

SOUTH BRUNSWICK BOARD OF EDUCATION

**OFFICE OF STUDENT SERVICES
INTEGRATED PRESCHOOL PROGRAM**

APPLICATION FOR NON-CLASSIFIED STUDENTS ~ 2018 - 2019

Please print all information **LEGIBLY**

Child's Name: _____ Date of Birth: _____

Gender: Boy Girl Age: Years _____ Months _____ Age as of 10/31/18 _____

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 12th 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 *****