

SOUTH BRUNSWICK BOARD OF EDUCATION

**OFFICE OF STUDENT SERVICES
INTEGRATED PRESCHOOL PROGRAM**

APPLICATION FOR TUITION PAYING STUDENTS ~ January 2019 - June 2019

Please print all information LEGIBLY

Child's Name: _____ Date of Birth: _____

Gender: Boy Girl Age: Years _____ Months _____

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/non-acceptance 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 must be mailed to Student Services, **Attn: Wendy Hoyt**, South Brunswick Board of Education, PO Box 181, Monmouth Junction, NJ 08852 or dropped off at 231 Blackhorse Lane, North Brunswick, NJ 08902.

Submission of application does not guarantee acceptance into the program. Parents are responsible for transportation to and from school.