

Somerdale Board of Education
301 Grace Street
Somerdale, NJ 08083

INTERDISTRICT PUBLIC SCHOOL CHOICE
APPLICATION FOR ENROLLMENT IN A CHOICE DISTRICT
2018-2019 SCHOOL YEAR

To be completed by the parent or legal guardian:

Name of Student Applicant:

Street Address:

City: _____ County: _____ Zip: _____

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

District of Residence: _____ Date of Birth: _____

School attending in district of residence for 2016-2017 school year: _____

Grade level in district of residence for 2016-2017 school year: _____

Has your child ever been retained? If so what grade. _____

Does the student have a current IEP (Special Education Plan)? _____ **If yes, attach a copy.**

Does the student have a 504 Plan (Accommodation Plan)? _____ **If yes, attach a copy.**

Any student chosen to participate in the Somerdale 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. Discipline records will be reviewed prior to acceptance into the program

Applying for admission to the Somerdale School District for:

(Grade Level in 2018-2019)

To avoid a delay in processing your application, ALL sections of application must be completed.

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 the choice 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 by December 1, 2017. I also certify my child will be enrolled in my resident school district for the entire 2017-2018 school year.

SIGN: _____ **PRINT:** _____
Signature of Parent or Guardian Name of Parent or Guardian

DATE: _____

Application is due to the Choice District by December 1, 2017.
Admission for the 2018-2019 school year will depend on the continuation of funding for the program.