**FOR OFFICE USE ONLY**

Tier 1 \_\_\_\_ Tier 2\_\_\_\_

Grade Applied For:\_\_\_\_\_\_

*Enrollment Preference:* Yes \_\_\_\_ No\_\_\_\_\_

\_\_\_ Sibling(s) in Choice District (Sibling Grade in 2018-2018: \_\_\_\_\_)

\_\_\_From a send-receive or limited purpose regional choice district

Lottery # (if applicable): \_\_\_\_\_

**BEACH HAVEN SCHOOL DISTRICT**

**700 BEACH AVE. BEACH HAVEN, NJ 08008**

**INTERDISTRICT PUBLIC SCHOOL CHOICE APPLICATION FOR ENROLLMENT**

**IN A CHOICE DISTRICT**

**2018-2019 SCHOOL YEAR**

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

 **BEACH HAVEN SCHOOL DISTRICT**

***Current School Information (2017-18)***

Student’s grade level for the 2017-2018 school year: \_\_\_\_\_\_\_\_\_\_\_

Student’s district of residence:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School currently attending: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* + Is this the student’s resident public school? Yes \_\_\_ No \_\_\_
	+ If yes, answer the following questions:
		- Has the student been enrolled since the start of the 2017-2018 school year? Yes \_\_\_ No \_\_\_
	+ If the student moved during the school year and *attended the resident public school of his/her old district of residence*, provide:
* Name of previous district of residence: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Name of previous school attended:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Date moved from previous school: \_\_\_\_\_\_\_\_\_\_
* Date enrolled in current school: \_\_\_\_\_\_\_\_\_\_\_\_\_

***Application Information:***

Grade level to which the student is applying for admission for the 2018-2019 school year:\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If applying to Kindergarten, does your district of residence offer a public pre-school program: Yes \_\_\_ No \_\_\_

Does the student have a current IEP (Special Education Plan)? Yes \_\_\_ No \_\_\_ ………… If yes, attach a copy

Does the student have a 504 Plan (Accommodation Plan)? Yes \_\_\_ No \_\_\_ …………….…. If yes, attach a copy

Does the student have a sibling enrolled in this choice district? Yes \_\_\_ No \_\_\_

Sibling’s name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Current Grade:\_\_\_\_\_\_\_\_\_\_\_\_\_

***Student Information***

Name of student applicant:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Home phone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Parent’s work phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent’s email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**700 BEACH AVE. BEACH HAVEN, NJ 08008**

**609-492-7411**

**INTERDISTRICT PUBLIC SCHOOL CHOICE APPLICATION**

**FOR ENROLLMENT IN A CHOICE DISTRICT**

**BEACH HAVEN SCHOOL DISTRICT**

**700 BEACH AVE. BEACH HAVEN, NJ 08008**

**609-492-7411**

**INTERDISTRICT PUBLIC SCHOOL CHOICE APPLICATION**

**FOR ENROLLMENT IN A CHOICE DISTRICT**

**2018-2019 SCHOOL YEAR**

**Student Enrollment Policies**

**Tier 1 students** are students who are enrolled in a NJ public school in their resident school district for the entire year (2017-18) immediately preceding enrollment in a choice district. Choice districts must first fill their available seats with Tier 1 students. If the number of Tier 1 applications exceeds the number of choice seats available, the choice district must hold a lottery to randomly select students. Charter school students are considered to be Tier 1. If applying for kindergarten, a student must be attending his or her resident district's public preschool or, if that district does not offer preschool, have a sibling currently attending the choice district to qualify.

**Tier 2 students** include NJ residents who have not attended their resident public school for the entire year immediately prior to enrollment in the desired choice district and do not otherwise meet the requirements for Tier 1. This would include students who have been attending public school outside their districts of residence or private school.

Choice districts are not obligated to accept Tier 2 students. If a choice district accepts Tier 2 applicants, they may do so only after all of the qualified Tier 1 applicants have been accepted. If the number of Tier 2 applications exceeds the number of choice seats available, the choice district must hold a lottery to select of students.

**Enrollment preference** may also be given to students in the following circumstances: 1) students who have siblings currently attending the choice district, and 2) students who attend a choice district with a send-receive agreement (or limited purpose regional districts) that terminates before 12th grade.

Your student’s enrollment preference status will be determined from the information you provide in this application.

|  |  |
| --- | --- |
| **Policy** | **Yes/No** |
| 1. **The district accepts Tier 2 students.**
 | **yes** |
| 1. **The district gives enrollment preference to students who have siblings currently attending the choice district.**
 | **yes** |
| 1. **If currently in a formal sending/receiving or constituent relationship with a choice district, the district gives enrollment preference to choice students who have completed the terminal grade of the sending district and wish to attend the receiving district’s choice program?**
 | N/A |

**Falsifying any information on this application may result in the denial of the student’s participation in the Choice Program.**

*By my signature I certify that I am applying for my student’s admission to the Choice district for academic reasons only and not for athletic, extracurricular, or social reasons and that all of the information I have provided is accurate. If my student has a current IEP or 504 Plan, I hereby give permission to the Child Study Team of this choice district to release and/or obtain information on behalf of my student.*

**SIGN: PRINT:**

Signature of Parent or Guardian Name of Parent or Guardian

**DATE:**

**Application is due to the Choice District by December 1, 2017**

*\*Applications received after the deadline will be considered on a space available basis*