

Paulsboro Public Schools

662 N. Delaware St.

Paulsboro, NJ 08066

**INTERDISTRICT PUBLIC SCHOOL CHOICE
APPLICATION FOR ENROLLMENT
IN A CHOICE DISTRICT
2019-2020 SCHOOL YEAR**

FOR OFFICE USE ONLY

Tier 1 _____ Tier 2 _____

Grade Applied For: _____

Enrollment Preference: Yes _____ No _____

_____ Sibling(s) in Choice District (Sibling Grade in 2017-2018: _____)

_____ From a send-recvie or limited purpose regional choice district

Lottery # (if applicable): _____

To be completed by the parent or legal guardian:

Student Information

Name of student applicant: _____

Student address: _____

City: _____ County: _____ Zip: _____

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

Parent's email: _____

Current School Information (2018-19)

Student's grade level for the 2018-2019 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 2017-2018 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 2019-2020 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 currently being referred for special education services? Yes ___ No ___

If yes, attach any documentation, i.e. 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: _____ Current Grade: _____

[Note to Choice District: If a Choice district has been granted approval of the use of enrollment criteria for a special program, then the application may include a request that applicants address the criteria (for example in an essay, explanation or interview.)]

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FOR ENROLLMENT IN A CHOICE DISTRICT
2019-2020 SCHOOL YEAR**

Student Enrollment Policies

Tier 1 students are students who are enrolled in a NJ public school in their resident school district for the entire year (2018-19) immediately preceding enrollment in a choice district. 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. If applying for kindergarten, a student must be attending his or her resident district's public preschool or, if that district does not offer preschool, have a sibling currently attending the choice district to qualify.

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 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 who have siblings currently attending the choice district, and 2) students who attend a choice district with a send-receive agreement (or limited purpose regional districts) that terminates before 12th grade.

Your student's enrollment preference status will be determined from the information you provide in this application.

The Paulsboro Public School District has adopted the following policies regarding student enrollment preference:

Policy	Yes/No
a. The district accepts Tier 2 students.	Yes/No
b. The district gives enrollment preference to students who have siblings currently attending the choice district.	Yes/No
c. If currently in a formal sending/receiving or constituent relationship with a choice district, the district gives enrollment preference to choice students who have completed the terminal grade of the sending district and wish to attend the receiving district's choice program?	Yes/No/ Not Applicable

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, 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 further understand that if the cost of transportation will exceed \$1000, I will be given \$1000 as aid in lieu of transportation and, in some cases, the option of receiving the transportation and paying the additional amount over \$1000.

SIGN: _____
Signature of Parent or Guardian

PRINT: _____
Name of Parent or Guardian

DATE: _____

Application is due to the Choice District by December 3, 2018
**Applications received after the deadline will be considered on a space available basis*