



ORANGE TOWNSHIP PUBLIC SCHOOLS  
**ORANGE PREPARATORY ACADEMY**  
**Guidance Department**  
400 Central Avenue New Jersey 07050  
Tel: (973) 677-4135 Fax: (973) 675-8491  
Website: <http://www.orange.k12.nj.us>

Mr. Ronald C. Lee, Superintendent of Schools

Darrell Medley  
Principal

Noel Cruz  
Assistant Principal

Carrie Halstead  
Assistant Principal

Samantha Sica-Fossella  
Assistant Principal

**Orange Preparatory Saturday Credit Recovery Program Registration Form**

**January 4, 2014 – May 18, 2014**

**9:00 a.m. – 12:00 p.m.**

Student Name: \_\_\_\_\_ Grade: 9 Gender: \_\_\_\_\_

Student Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Referral Source Name (Counselor, Teacher, Administrator, or Parent): \_\_\_\_\_  
(Circle One)

**PARENT OR GUARDIAN**

Name: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Emergency Phone: \_\_\_\_\_

*Students participating in the Orange Preparatory Academy 9<sup>th</sup> grade Credit Recovery Program will be admitted into the school building starting at 8:45am and MUST report to the program at 9:00 a.m. in order to participate in the full services. Students will be released promptly at 12:00pm unless otherwise notified.*

During our program, pictures and videos will be taken or recorded to create storyboards, brochures, newsletters or news articles. We would like your permission to use any photos or videos your child may appear in for said purposes.

I hereby do \_\_\_/do not \_\_\_ (check one) consent to reproduce photographs or video taken of my child for the above mentioned purposes.

I, the parent/guardian of the above name registrant, hereby give my approval for the registrant to participate in the **Orange Preparatory Academy Saturday 9<sup>th</sup> grade Credit Recovery Program** and understand as a parent/guardian, I must abide by the rules and regulations set forth.

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_