Manasquan Public Schools

Department of Special Services 168 Broad Street, Manasquan, NJ 08736 Phone: (732) 528-8810, ext. 2043 ◆ Fax: (732) 223-9736 Margaret Polak, Supervisor of Special Services

INTEGRATED PRESCHOOL APPLICATION – 2018-19 SCHOOL YEAR

APPLICATIONS ACCEPTED BY MAIL ONLY AND MUST BE RECEIVED NO LATER THAN MARCH 15, 2018

STUDENT'S NAME					DATE OF BIRTH		FEMALE
	Last	First	M	1iddle			
3-Year Old Program Birthdates between October 1, 2014 thru September 1, 2015			4-Year Old Program Birthdates between October 1, 2013 thru September 30, 2014				
PARENT/GUARDIAN IN	IFORMATION						
MOTHER/GUARDIAN			FATHER/GUA	ARDIAN			
HOME ADDRESS			HOME ADDRESS				
HOME # WITH AREA CODE	3		HOME # WIT	H AREA CODE	E		
CELL # WITH AREA CODE			CELL # WITH AREA CODE				
EMPLOYER NAME & ADDRESS			EMPLOYER NAME & ADDRESS				
WORK # WITH AREA CODE	3		WORK # WIT	H AREA CODE	3		
EMERGENCY CONTAG	CT INFORMATIO	N					
FIRST & LAST NAME				RELATIO	ONSHIP		
HOME ADDRESS	Street		To	own	State	Zip	
HOME # W/AREA CODE	CEL	L # W/AREA CODE		WORK # W/A	AREA CODE		
IS ENGLISH THE PRIMARY	LANGAGUE IN YOUR	HOME? Yes	No				
DO YOU BELIEVE YOUR CH	IILD MAY HAVE SPECI	AL NEEDS, SUCH AS SPEE	ECH AND LANG	GUAGE THERA	APY NEEDS? Yes	No]
IF YES, PLEASE DESCRIBE							
		DFFERED PLACEMENT AN ENTS DUE ON OR BEFORI				ON PAYMENT	
Parent/Guardian Signature	<u>.</u>				Date		
MAIL COMPLETED A		nasquan Elementary Schoo				Special Services	Dept.
YO IF YOU C	<u>H CERTIFICATE AND</u> DU WILL RECEIVE WF HILD IS OFFERED PL	IL MUST BE RECEIVED N THREE (3) PROOFS OF F RITTEN NOTIFICATION C ACEMENT, CONFIRMATI MENTATION WILL BE RE	RESIDENCY M OF ACCEPTAN ION OF ATTEN	UST BE PRES CE NO LATER IDANCE IS RE	ENTED WITH YOU THAN JUNE 1, 20 QUIRED BY JUNE	18. 30, 2018.	Form revised 9/7/18

ALL CHILDREN MUST BE TOILET TRAINED PRIOR TO ENTERING THE PROGRAM