



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 Academy Saturday NJ ASK Prep Program Registration Form
November 2013 – April 2014
9:00 a.m. – 12:00 p.m.

Student Name: _____ Grade: _____ 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 Saturday NJ ASK Prep 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 NJ ASK Prep Program** and understand as a parent/guardian, I must abide by the rules and regulations set forth.

Parent/Guardian Signature: _____ **Date:** _____