

MENDHAM BOROUGH SCHOOL DISTRICT

Preschool Program - Application

We encourage you to complete and submit the following as soon as possible to have the best chances of securing a place for your children our program. Thank you!

STUDENT INFORMATION

County: 27 District: 3090 School: Hilltop

Office Use:	HOMEROOM TEACHER:	District ID:
	District Entry Date:	School Entry: State ID:

STUDENT NAME: _____
Last First Middle

NICKNAME: _____ GENDER: M / F

BIRTH INFORMATION

DOB:	CITY/STATE:	COUNTRY:
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HISPANIC:	Yes: _____	No: _____	If not born in the U.S., please indicate first day in a U.S. school: _____
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HOME LANGUAGE SPOKEN AT HOME:	_____
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PRIMARY LANGUAGE SPOKEN BY STUDENT:	_____
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RACE:	<input type="checkbox"/> White	<input type="checkbox"/> Black or African American	<input type="checkbox"/> Asian	<input type="checkbox"/> Pacific	<input type="checkbox"/> American Indian
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PHYSICAL ADDRESS (Resident)

STREET ADDRESS: _____	APT. #: _____	COUNTY: _____
CITY: _____	STATE: _____	ZIP: _____

MAILING ADDRESS

STREET ADDRESS: _____	APT. #: _____	COUNTY: _____
CITY: _____	STATE: _____	ZIP: _____

PARENT/GUARDIAN INFORMATION

MOTHER'S NAME: _____		
<small>Last</small>	<small>First</small>	<small>Maiden</small>
Address, if different than physical address: _____		
Mother's Home Phone: _____		Mother's Cell Phone: _____
Mother's Business Phone: _____		Mother's Email Address: _____
Employer: _____		

FATHER'S NAME: _____		
<small>Last</small>	<small>First</small>	<small>Middle</small>
Address, if different than physical address: _____		
Father's Home Phone: _____		Father's Cell Phone: _____
Father's Business Phone: _____		Father's Email Address: _____
Employer: _____		

EMERGENCY CONTACT (Not a Parent)

Name: _____ Relationship: _____ Phone Number: _____

In case of illness, etc., list alternate contacts in the area other than father and mother to be called.

Name:	Phone #:	Relationship:
Name:	Phone #:	Relationship:
Name:	Phone #:	Relationship:

Sibling(s)

Name: _____	Name: _____	Name: _____
DOB: _____	DOB: _____	DOB: _____
Grade: _____	Grade: _____	Grade: _____

Parent/Guardian Signature

Date

- Return application to: Mendham Borough School District
Child Study Team Office
12 Hilltop Road
Mendham, NJ 07945
- Enclose with application: 1. Copy of the original birth certificate with raised seal
2. \$100.00 Deposit to Mendham Borough School District* Check #:
- Proper medical documentation and original birth certificate will be required prior to the start date of the program.
- All general education pre-school students require tuition payment.
- All students that are Mendham Borough residents must complete the district's residency packet and documentation confirming residency.

RESIDENCY DOCUMENTATION

Three (3) of the following:

Mortgage Statement	Tax Bill	Gas <u>or</u> Electric Bill
Certificate of Occupancy	Lease	
Homeowner's Insurance	Deed	

All documents must be originals. A copy of these documents will be made for your child's permanent student file and your originals will be promptly returned to you.

**The deposit of \$100.00 does not apply to Mendham Borough students requiring special services.*