**MERCHANTVILLE BOARD OF EDUCATION**
**130 South Centre Street**
**Merchantville, New Jersey 08109**

## Interdistrict Public School Choice
## Application for Enrollment in a Choice District 2011-2012 School

*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: _____ Date of Birth: _____

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

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

Does the student have a current IEP (Special Education Plan)? _____ If yes, attach a copy.

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

Any student chosen to participate in the Merchantville School Choice Program will be conditionally accepted pending educational program review, annual IEP review or re-evaluation, and / or 504 plan review at the end of the current school year. Discipline records will be reviewed prior to acceptance into the program. Conditional acceptance may be offered based on availability of open seats per grade level.

We are applying for admission to the Merchantville School District for: _____
(Grade level in 2011-2012)

*To avoid a delay in processing your application, **ALL** sections of the 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 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 a completed **Notification of Intent to Participate in the Interdistrict School Choice Program** form was provided to the district of residence by May 2, 2011.

Signature _____ Print: _____
(Signature of Parent or Guardian) (Name of Parent or Guardian)

**Application is due to the Choice District by May 16, 2011**

Date: _____