



Lower Township Elementary School District

905 Seashore Road, Cape May, NJ 08204

(609) 884-9400

CHOICE INFORMATION

2019-2020 School Year

Thank you for inquiring about the Lower Township Elementary School District Choice Program. Enclosed you will find information regarding our Choice Program, including forms and timelines.

The Choice application must be filled out in its entirety, and returned to the Lower Township School District by **December 3, 2018**. ***Please note: Pages 5 & 6 of the application (Request for Information), must be completed by the school your child last attended.** (If the last school your child attended was Lower Township, you do not need to have this form completed.)

The Notice of Intent to Participate form **needs to be hand-delivered to your resident school district no later than December 3, 2018**. Please have your district date-stamp this form and give you a copy. Please bring, or mail, the date-stamped copy to the Lower Township School District, attention Leigh Downie. This document is proof that you delivered the notice of intent before the deadline.

*****Please be advised that although our district provides transportation for Choice students who live within 20 miles of our schools, there is a possibility that you may have to bring your child to a centralized bus stop.*****

If you need any assistance with the application process, please do not hesitate to contact Leigh Downie, choice@lowertwpschools.com or (609) 884-9400, ext. 2604.

LOWER TOWNSHIP SCHOOL DISTRICT
CAPE MAY, NJ



APPLICATION
for the
INTERDISTRICT PUBLIC SCHOOL CHOICE PROGRAM

FOR ENROLLMENT
FOR THE 2019-2020 SCHOOL YEAR

PARENT INFORMATION CENTER - CONTACT INFORMATION

ADMINISTRATION BUILDING (LOCATED BEHIND THE CARL T. MITNICK SCHOOL)

905 SEASHORE ROAD, CAPE MAY, NJ 08204

WEBSITE: [HTTP://WWW.LOWERTWPSCHOOLS.COM/SCHOOLCHOICE](http://www.lowertwpschools.com/schoolchoice)



EMAIL: CHOICE@LOWERTWPSCHOOLS.COM



FAX: 609-884-1821



PHONE 884-9400 EXT. 2604

SABINA MULLER, PROGRAM SUPERVISOR
LEIGH DOWNIE, PROGRAM COORDINATOR

LOWER TOWNSHIP SCHOOL DISTRICT
INTERDISTRICT PUBLIC SCHOOL CHOICE APPLICATION
FOR ENROLLMENT for the 2019-2020 SCHOOL YEAR

Student Enrollment Policies

Tier 1 students are students who are enrolled in a NJ public school in their resident school district during the time of application and for the entire year (2018-19) immediately preceding enrollment in a choice district. If a student moved during the school year and attended the resident public school of his/her old district of residence, he/she is also considered Tier 1. 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. To qualify as Tier 1 for kindergarten, a student must be attending a free public preschool in his or her resident district or have a sibling currently attending the choice district. If the resident district does not offer free public preschool, a student must apply as Tier 2 for kindergarten.

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. Most students applying for kindergarten are in Tier 2.

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 with siblings enrolled in the choice district; 2). choice students who will have completed the terminal grade of the sending district (i.e., students who attend a choice district with grades that terminate before 12th grade and with a natural progression to the desired choice district); and 3). resident students of the choice district who move during the school year and want to remain in the choice district the following year. Your student's enrollment preference status will be determined from the information you provide in this application.

The Lower Township School District has adopted the following policies regarding student enrollment:

A. THE DISTRICT ACCEPTS TIER 2 STUDENTS.	YES
B. THE DISTRICT GIVES ENROLLMENT PREFERENCE TO STUDENTS WHO HAVE A SIBLING CURRENTLY ATTENDING THE CHOICE DISTRICT, PROVIDED THEY WILL ENROLL IN A CHOICE-APPROVED GRADE/PROGRAM AND THEY MEET ALL PROGRAM-SPECIFIC CRITERIA	YES PROVIDED SPACE IS AVAILABLE
C. THE DISTRICT GIVES ENROLLMENT PREFERENCE TO CHOICE STUDENTS WHO HAVE COMPLETED THE TERMINAL GRADE OF THE SENDING DISTRICT (I.E., STUDENTS WHO ATTEND A CHOICE DISTRICT WITH GRADES THAT TERMINATE BEFORE 12 TH GRADE AND WITH A NATURAL PROGRESSION TO THIS CHOICE DISTRICT).	NOT APPLICABLE
D. THE DISTRICT GIVES ENROLLMENT PREFERENCE TO RESIDENT STUDENTS WHO MOVE <u>BEFORE</u> THE APPLICATION DEADLINE. IF RESIDENT DISTRICT STUDENTS MOVE AND FILE CHOICE APPLICATIONS FOR THE FOLLOWING YEAR PRIOR TO THE DEADLINE, THE DISTRICT WILL GIVE THEM ENROLLMENT PREFERENCE (I.E., ACCEPT THEM AHEAD OF OTHER APPLICANTS) <u>PROVIDED</u> THAT THERE ARE CHOICE SEATS AVAILABLE IN THE CHOICE-APPROVED GRADES/PROGRAMS AND THE STUDENTS MEET ANY PROGRAM-SPECIFIC CRITERIA. <u>IF THE DISTRICT HAS ALREADY REACHED ITS APPROVED CHOICE ENROLLMENT MAXIMUM, THIS PREFERENCE WILL NOT APPLY.</u>	YES
E. THE DISTRICT GIVES SPECIAL CONSIDERATION TO RESIDENT STUDENTS WHO MOVE <u>AFTER</u> THE APPLICATION DEADLINE. STUDENTS IN THIS SITUATION MAY APPLY AS LATE APPLICANTS, <u>PROVIDED</u> THAT THERE ARE CHOICE SEATS AVAILABLE IN THE CHOICE-APPROVED GRADES/PROGRAMS AND THE STUDENTS MEET THIS PROGRAM-SPECIFIC CRITERIA. <u>IF THE DISTRICT HAS ALREADY REACHED ITS APPROVED CHOICE ENROLLMENT MAXIMUM, THIS SPECIAL CONSIDERATION WILL NOT APPLY.</u>	YES

