

Oldmans Township School District
10 Freed Road
Pedricktown, NJ 08067
856.299.4240
INTERDISTRICT PUBLIC SCHOOL CHOICE
APPLICATION FOR ENROLLMENT
2012-2013 SCHOOL YEAR

To be completed by the parent or legal guardian:

Name of Student Applicant: _____

Street Address: _____

City: _____ County: _____ Zip: _____

Home Phone Number: _____ Parent /Guardian's Work Phone: _____

District of Residence: _____

School of Residence: _____

Applying for admission to Grade Level _____ in 2012-2013

Does the student have a current IEP? _____

If yes, attach a copy.

Does the student have a 504 Plan? _____

If yes, attach a copy.

Any student applying for the (Name of School) School Choice Program will be conditionally accepted pending educational program review, annual IEP review or re-evaluation, or 504 plan review during or at the end of the current school year.

If the district of residence has provided written notification that the student may participate in the school choice program, please attach the notification to this application.

_____ If notification has not been received from the district of residence check here.

Falsifying any information on this application will result in the denial of the student's participation in the Choice Program.

By my signature I certify that:

I am applying for the student's admission to (Name of School) District for academic reasons only and not for athletic, extracurricular, or social reasons; and that a Notice Of Intent To Participate In The School Choice Program was provided to the district of residence. I also certify my child will be enrolled in my resident school district for the entire 2011-2012 school year.

SIGN: _____
Signature of Parent or Guardian

PRINT: _____
Name of Parent or Guardian

DATE: _____