

**Somerdale Board of Education**  
**301 Grace Street**  
**Somerdale, NJ 08083**

**INTERDISTRICT PUBLIC SCHOOL CHOICE**  
**APPLICATION FOR ENROLLMENT IN A CHOICE DISTRICT**  
**2019-2020 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 2018-2019 school year: \_\_\_\_\_

Grade level in district of residence for 2018-2019 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 2019-2020)

**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 3, 2018. I also certify my child will be enrolled in my resident school district for the entire 2018-2019 school year.

**SIGN:** \_\_\_\_\_ **PRINT:** \_\_\_\_\_  
Signature of Parent or Guardian Name of Parent or Guardian

**DATE:** \_\_\_\_\_

**Application is due to the Choice District by December 3, 2018.**  
**Admission for the 2019-2020 school year will depend on the continuation of funding for the program.**