

Winfield School District
7 ½ Gulfstream Avenue
Winfield, NJ 07036

INTERDISTRICT PUBLIC SCHOOL CHOICE
APPLICATION FOR ENROLLMENT IN CHOICE DISTRICT
2012-2013 SCHOOL YEAR

To be completed by parent or legal guardian:

Name of Student: _____ Date of Birth: _____

Address: _____

City: _____ State: _____ Zip code: _____

Home phone: _____ Parent's work phone _____ Parents's cell phone: _____

District of Residence: _____ School attending 2011-2012: _____ Grade: _____

What grade are you applying for? _____

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

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

Any acceptance of a student into the Winfield District School Choice Program is conditional pending review of the student's IEP and/or 504 plan during or at the end of the current school year. Discipline records will be reviewed prior to acceptance into the program.

Please list any of the child's siblings currently enrolled in the choice district: _____

Please attach notification from your district of residence that your child may participate in the Interdistrict Public School Choice Program. If your district of residence has not provided this notification, check here: _____

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

By my signature I certify that:

- A Notice of Intent to Participate in the School Choice Program was provided to our district of residence by November 1, 2011.
- My child will be enrolled in a public school of our district of residence for the entire 2011-2012 school year.

SIGN: _____ Print Name: _____
Parent or legal guardian

DATE: _____

APPLICATION IS DUE TO THE WINFIELD SCHOOL DISTRICT BY
December 1, 2011