LOWER TOWNSHIP SCHOOL DISTRICT
CAPE MAY, NJ



APPLICATION
for the
INTERDISTRICT PUBLIC SCHOOL CHOICE PROGRAM

FOR ENROLLMENT
FOR THE 2027-2028 SCHOOL YEAR

PARENT INFORMATION CENTER - CONTACT INFORMATION

ADMINISTRATION BUILDING (LOCATED BEHIND THE CARL T. MITNICK SCHOOL)

905 SEASHORE ROAD, CAPE MAY, NJ 08204

WEBSITE: HTTP://WWW.LOWERTWPSCHOOLS.COM/SCHOOLCHOICE

EMAIL: CHOICE@LOWERTWPSCHOOLS.COM

FAX: 609-884-1821

PHONE 884-9400 EXT. 2604

SARAH BOWMAN, PROGRAM SUPERVISOR
KRISTIN STERLING, PROGRAM COORDINATOR

LOWER TOWNSHIP SCHOOL DISTRICT

INTERDISTRICT PUBLIC SCHOOL CHOICE APPLICATION FOR ENROLLMENT for the 2027-2028 SCHOOL YEAR

Student Enrollment Policies

Tier 1 students are students who are enrolled in a NJ public school in their resident school district during the time of application and for the entire year (2026-27) immediately preceding enrollment in a choice district. If a student moved during the school year and attended the resident public school of his/her old district of residence, he/she is also considered Tier 1. Choice districts must first fill their available seats with Tier 1 students. If the number of Tier 1 applications exceeds the number of choice seats available, the choice district must hold a lottery to randomly select students. Charter school students are considered to be Tier 1. To qualify as Tier 1 for Kindergarten, a student must be attending a state-funded preschool in his or her resident district, or a student resides in a district that does not offer a state-funded preschool program, or a student has a sibling currently attending the choice district. Most students applying for Kindergarten are in Tier 1.

Tier 2 students include NJ residents who have not attended their resident public school for the entire year immediately prior to enrollment in the desired choice district and do not otherwise meet the requirements for Tier 1. This would include students who have been attending public school outside their districts of residence or a private school.

Choice districts are not obligated to accept Tier 2 students. If a choice district accepts Tier 2 applicants, they may do so only after all of the qualified Tier 1 applicants have been accepted. If the number of Tier 2 applications exceeds the number of choice seats available, the choice district must hold a lottery to select of students.

Enrollment preference may also be given to students in the following circumstances: 1) students with siblings enrolled in the choice district; 2). choice students who will have completed the terminal grade of the sending district (i.e., students who attend a choice district with grades that terminate before 12th grade and with a natural progression to the desired choice district); and 3). resident students of the choice district who move during the school year and want to remain in the choice district the following year. Your student's enrollment preference status will be determined from the information you provide in this application.

The Lower Township School District has adopted the following policies regarding student enrollment:

A.	THE DISTRICT ACCEPTS TIER 2 STUDENTS.	**YES**
B.	THE DISTRICT GIVES ENROLLMENT PREFERENCE TO STUDENTS WHO HAVE A SIBLING CURRENTLY ATTENDING THE CHOICE DISTRICT, PROVIDED THEY WILL ENROLL IN A CHOICE-APPROVED GRADE/PROGRAM AND THEY MEET ALL PROGRAM-SPECIFIC CRITERIA	**YES** **PROVIDED SPACE IS AVAILABLE**
C.	THE DISTRICT GIVES ENROLLMENT PREFERENCE TO CHOICE STUDENTS WHO HAVE COMPLETED THE TERMINAL GRADE OF THE SENDING DISTRICT (I.E., STUDENTS WHO ATTEND A CHOICE DISTRICT WITH GRADES THAT TERMINATE BEFORE 12TH GRADE AND WITH A NATURAL PROGRESSION TO THIS CHOICE DISTRICT).	**NOT APPLICABLE**
D.	THE DISTRICT GIVES ENROLLMENT PREFERENCE TO RESIDENT STUDENTS WHO MOVE BEFORE THE APPLICATION DEADLINE. IF RESIDENT DISTRICT STUDENTS MOVE AND FILE CHOICE APPLICATIONS FOR THE FOLLOWING YEAR PRIOR TO THE DEADLINE, THE DISTRICT WILL GIVE THEM ENROLLMENT PREFERENCE (I.E., ACCEPT THEM AHEAD OF OTHER APPLICANTS) PROVIDED THAT THERE ARE CHOICE SEATS AVAILABLE IN THE CHOICE-APPROVED GRADES/PROGRAMS AND THE STUDENTS MEET ANY PROGRAM-SPECIFIC CRITERIA. *IF THE DISTRICT HAS ALREADY REACHED ITS APPROVED CHOICE ENROLLMENT MAXIMUM, THIS PREFERENCE WILL NOT APPLY).*	**YES**
E.	THE DISTRICT GIVES SPECIAL CONSIDERATION TO RESIDENT STUDENTS WHO MOVE AFTER THE APPLICATION DEADLINE. STUDENTS IN THIS SITUATION MAY APPLY AS LATE APPLICANTS, PROVIDED THAT THERE ARE CHOICE SEATS AVAILABLE IN THE CHOICE-APPROVED GRADES/PROGRAMS AND THE STUDENTS MEET THIS PROGRAM-SPECIFIC CRITERIA. *IF THE DISTRICT HAS ALREADY REACHED ITS APPROVED CHOICE ENROLLMENT MAXIMUM, THIS SPECIAL CONSIDERATION WILL NOT APPLY.*	**YES**

