

**Stafford Township School District**  
**775 E Bay Avenue, Manahawkin, NJ 08050**  
**INTERDISTRICT PUBLIC SCHOOL CHOICE**  
**APPLICATION FOR ENROLLMENT**  
**2012-2013 SCHOOL YEAR**

**To be completed by the parent or legal guardian:**

Name of Student Applicant: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Parent /Guardian's Work Phone: \_\_\_\_\_

District of Residence: \_\_\_\_\_

School of Residence: \_\_\_\_\_

Applying for admission to Grade Level \_\_\_\_\_ in 2012-2013

Does the student have a current IEP? \_\_\_\_\_

If yes, attach a copy.

Does the student have a 504 Plan? \_\_\_\_\_

If yes, attach a copy.

Any student applying for the Stafford School Choice Program will be conditionally accepted pending educational program review, annual IEP review or re-evaluation, or 504 plan review during or at the end of the current school year.

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 the 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 Stafford Township School District for academic reasons only and not for athletic, extracurricular, or social reasons; and that a Notice Of Intent To Participate In The School Choice Program was provided to the district of residence. I also certify my child will be enrolled in my resident school district for the entire 2011-2012 school year.**

SIGN: \_\_\_\_\_

Signature of Parent or Guardian

PRINT: \_\_\_\_\_

Name of Parent or Guardian

DATE: \_\_\_\_\_