

Folsom Board of Education

1357 Mays Landing Road
Folsom, NJ 08037

INTERDISTRICT PUBLIC SCHOOL CHOICE APPLICATION FOR ENROLLMENT IN A CHOICE DISTRICT 2011-2012 SCHOOL YEAR

To be completed by the parent or legal guardian:

Name of Student Applicant: _____

Street Address: _____

City: _____ County: _____ Zip: _____

Home Phone Number: _____ Parent's Work Phone: _____

District of Residence: _____

School attending in district of residence for 2010-2011 school year: _____

Grade level in district of residence for 2010-2011 school year: _____

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

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

Any student applying for the Folsom School Choice Program will be conditionally accepted pending educational program review, annual IEP review or re-evaluation, or 504 plan review during or at the end of the current school year.

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

Applying for admission to the Folsom School District for: _____

(Grade Level in 2011-2012)

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

If the district of residence has provided written notification that the student may participate in the school choice program, please attach the notification to this application.

If notification has not been received from the district of residence check here: _____

Falsifying any information on this application will result in the denial of the student's participation in the Choice Program.

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; and that a Notice Of Intent To Participate In The School Choice Program was provided to the district of residence by **November 3, 2010**. I also certify my child will be enrolled in my resident school district for the entire 2010-2011 school year.

SIGN: _____ **PRINT:** _____

Signature of Parent or Guardian

Name of Parent or Guardian

DATE: _____

**Application is due to the Choice District by December 3, 2010.
Admission for the 2011-2012 school year will depend
on the continuation of funding for the program.**