

**HADDON HEIGHTS SCHOOL DISTRICT
 INTERDISTRICT PUBLIC SCHOOL CHOICE
 APPLICATION FOR ENROLLMENT
 IN A CHOICE DISTRICT
 2017-2018 SCHOOL YEAR**

FOR OFFICE USE ONLY	
Tier 1 _____	Tier 2 _____
Grade Applied For: _____	
<i>Enrollment Preferences granted:</i>	
____ Sibling(s) in Choice District (Sibling Grade in 2016-2017: _____)	
____ Choice student who has completed the terminal grade of the sending district	
Lottery # (if applicable): _____	

To be completed by the parent or legal guardian:

<i>Student Information</i>	
Name of student applicant: _____	Student's Date of Birth _____
Student address: _____	
City: _____	County: _____ Zip: _____
Home phone number: _____	Parent's cell phone: _____
Parent's email: _____	

Current School Information (2016-17)	
Student's grade level for the 2016-2017 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 2016-2017 school year? Yes ___ No ___	
➤ If the student moved during the school year and <i>attended the resident public school of his/her old district of residence</i> , provide:	
» Name of previous district of residence: _____	Name of previous school attended: _____
» Date moved from previous school: _____	Date enrolled in current school: _____

<i>Application Information:</i>	
Grade level to which the student is applying for admission for the 2017-2018 school year: _____	
Has the student been referred or is currently being referred for special education services? Yes ___ No ___	
If yes, attach any documentation, i.e. IEP (Special Education Plan) or 504 Plan (Accommodation Plan)	
<i>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.</i>	
Does the student have a sibling enrolled in this choice district? Yes ___ No ___	
Sibling's name: _____	Sibling's grade in 2017-18: _____

If any information on this application is proven to be falsified, the student's admission to the Choice Program could be revoked. 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 or extracurricular 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 further understand that if my student 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 and, in some cases, the option of receiving the transportation and paying the additional amount over \$884.

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

DATE: _____ **Application is due to the Choice District by December 1, 2016**
(Applications received after the deadline may be considered on a space available basis)