



235 32nd Street Avalon, New Jersey 08202

Stacey LaRocca-Tracy
Chief School Administrator

Dr. Renee Murtaugh
Supervisor of Curriculum & Instruction

Student Information Form
(To be completed by student)

Student's Legal Name _____ Age _____

1. Name of school last attended _____ Present Grade _____

2. Have you ever been a student at our school before? _____ What grade(s) _____

3. Have you ever repeated or skipped a grade? _____ If so, explain _____

4. What is your favorite subject? _____ Least favorite subject? _____

5. Have you ever failed a subject? _____ If so, what? _____

6. Have you been in trouble with school authorities? _____ If so, explain _____

7. Have you received any honors or awards in or out of school? _____

8. Are you a member of any school organizations? _____ If so, list them _____

9. Select three adjectives or characteristics that friends might use if they were to describe you.

10. Do you have any friends that attend Avalon Elementary School? _____ If so, list their name(s) _____

ESSAY

On a separate sheet of paper please write a 200 word essay on the following:
Why do you want to attend Avalon Elementary School?

If accepted and enrolled in Avalon Elementary School, I agree to abide by the regulations set forth by the school. I certify that this application has been completed by me and is accurate and complete.

Date _____

Student Signature _____