

EAST HANOVER TOWNSHIP SCHOOLS

Frank J. Smith School

27 Green Drive

East Hanover, NJ 07936

Kerry A. Quinn
Principal

973-887-5650
FAX: 973-887-6407

Dr. Scott Rubin
Superintendent

THREE YEAR OLD INTEGRATED PRESCHOOL APPLICATION – 2015-2016 SCHOOL YEAR

Please Print

STUDENT NAME _____
Last First Middle

DATE OF BIRTH (Mo/Day/Yr) _____

☐ **MALE** ☐ **FEMALE**

(To be eligible, student must be born between 10/1/11-10/1/12)

PARENT(S)/GUARDIAN(S) INFORMATION

MOTHER'S/GUARDIAN'S NAME _____

FATHER'S/GUARDIAN'S NAME _____

HOME ADDRESS _____

HOME TELEPHONE NUMBER (____) _____

MOTHER'S/GUARDIAN'S WORK TELEPHONE NUMBER (____) _____

CELL PHONE NUMBER (____) _____

FATHER'S/GUARDIAN'S WORK TELEPHONE NUMBER (____) _____

CELL PHONE NUMBER (____) _____

IS ENGLISH THE PRIMARY LANGUAGE IN YOUR HOME? ☐ **YES** ☐ **NO**

IS YOUR CHILD TOILET TRAINED? ☐ **YES** ☐ **NO**

- APPLICATIONS and \$100.00 DEPOSIT MUST BE RECEIVED NO LATER THAN **April 13, 2015, IN ORDER TO HOLD YOUR SPOT.**
- APPLICATIONS SHOULD BE RETURNED TO: **FRANK J SMITH SCHOOL, 27 GREEN DRIVE.**
- PROOF OF RESIDENCY AND A COPY OF THE CHILD'S BIRTH CERTIFICATE MUST ACCOMPANY THIS APPLICATION. IF YOUR CHILD ATTENDS THE PROGRAM, A MEDICAL HISTORY AND PROOF OF IMMUNIZATIONS WILL BE REQUIRED.
- IF NECESSARY, ACCEPTANCE INTO THE PROGRAM WILL BE DETERMINED BY A LOTTERY THAT WILL BE HELD ON **APRIL 24, 2015** AT 3 PM IN THE BOARD OF EDUCATION CONFERENCE ROOM. FINAL DETAILS WILL BE AVAILABLE ON THE DISTRICT'S WEBSITE.
- THE DEPOSIT OF \$100 (to be deducted from your first month's payment), PAYABLE TO **EAST HANOVER TOWNSHIP SCHOOLS.**
- I AGREE THAT IF I ACCEPT MY CHILD'S PLACEMENT IN THE PROGRAM, I AM RESPONSIBLE FOR AN ANNUAL TUITION CHARGE OF \$3,100, PAYABLE IN 10 MONTHLY PAYMENTS OF \$310. **MONTHLY PAYMENTS ARE DUE, TO THE BUSINESS OFFICE, 20 SCHOOL AVENUE, BY THE FIRST OF EACH MONTH.**

Parent/Guardian Signature

Date