

FRENCHTOWN ELEMENTARY SCHOOL
902 Harrison St. Frenchtown, NJ 08825
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

Do you currently have children enrolled in the Frenchtown School District?

If so list names:

Does the student have a current IEP? _____
copy.

If yes, attach a

Does the student have a 504 Plan? _____
copy.

If yes, attach a

Any student applying for the Frenchtown Elementary 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. (request due 11/1)

_____ 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 Frenchtown 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: _____

PRINT: _____

Date: _____

Signature of Parent/Guardian

Name of Parent/Guardian