



Application for Admission 2019-2020

APPLICANT INFORMATION

Full Name: _____
LAST FIRST M.I.

Address: _____
NUMBER STREET

CITY OR TOWN ZIP CODE

Home Phone/Cell: _____ **E-mail:** _____

Sex: ___M___F **Date of Birth:** ___/___/___

CURRENT Grade: _____ **Current School:** _____

Address of Current School: _____ **Fax #:** _____

Grade APPLYING for at Eastern Academy Charter School?

____7th ____8th ____9th ____10th ____11th

EACS provides sibling preference (i.e. brother or sister) in the lottery for siblings of current EACS students who live in the same household as the current EACS student. Does the child for whom you are applying have a sibling who lives in the same household and is currently attending EACS? ___
Yes ___ No. **If yes, please identify name of child and grade.**

Name _____ Grade _____

FAMILY INFORMATION

Applicant lives with: ___Both parents ___Mother ___Father ___Legal Guardian

Full name of parent(s)/guardian(s) that student lives with:

NAME RELATIONSHIP PHONE NUMBER

NAME RELATIONSHIP PHONE NUMBER

In case of emergency, contact:

NAME RELATIONSHIP PHONE NUMBER

NAME RELATIONSHIP PHONE NUMBER

Application Deadline – January 31, 2019. Mail to: Admissions, Eastern Academy Charter School, 3300 Henry Avenue, 3 Falls Center, Suite 2, Philadelphia, PA 19129. Fax to: 215-769-3112