Registration for Admissions Lottery

For 2020 – 2021 Academic Year

Deadline: 4:00 PM, March 4, 2020

Apply by Fax: (609) 924-7450

Princeton Charter School

100 Bunn Drive, Princeton, NJ 08540

Telephone (609) 924-0575

http://www.pcs.k12.nj.us

Student's Name: _____ _____ _____
     First   *Middle*   *Last*

Birth Date: _____
     Month   *Day*   *Year*

Current School: _____

Current Grade (2019-20): ___ Pre K ___ K ___ 1 ___ 2 ___ 3 ___ 4 ___ 5 ___ 6 ___ 7
(mark one)

Name of Parent/Guardian (1): _____

Address: _____ _____ _____
     Street   *City*   *Zip code*

Telephone: _____ _____
     Home   *Work or Cell*

E-mail: _____

Name of Parent/Guardian (2): _____

Address: _____ _____ _____
     Street   *City*   *Zip code*

Telephone: _____ _____
     Home   *Work or Cell*

E-mail: _____

Weighted Lottery: PCS will conduct a weighted lottery approved by the New Jersey Department of Education. Children who receive certain types of public assistance will have their names entered into the lottery twice. Documentation of eligibility for this preference based on **ONE** of the qualifying factors listed below MUST be submitted with your enrolment form. Any supporting documentation submitted with the form will be treated as confidential.

_____ The child lives in Princeton public housing.

_____ The child lives in Princeton Section 8 housing.

_____ The child or guardian qualifies for Supplemental Nutrition Assistance Program (SNAP) or Temporary Assistance for Needy Families (TANF) benefits.

_____ The child already qualifies for a free or reduced price lunch in his or her current public school.

Please list any siblings who are enrolled in PCS, on the waiting list, or registering for admission this year. Note: You must submit a separate form for each child registering this year.

Name: _____   **Current school/grade:** _____

Name: _____   **Current school/grade:** _____

Note: *All forms must be received by 4:00 PM, Wednesday,* **March 4, 2020.** All information on this form, and any supporting documentation submitted with the form, will be treated as confidential.

- The admissions lottery will be held Tuesday, March 10, 2020.
- Notification will be mailed within 10 days.

Eligibility for Lottery: By law, children residing in the Municipality of Princeton who will be over the age of five (5) by September 30, 2020 and who are domiciled in Princeton are given first priority in the lottery for entrance to the school. The term "domiciled" means that the student lives with a parent or guardian whose permanent home is located within the boundaries of the Municipality of Princeton according to state regulations.

Are you domiciled within the Municipality of Princeton? _____Yes   _____No

If other municipality, please specify: _____
Note: Princeton residents have priority over non-resident students

For families in the process of moving into Princeton at the time of the lottery, attach to this application evidence that the parent or guardian with whom the child(ren) lives will be resident in Princeton before the first day of school (for example, an executed lease or contract to purchase a home in Princeton into which a family intends to move after the lottery). The admissions office will contact you to advise if your documents establish that your children are eligible for the resident lottery.

It is the policy of the Princeton Charter School that should it discover that a child was not eligible for the resident priority lottery, the Princeton Charter School may disenroll the student.

If, at any time before or after the lottery or enrollment, you or your child changes his/her domicile or residence, you must report this information immediately to the Princeton Charter School administration.

By my signature, I certify that that I have read the information above, understand it, affirm that my child(ren) and I are legal residents of the municipality indicated above, and that the foregoing statements made by me are true. I am aware that if any of the foregoing statements made by me are willfully false, I may be subject to punishment, recovery of public funds, and my child(ren) may be subject to disenrollment.

Signed: _____   _____
     Parent or Legal Guardian   *Date*