

**SOUTH BRUNSWICK BOARD OF EDUCATION**

**OFFICE OF STUDENT SERVICES  
INTEGRATED PRESCHOOL PROGRAM**

**APPLICATION FOR NON-CLASSIFIED STUDENTS ~ 2017 - 2018**

Please print all information **LEGIBLY**

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Gender:  Boy  Girl Age: Years \_\_\_\_\_ Months \_\_\_\_\_ Age as of 10/31/17 \_\_\_\_\_

Primary Language: \_\_\_\_\_ Other language spoken: \_\_\_\_\_

Toilet trained: yes \_\_\_\_\_ no \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Father's Name: \_\_\_\_\_

Address of Residence: \_\_\_\_\_  
\_\_\_\_\_

Home Telephone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Work Telephone: (mother) \_\_\_\_\_

Work Telephone: (father) \_\_\_\_\_

Email: \_\_\_\_\_

**(Acceptance/waiting list notifications will be sent via email ONLY)**

Emergency contact: \_\_\_\_\_ Phone \_\_\_\_\_

Preschool experience:  Yes  No

Name of preschool: \_\_\_\_\_

Any concerns you would like to share \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Parental Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parental Name Printed: \_\_\_\_\_

Please note: **Applications are accepted beginning February 7th** and must be mailed to Student Services, Attn: Megan Plummer, South Brunswick Board of Education, PO Box 181, Monmouth Junction, NJ 08852. *Submission of application does not guarantee acceptance into the program.* Only applications received by mail will be considered for the lottery. **Parents are responsible for transportation to and from school.**

\*\*\*Screenings will begin for those selected end of March/ beginning of April \*\*\*