

Manasquan Public Schools

Department of Special Services
168 Broad Street, Manasquan, NJ 08736
Phone: (732) 528-8810, ext. 1015 ♦ Fax: (732) 223-9736
Margaret Polak, Supervisor of Special Services

INTEGRATED PRESCHOOL APPLICATION – 2016-17 SCHOOL YEAR

APPLICATIONS ACCEPTED BY MAIL ONLY AND MUST BE RECEIVED NO LATER THAN MAY 30, 2016

STUDENT'S NAME _____
Last First Middle

<input type="radio"/>	MALE	<input type="radio"/>	FEMALE
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<input type="radio"/> Morning Session <i>Birthdates between September 15, 2013-October 1, 2012</i>	<input type="radio"/> Afternoon Session <i>Birthdates between September 30, 2012 – October 1, 2011</i>
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PARENT/GUARDIAN INFORMATION

MOTHER/GUARDIAN _____	FATHER/GUARDIAN _____
HOME ADDRESS _____	HOME ADDRESS _____
HOME # WITH AREA CODE _____	HOME # WITH AREA CODE _____
CELL # WITH AREA CODE _____	CELL # WITH AREA CODE _____
EMPLOYER NAME & ADDRESS _____	EMPLOYER NAME & ADDRESS _____
WORK # WITH AREA CODE _____	WORK # WITH AREA CODE _____

EMERGENCY CONTACT INFORMATION

FIRST & LAST NAME _____ RELATIONSHIP _____

HOME ADDRESS _____
Street Town State Zip

HOME # W/AREA CODE _____ CELL # W/AREA CODE _____ WORK # W/AREA CODE _____

IS ENGLISH THE PRIMARY LANGAGUE IN YOUR HOME? Yes No

DO YOU BELIEVE YOUR CHILD MAY HAVE SPECIAL NEEDS, SUCH AS SPEECH AND LANGUAGE THERAPY NEEDS? Yes No

IF YES, PLEASE DESCRIBE _____

I UNDERSTAND THAT IF MY CHILD IS OFFERED PLACEMENT AND I ACCEPT IT, I AM RESONSIBLE FOR A TUITION PAYMENT (PAYABLE IN 10 MONTHLY INSTALLMENTS DUE ON OR BEFORE THE FIRST OF THE MONTH).

Parent/Guardian Signature _____

Date _____

MAIL COMPLETED APPLICATION TO: Manasquan Elementary School, 168 Broad Street, Manasquan, NJ 08736 Attn: Special Services Dept.

ALL MAIL MUST BE RECEIVED NO LATER THAN May 30, 2016

ORIGINAL BIRTH CERTIFICATE AND THREE (3) PROOFS OF RESIDENCY MUST BE PRESENTED WITH YOUR APPLICATION

YOU WILL RECEIVE WRITTEN NOTIFICATION OF ACCEPTANCE NO LATER THAN JUNE 30, 2016.

IF YOU CHILD IS OFFERED PLACEMENT, CONFIRMATION OF ATTENDANCE IS REQUIRED BY JULY 10, 2016.

PROPER MEDICAL DOCUMENTATION WILL BE REQUIRED PRIOR TO THE START OF THE PROGRAM.

Form
revised
2/2/16