

**Interdistrict Public School Choice Application for the 2017/18 School Year - DUE by December 1, 2016**

**To be completed by parent/guardian:**

**Name of Student:** \_\_\_\_\_ **DOB:** \_\_\_\_\_ **Home Phone:** \_\_\_\_\_  
**Address** \_\_\_\_\_ **Name of Parent/Guardian:** \_\_\_\_\_  
**City** \_\_\_\_\_ **Zip Code** \_\_\_\_\_ **Parent/Guardian E-mail:** \_\_\_\_\_  
**County** \_\_\_\_\_ **Parent/Guardian Cell Phone:** \_\_\_\_\_  
**Resident School District:** \_\_\_\_\_ **Current School:** \_\_\_\_\_  
**Current Grade:** \_\_\_\_\_ **Current School is:**  **Public**  **Private**

**Grade level to which the student is applying for admission for the 2017/18 school year:** \_\_\_\_\_

**If applying to Kindergarten, does the district of residence offer a public/free pre-school program?**  Yes  No

**Does the student have an IEP or 504 Plan?**  Yes. Please attach a copy.  No

**If the student does not have an IEP, has the student has been referred for special education services?**  Yes  No

*NOTE: If the student is deemed eligible for services prior to the start of the following school year and the district cannot implement the IEP, acceptance into the program could be revoked.*

**Does the student have a sibling enrolled in this choice district?**  Yes **If yes, sibling's name:** \_\_\_\_\_  
 No

**Is the student a former resident student who moved BEFORE the application deadline?**  Yes  No

**Is the student a former resident student who moved AFTER the application deadline?**  Yes  No

**Falsification of information on this application will result in the denial of participation in the Choice Program.**

By my signature, I certify that I am applying for my child's admission to the Choice Program and that all of the information I have provided is accurate. If my child has an IEP or 504 Plan, I hereby give permission for the Choice District to obtain information on behalf of my child. I further understand that if my child is eligible for transportation (within 20 miles from home to school) and the cost will exceed \$884, I will be given \$884 as aid in lieu of transportation.

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Submit this application and a copy of your child's IEP or 504 Plan, if applicable, no later than December 1, 2016**

*Applications received after the deadline may be considered on a space available basis.*

Please send this application and required documents to:

***Bloomsbury School District Choice Program***

20 Main Street

Bloomsbury, NJ 08804