NOTE: If any information on this application is proven to be falsified, the student's admission to the Choice Program could be revoked. Acceptance is conditional pending review of initial academic screening, annual IEP, or most current 504 plan, *if applicable*.

By my signature I certify that I am applying for my student's admission to the Choice district for academic reasons only and not for athletic, extracurricular, or social reasons and that all of the information I have provided is accurate. If my student has a current IEP or 504 Plan, I hereby give permission to the Child Study Team of this choice district to release and/or obtain information on behalf of my student. I understand that transportation of choice students is not guaranteed. If my student is eligible for transportation (within 2 to 20 miles from home to school) and the cost will exceed the maximum amount designated in the annual NJ State budget, the parent/guardian will be given aid in lieu of transportation and, in some cases, the option of receiving the transportation and paying the additional amount over the maximum. I will be notified by August 1 of my transportation options.

SIGNATURE: _____ PRINT: _____

Signature of Parent or Guardian *Name of Parent or Guardian*

APPLICATION DUE TO CHOICE DISTRICT BY NOVEMBER 24, 2026.

**Applications received after the deadline will be considered for enrollment only after those who applied before the deadline.*

LOWER TOWNSHIP SCHOOL DISTRICT
MAIL TO: 905 SEASHORE ROAD
CAPE MAY, NJ 08204

INTERDISTRICT PUBLIC SCHOOL CHOICE APPLICATION FOR ENROLLMENT 2027-2028 SCHOOL YEAR

FOR OFFICE USE ONLY

On time application_____ Late application_____
Tier 1 _____ Tier 2 _____
Grade Applied For: _____
Enrollment Preferences granted:
___ Sibling(s) in Choice District (Sibling Grade in 2027-2028: _____)
___Choice student from a district that terminates before grade 12
___Resident student who moved
Lottery # (if applicable): _____

To be completed by the parent or legal guardian:

Student Information Student resides with ☐ BOTH PARENTS ☐ MOTHER ONLY ☐ FATHER ONLY ☐ OTHER

Name of student applicant:_____ Date of Birth:_____

Student street address: _____

City: _____ County: _____ Zip:_____

Home phone number: _____ Parent's cell phone:_____

Parent's email: _____

Current School Information (2026-27)

Student's grade level for the 2026-2027 school year: _____

Student's district of residence:_____

School currently attending: _____

- Is this the student's resident public school? Yes _____ No _____
  - If yes, answer the following questions:
    - Has the student been enrolled since the start of the 2026-2027 school year? Yes ____ No _____
    - If the student moved during the school year and *attended the resident public school of his/her old district of residence*, provide:
      - » Name of previous district of residence: _____
      - » Name of previous school attended: _____
      - » Date moved from previous school: _____
      - » Date enrolled in current school: _____

Application Information:

Grade level to which the student is applying for admission for the 2027-2028 school year:_____
If applying to Kindergarten, does your district of residence offer a public pre-school program: Yes ____ No ____

Has the student been referred, or is in the process of being referred for special education services? Yes ___ No ____

If yes, attach any documentation, i.e. current IEP (Special Education Plan) or 504 Plan (Accomodation Plan)

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 _____ No _____

Sibling's name: _____ Sibling's Grade in 2026-2027:_____

Is the applicant a former resident student who moved *before* the application deadline of 11/24/26? Yes___ No___
Is the applicant a former resident student who moved *after* the application deadline of 11/24/26? Yes___ No___

REQUEST FOR INFORMATION: CHOICE PROGRAM APPLICANT 2027-28

LOWER TOWNSHIP SCHOOL DISTRICT
CAPE MAY, NJ



CURRENT SCHOOL: _____ CURRENT GRADE: _____

_____
PRINTED NAME OF PARENTS/GUARDIANS

_____
PARENT ADDRESS (FOR NOTIFICATION)

_____
SIGNATURE OF PARENT

PLEASE RETURN TO:
LOWER TOWNSHIP CHOICE PROGRAM
905 SEASHORE ROAD
CAPE MAY, NJ 08204

_____ _____
STUDENT APPLICANT'S NAME DATE OF BIRTH

STUDENT RESIDES WITH: ☐ BOTH PARENTS ☐ MOTHER ONLY ☐ FATHER ONLY ☐ GUARDIAN



***** THE REMAINDER OF THIS SECTION TO BE COMPLETED BY STUDENT'S CURRENT SCHOOL ONLY *****

DEAR PRINCIPAL:

Our district has received an application for the Choice Program from the student listed above seeking enrollment for the 2027-28 SY. The INTERDISTRICT PUBLIC SCHOOL CHOICE ACT permits the resident school district to provide the receiving (CHOICE) district information from the student's records related to attendance, weapons offenses and disciplinary actions taken against the student by the district. Written consent of the parent is not required as a condition of transfer of this information; however, written notice shall be provided to the parent by the Choice Disrict. [NJAC: 6A:32-7.5].

