



**Our Children
Our School
Our Future**

Netcong Elementary School

26 College Road, Netcong, NJ 07857
973.347.0020 • (f) 973.347.3676 • www.netconcongschool.org

2016-17 School Choice Application

Directions: Please complete all required information. Supporting documentation and recommendations (if required) should be sent directly by your current school. If this is not possible, transcripts and recommendations should be included with your application in sealed envelopes with a school official's signature over the seal or mailed directly by your school.

SECTION I: Student Information

Last Name: _____ First Name: _____

Street Address: _____ Date of Birth: _____

City: _____ State: _____ ZIP Code: _____

Home Phone: _____ Cell Phone: _____ Gender: ☐ M ☐ F

Parent/Guardian Name: _____

Parent/Guardian Cell Phone: _____

Parent/Guardian Email: _____

Student Ethnicity (Optional): _____

Ethnic information is required by the U.S. Department of Health, Education, and Welfare Office for Civil Rights. Netcong Elementary School does not discriminate in its admissions policies and practices on the basis of race, color, national origin, sex, or disability. Lenape Valley values diversity AA/EEO.

SECTION 2: Academic Information *(to be verified by current school official)*

Current School: _____

Current School City: _____ Current School State: _____

Current Grade: ☐ PK ☐ K ☐ 1 ☐ 2 ☐ 3
 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8

What public school would you attend if you were not a school choice candidate?

Does the applicant currently have or utilize a(n): IEP ☐ Yes ☐ No
 504 Plan ☐ Yes ☐ No
 ESL Program ☐ Yes ☐ No

I verify that the information in Section 2 is complete and accurate.

School Official Name: _____

School Official Title: _____

School Official Signature: _____

School Official Contact Number: _____

Answers to this section will not impact admissions decisions.

Netcong Elementary School
School Choice Program Records Release

Parent/Guardian Release: I give permission for my child to apply to Netcong Elementary School. I also give permission for my current school to release all records listed below to Netcong Elementary School for admissions consideration.

Student Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Please have your current school counselor or official send the following documents to Netcong Elementary School:

1. Complete report cards of all grades completed and a current grade or progress report
(to verify enrollment in a NJ public school)
2. Child Study Team Records/IEP/504 Plan (if applicable)

Please Return Application and Supporting Materials by **December 1, 2015** to:

Netcong Elementary School
26 College Road
Netcong, NJ 07857

Attn: Dr. Gina Cinotti, Chief School Administrator

NOTICE OF INTENT TO PARTICIPATE
In the Interdistrict Public School Choice Program
For the 2016-2017 School Year

(Give this form to the Superintendent of your Current School)

DATE: _____

TO: The Superintendent/Chief School Administrator of _____
(Student's Resident District)

As Parent/Legal Guardian of the student named below, I am submitting this written notification of my student's intent to participate in the Interdistrict Public School Choice Program in September, 2015. *(No response from the resident district is required, but please request a signed and dated receipt for your records.)* The resident district will be notified no later than January 15, 2016 by the choice district if my student has been accepted and will be enrolling in a choice district for the 2016-2017 school year.

If my student enrolls in a choice district, transportation will be the responsibility of the resident district, provided my student meets the eligibility requirements of state law and the choice district is within 20 miles of my student's residence. Information on school choice transportation and procedures can be found at <http://www.state.nj.us/education/finance/transportation/procedures/>.

Student's Last Name

Student's First Name

Student's Home Address

CURRENT SCHOOL: _____

CURRENT GRADE: _____

SIGNED: _____
Signature of Parent/Guardian

PRINT: _____
Name of Parent/Guardian

Address of Parent/Guardian

Contact Number