



ORANGE TOWNSHIP PUBLIC SCHOOL
ORANGE PREPARATORY ACADEMY
 400 Central Avenue New Jersey 07050
 Tel: (973) 677-4135 Fax: (973) 677-2439
 Website: <http://www.orange.k12.nj.us>

Accelerated Program

Ms. Aretha D. Malloy
 Mr. Dana Gaines
 Principals

Ronald C. Lee, Superintendent of Schools
 Mr. Noel Cruz
 Ms. Samantha Fossella
 Assistant Principals

Orange Preparatory Academy Saturday Program Registration Form
for Accelerated Students
Courses – Literacy in the 21st Century & STEM

Student Name: _____

Grade: _____ D.O.B.: _____ Gender: _____

Student Address: _____

Telephone Number: _____ Alternate Phone: _____

Saturday Program Dates (9:00 a.m. – 12:00 p.m.):

Dec. 3, 10, 17	Feb. 4, 11, 18	Apr. 1, 8, 15, 23	June 3
Jan. 7, 14, 21, 28	Mar. 4, 11, 18, 25	May 6, 13, 20	

Please write the current grade average: ELA 8/ENG: _____ Math 8/ALG: _____

Science/Physics/Bio: _____ ELA 8/ENG: _____ Math 8/ALG: _____

PARENT OR GUARDIAN

Name: _____

Business Phone: _____ Cell Phone: _____

EMERGENCY CONTACT

Name: _____ Relationship: _____

Phone: _____ 2nd Phone: _____

PLEASE READ CAREFULLY

I, the parent/guardian of the above name registrant, hereby give my approval for the registrant to participate in any activities at the **Orange Preparatory Academy Extended Day Programs** and understand as a parent/guardian, I must abide by the rules and regulations set forth. All necessary precautions will be taken to protect each child from physical harm or property loss. However, the undersigned agree(s) that they do jointly and severally indemnify and hold harmless the Orange Board of Education against liability for any and all claims for damages to property or injury to or death of my child or ward arising out of the scheduled activities in the extended day programs.

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