DOES THE STUDENT NAMED ABOVE HAVE A RECORD OF SERIOUS DISCIPLINE ISSUES INCLUDING WEAPONS VIOLATIONS, INJURY TO SELF OR OTHERS, OR THREAT OF INJURY TO SELF OR OTHERS? IF YES, PLEASE PROVIDE INFORMATION REGARDING INCIDENTS OF DISCIPLINE DURING THE 2026-27 SCHOOL YEAR.

ATTENDANCE and EDUCATIONAL DATA

DAYS ABSENT - 2026-27 SCHOOL YEAR _____ DAYS ABSENT AS OF _____

DAYS TARDY – 2026-27 SCHOOL YEAR _____ DAYS TARDY AS OF _____

DOES THIS STUDENT HAVE AN IEP? ☐ YES ☐ NO IF YES, PLEASE ATTACH A CURRENT COPY.
(**IEP** = INDIVIDUALIZED EDUCATION PLAN)

DOES THIS STUDENT HAVE A 504 PLAN? ☐ YES ☐ NO IF YES, PLEASE ATTACH A CURRENT COPY.

(**504** PLAN = ENSURES THAT STUDENTS WITH MEDICAL NEEDS OR OTHER DISABILITIES HAVE EQUAL ACCESS TO EDUCATION.)

STUDENT APPLICANT'S NAME

NJ SMART SID NUMBER:

SIGNATURE OF PRINCIPAL/CHIEF SCHOOL ADMINISTRATOR

PRINTED NAME OF PRINCIPAL/CSA

ADDRESS OF SCHOOL

CITY, STATE, ZIP

PLEASE RETURN TO:
KRISTIN STERLING
LOWER TOWNSHIP CHOICE PROGRAM
ADMINISTRATION BUILDING
905 SEASHORE ROAD
(BEHIND CARL T. MITNICK SCHOOL)

WEBSITE: HTTPS://LOWERTWPSCHOOLS.COM/SCHOOLCHOICE
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LOWER TOWNSHIP ELEMENTARY SCHOOL DISTRICT
EVERY STUDENT, EVERY DAY
LEARNING TEACHING EXPLORING SUCCEEDING

DISTRICT OFFICE ✦ 905 SEASHORE ROAD, CAPE MAY, NJ 08204 ✦ (P)609-884-9400 ✦ (F)609-884-1821 ✦ WWW.LOWERTWPSCHOOLS.COM

NOTICE OF INTENT TO PARTICIPATE
IN THE
INTERDISTRICT PUBLIC SCHOOL CHOICE PROGRAM
FOR THE 2027-2028 SCHOOL YEAR

Parents: Please complete and deliver to your resident district by November 24, 2026.

DATE: _____

TO: The Superintendent/Chief School Administrator of _____
(Student's Resident District)

As Parent/Legal Guardian of the student named below, I am submitting this written notification of my student's intent to participate in the Lower Township Elementary Interdistrict Public School Choice Program in September 2026. If my child is accepted into a choice program, my child's resident district will be notified by the choice district by January 12, 2027 or when enrollment is confirmed. **This form requires no response from the resident district, but parents should request a signed and dated receipt for confirmation of submission.**

NOTES TO RESIDENT DISTRICT

The purpose of this form is to give the resident district advance notice of the student's intent to apply to a choice district for enrollment in 2027-2028.

Subsequently, if the student is accepted into a choice program, the resident district must be notified by the choice district by **January 12, 2027**. There may be cases where the choice district accepts late choice student applications. In these cases, the resident district will be notified as soon as the choice student confirms enrollment.

Transportation of choice students will be the responsibility of the *resident district*, provided the student meets the eligibility requirements of state law and the choice district school is within 20 miles of the student's residence. For more information, read the Transportation Procedures for choice students.

NOTES TO PARENTS/GUARDIANS REGARDING TRANSPORTATION

Transportation of choice students is not guaranteed. Your student must meet the eligibility requirements: the choice district must be within 2 to 20 miles of your student's residence. If the cost of transportation will exceed *the maximum amount designated in the annual NJ State budget, the parent/guardian will be given aid in lieu of transportation and, in some cases, the option of receiving the transportation and paying the additional amount over the maximum.*. **For more information, read the Transportation Procedures for choice students**.

_____
Student's Name

_____
Student's Home Address

CURRENT SCHOOL: _____CURRENT GRADE:_____

_____PRINT: _____
Signature of Parent/Guardian ***Name of Parent/Guardian***

_____ _____
Address of Parent/Guardian ***Contact Number***