

APPLICATION INSTRUCTIONS
FOR THE 2012 – 2013 SCHOOL YEAR

IF YOUR CHILD IS ATTENDING THE PUBLIC SCHOOL IN YOUR AREA, PLEASE SUBMIT THE INTENT TO PARTICIPATE IN CHOICE FORM TO THE SCHOOL DISTRICT WHERE YOU LIVE BY NOVEMBER 1, 2011.

IF YOUR CHILD IS NOT ATTENDING THE PUBLIC SCHOOL IN YOUR AREA, FORWARD YOUR APPLICATION DIRECTLY TO:

LOWER TOWNSHIP SCHOOL DISTRICT
ATTENTION: CHOICE OFFICE
834 SEASHORE ROAD, CAPE MAY, NJ 08204.

ANY QUESTIONS: PLEASE CALL: 884-9400 EXT. 2604

YOUR RESIDENTIAL PUBLIC SCHOOL DISTRICT WILL RESPOND IN WRITING DIRECTLY TO YOU. A COPY OF THEIR RESPONSE IS NEEDED BY THE LOWER TOWNSHIP CHOICE PROGRAM OFFICE.

PLEASE SEND APPLICATION DOCUMENTS TO:

LOWER TOWNSHIP SCHOOL DISTRICT
ATTENTION: CHOICE OFFICE
834 SEASHORE ROAD, CAPE MAY, NJ 08204.

ANY QUESTIONS: PLEASE CALL: 884-9400 EXT. 2604

LOWER TOWNSHIP SCHOOL DISTRICT – CHOICE OFFICE

Sandman Consolidated School
838 Seashore Road
Cape May, NJ 08204
Telephone: (609) 884-9410
Fax: (609) 884-9412

LOWER TOWNSHIP ELEMENTARY SCHOOL DISTRICT

834 SEASHORE ROAD
CAPE MAY, NEW JERSEY 08204

Memorial School
2600 Bayshore Road
Villas, NJ 08251
Telephone: (609) 884-9430
Fax: (609) 886-0515

Maud Abrams School
714 Town Bank Road
Cape May, NJ 08204
Telephone: (609) 884-9420
Fax: (609) 884-9421

TELEPHONE: (609) 884-9400
FAX: (609) 884-1821
www.lowertwpschools.com

Carl T. Mitnick School
905 Seashore Road
Cape May, NJ 08204
Telephone: (609) 884-9470
Fax: (609) 898-9481

INTERDISTRICT PUBLIC SCHOOL CHOICE PROGRAM APPLICATION

FOR THE
2012 – 2013 SCHOOL YEAR



**NOTIFICATION OF STUDENT INTENT
TO PARTICIPATE
IN THE CHOICE PROGRAM**

**IF YOUR CHILD IS
ATTENDING PUBLIC
SCHOOL, PLEASE SEND
THIS FORM TO YOUR
RESIDENT SCHOOL
DISTRICT'S
ADMINISTRATIVE OFFICE
BY NOVEMBER 1ST.**

SUPERINTENDENT/CHIEF SCHOOL ADMINISTRATOR

DATE

NAME OF THE DISTRICT WHERE YOU LIVE

AS PARENT(S)/LEGAL GUARDIAN(S) OF THE STUDENT NAMED BELOW, I AM SUBMITTING THIS WRITTEN NOTIFICATION OF MY CHILD'S INTENTION TO PARTICIPATE IN THE INTERDISTRICT PUBLIC SCHOOL CHOICE PROGRAM AT LOWER TOWNSHIP ELEMENTARY SCHOOL DISTRICT IN SEPTEMBER 2013. I UNDERSTAND THAT YOU WILL BE IN CONTACT WITH ME IN WRITING WHETHER OR NOT MY CHILD MAY PARTICIPATE IN THE PROGRAM.

CHILD'S NAME

CURRENT SCHOOL: _____

CURRENT GRADE: _____

SIGNATURE OF PARENT OR GUARDIAN

PRINTED NAME OF PARENT OR GUARDIAN

PARENT ADDRESS

CITY

STATE

ZIP CODE

**IF YOU ARE ATTENDING THE PUBLIC SCHOOL IN YOUR AREA,
THIS PAGE MUST BE SENT TO YOUR RESIDENT PUBLIC SCHOOL DISTRICT NOTIFYING THEM OF YOUR REQUEST TO
PARTICIPATE IN THE CHOICE PROGRAM.**

LOWER TOWNSHIP SCHOOL DISTRICT
834 SEASHORE ROAD
CAPE MAY, NEW JERSEY 08204

INTERDISTRICT PUBLIC SCHOOL CHOICE PROGRAM APPLICATION

FOR THE
2012 – 2013 SCHOOL YEAR

TO BE COMPLETED BY THE PARENT OR LEGAL GUARDIAN:

Student's Name: _____ Male: Female:
Last First Middle

Home Address: _____
Street Town State Zip Code

Father's Name: _____ Work/Cell Phone: _____

Mother's Name: _____ Work/Cell Phone: _____

District of Residence: _____ Home Phone: _____

School attended during the 2011 – 2012 school year: _____

Grade Level completed during the 2011 – 2012 school year: _____
DATE OF BIRTH

Does the student have a current IEP? _____ If yes, attach a copy.

Does the student have a 504 Plan? _____ If yes, attach a copy.

If you currently have a child enrolled in the CHOICE Program, enter child's name: _____

If you have ever had a child enrolled in the CHOICE Program, enter child's name: _____

Applying for admission to the CHOICE Program in Lower Township for: _____
(Grade Level in 2011 - 2012)

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

Has your district of residence provided written notification that your student may participate in the school choice program?

NO YES

Please attach a copy of the written notification from your school district with this application if your student has been attending the public school in your district of residence.

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.

Students applying to participate in the LOWER TOWNSHIP SCHOOL DISTRICT'S CHOICE PROGRAM will be subject to an educational program review, annual IEP review (if applicable) or re-evaluation and 504 Plan review (if applicable). Discipline and attendance records will also be reviewed prior to acceptance into the CHOICE PROGRAM.

Signature: _____ Print: _____
Signature of Custodial Parent or Guardian Name of Custodial Parent or Guardian

Date: _____

Please send to: **CHOICE PROGRAM** c/o LOWER TOWNSHIP EDUCATIONAL PROGRAMS OFFICE
834 SEASHORE ROAD, CAPE MAY, NJ 08204.