

Pemberton Township Schools
1 Egbert Street, Pemberton, NJ 08068

**Interdistrict Public School Choice Application for
Enrollment in a Choice District
2024-2025 School Year**

For Office Use Only	
On time application _____	Late application _____
Tier 1 _____	Tier 2 _____
Grade Applied For in 2024-25: _____	
<i>Enrollment Preferences granted:</i>	
____ Sibling(s) in Choice District (Sibling Grade in 2023-2024: _____)	
____ Applicant from a choice district that terminates before grade 12	
____ Resident student who moved	
Lottery # (if applicable): _____	

To be completed by the parent or legal guardian:

Student Information

Name of student applicant: _____ Birthdate: _____

Student address: _____

City: _____ County: _____ Zip: _____

Home phone number: _____ Parent's work phone: _____

Parent's email: _____

Current School Information (2023-24)

Student's grade level for the 2021-2022 school year: _____

Student's district of residence: _____

School currently attending: _____

- Is this the student's resident public school (includes charter schools)? Yes _____ No _____
- If yes, answer the following questions:
 - Has the student been enrolled since the start of the 2023-2024 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 2024-2025 school year: _____

Has the student been referred or is in the process of being referred for special education services? Yes _____ No _____

If yes, attach any documentation, i.e. IEP (Special Education Plan) or 504 Plan (Accommodation Plan)

NOTE: If, prior to the start of the enrollment year, the student receives an IEP that the choice district cannot implement, acceptance into the program could be revoked.

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

Sibling's name: _____ Sibling's grade in 2023-24: _____ Sibling's grade in 2024-2025: _____

Is the applicant a former resident student who moved *before* the application deadline? Yes _____ No _____

Is the applicant a former resident student who moved *after* the application deadline? Yes _____ No _____

If any information on this application is proven to be falsified, the student's admission to the Choice Program could be revoked.

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 or extracurricular 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.

I understand that transportation of choice students is not guaranteed. If my student is eligible for transportation (within 20 miles from home to school) and the cost will exceed the maximum amount designated in the annual NJ State budget, the parent/guardian will be given aid in lieu of transportation and, in some cases, the option of receiving the transportation and paying the additional amount over the maximum. I will be notified by August 1 of my transportation options.

Signature of parent or guardian: _____

Printed name of parent or guardian: _____

Date: _____

Application is due to the Choice District by December 1, 2023

**Applications received after the deadline will be considered for enrollment only after those who applied before the deadline.*