispanic
- Caucasian
- Native American
- Other, Please Specify _____

Please list any siblings who are enrolled in DSCS, on the waiting list, or applying for admission in 2007.

Note: You must submit a separate application for each child applying this year.

Name _____ **Current school and grade** _____

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Note: *All applications must be received by 12:00 noon, January 10, 2007.* All information on this application will be treated as confidential. The admissions lottery will be held January 12, 2007. Notification will be mailed within 10 days. *Applications received after the deadline will be included in the late-applicant lottery held the last week in May.*

Signed: _____
Parent or legal guardian Date

.....
Office Use Only: Date Received _____

Processed By: _____ **Date** _____

Lottery Date: _____