



# Netcong Elementary School

26 College Road, Netcong, NJ 07857

973.347.0020 • (f) 973.347.3676 • [www.netconcongschool.org](http://www.netconcongschool.org)

## 2018-19 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.*



**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, 2017** to:

Netcong Elementary School  
26 College Road  
Netcong, NJ 07857

Attn: Mrs. Kathleen Walsh, Acting Principal

**Notice of Intent to Participate  
in the Interdistrict Public School Choice Program  
in the 2018-2019 School Year**

**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 enroll in the Interdistrict Public School Choice Program in September 2018. If my child is accepted into a choice program, my child's resident district will be notified of such by the choice district by Jan. 15, 2018, or when enrollment is confirmed. *This form requires no response from the resident district, but parents should request a signed and dated receipt for confirmation of submission.*

**Notes to Resident District**

The purpose of this form is to give the resident district advance notice of the student's intent to apply to a choice district for enrollment in 2018-19. (By law, a resident district must be informed if a student intends to participate in the choice program.)

Subsequently, if the student is accepted into a choice program, the resident district must be notified by January 15, 2018 by the choice district of the choice students who will be enrolling in the 2018-2019 school year. There may be cases when the choice district accepts late choice student applications. In these cases, the resident district will be notified as soon as the choice student confirms enrollment.

Transportation of choice students will be the responsibility of the *resident district*, provided the student meets the eligibility requirements of state law and the choice district school is within 20 miles of the student's residence. For more information, read the [Transportation Procedures](#) for choice students.

**Notes to Parents Regarding Transportation**

*Transportation of choice students is not guaranteed.* Your student must meet the eligibility requirements: the school must be within 20 miles of your student's residence. If the cost of transportation will exceed \$1000, the parent/guardian will be given \$1000 as aid in lieu of transportation and, in some cases, the option of paying the additional amount over \$1000 to receive the transportation. By Aug. 1, 2018, parents should receive notification of their transportation options from the resident district. For more information, read the [Transportation Procedures](#) for choice students.

**Student's Name:** \_\_\_\_\_

**Student's Home Address:**  
\_\_\_\_\_  
\_\_\_\_\_

**Current School:** \_\_\_\_\_ **Current grade:** \_\_\_\_\_

**Signature of Parent/Guardian:** \_\_\_\_\_

**Printed Name of Parent/Guardian:** \_\_\_\_\_

**Address of Parent/Guardian:** \_\_\_\_\_  
\_\_\_\_\_

**Contact Number:** \_\_\_\_\_