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	Mi	ddle					
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	NFORMATION								
MOTHER/GUARDIAN			FATHER/GUARDIAN						
HOME ADDRESS			HOME ADDRESS						
HOME # WITH AREA CODI	DME # WITH AREA CODE			HOME # WITH AREA CODE					
CELL # WITH AREA CODE			CELL # WITH AREA CODE						
EMPLOYER NAME & ADDF	MPLOYER NAME & ADDRESS				EMPLOYER NAME & ADDRESS				
WORK # WITH AREA COD	WORK # WITH AREA CODE								
EMERGENCY CONTA	CT INFORMATIO	N							
FIRST & LAST NAME				RELATIO	ONSHIP				
HOME ADDRESS	Street		Том	vm	State	Zi			
HOME # W/AREA CODE		L # W/AREA CODE					-		
IS ENGLISH THE PRIMARY			No	- /					
DO YOU BELIEVE YOUR CH				IAGE THERA	.PY NEEDS? Ye	s No			
IF YES, PLEASE DESCRIBE									
		OFFERED PLACEMENT AN ENTS DUE ON OR BEFORI				FION PAYMEI	NT		
Parent/Guardian Signature	e				Date				
MAIL COMPLETED A		nasquan Elementary Scho				n: Special Ser	vices Dept.		
	<u>'H CERTIFICATE AND</u>	IL MUST BE RECEIVED N THREE (3) PROOFS OF I	RESIDENCY MU	ST BE PRES	ENTED WITH YO		<u>TION</u>		
IF YOU C	CHILD IS OFFERED PL	RITTEN NOTIFICATION OF ACEMENT, CONFIRMATI MENTATION WILL BE RE	ION OF ATTENI	DANCE IS RE	QUIRED BY JUNE	E 30, 2018 .	Form revised 1/25/18		