NOTE: If any information on this application is proven to be falsified, the student's admission to the Choice Program could be revoked. Acceptance is conditional pending review of initial academic screening, annual IEP, or most current 504 plan, if applicable.

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. I understand that transportation of choice students is not guaranteed. If my student is eligible for transportation (within 2 to 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: _____ PRINT: _____
Signature of Parent or Guardian Name of Parent or Guardian

APPLICATION DUE TO CHOICE DISTRICT BY DECEMBER 3, 2018.

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

LOWER TOWNSHIP SCHOOL DISTRICT
MAIL TO: 905 SEASHORE ROAD
CAPE MAY, NJ 08204

**INTERDISTRICT PUBLIC SCHOOL CHOICE
APPLICATION FOR ENROLLMENT
2019-2020 SCHOOL YEAR**

FOR OFFICE USE ONLY

On time application _____ Late application _____
Tier 1 _____ Tier 2 _____
Grade Applied For: _____
Enrollment Preferences granted:
____ Sibling(s) in Choice District (Sibling Grade in 2019-2020: _____)
____ Choice student from a district that terminates before grade 12
____ Resident student who moved
Lottery # (if applicable): _____

To be completed by the parent or legal guardian:

Student Information Student resides with ☐ BOTH PARENTS ☐ MOTHER ONLY ☐ FATHER ONLY ☐ OTHER

Name of student applicant: _____

Student street address: _____

City: _____ County: _____ Zip: _____

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

Parent's email: _____

Current School Information (2018-19)

Student's grade level for the 2018-2019 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 2018-2019 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 2019-2020 school year: _____

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

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. current IEP (Special Education Plan) or 504 Plan (Accommodation Plan)

NOTE: If the student is deemed eligible for services prior to the start of the following school year and the district cannot implement the IEP, 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 2019-2020: _____

Is the applicant a former resident student who moved before the application deadline of 12/3/18? Yes _____ No _____

Is the applicant a former resident student who moved after the application deadline of 12/3/18? Yes _____ No _____

Sandman Consolidated School
838 Seashore Road
Cape May, NJ 08204
Telephone: (609) 884-9410
Fax: (609) 884-9412

LOWER TOWNSHIP ELEMENTARY SCHOOL DISTRICT

**905 SEASHORE ROAD
CAPE MAY, NEW JERSEY 08204**

Maud Abrams School
714 Town Bank Road
Cape May, NJ 08204
Telephone: (609) 884-9420
Fax: (609) 884-9421

TELEPHONE: (609) 884-9400
FAX: (609) 884-1821
www.lowertwpschools.com

Memorial School
2600 Bayshore Road
Villas, NJ 08251
Telephone: (609) 884-9430
Fax: (609) 886-0515

Carl T. Mitnick School
905 Seashore Road
Cape May, NJ 08204
Telephone: (609) 884-9470
Fax: (609) 898-9481

**NOTICE OF INTENT TO PARTICIPATE
IN THE
INTERDISTRICT PUBLIC SCHOOL CHOICE PROGRAM
FOR THE 2019-2020 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 participate in the Lower Township Elementary Interdistrict Public School Choice Program in September 2019. If my child is accepted into a choice program, my child's resident district will be notified by the choice district by January 16, 2019, 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 resident district must be notified by January 16, 2019 by the choice district of the choice students who will be enrolling in the 2019-2020 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 is within 2 to 20 miles of the student's residence. Information on school choice transportation and procedures can be found at <http://www.state.nj.us/education/finance/transportation/procedures/>.

NOTES TO PARENTS/GUARDIANS REGARDING TRANSPORTATION

Transportation of choice students is not guaranteed. Your student must meet the eligibility requirements: the choice district must be within 2 to 20 miles of your student's residence. If the cost of transportation 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. By August 1, 2019, 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 PRINT: _____
Name of Parent/Guardian

Address of Parent/Guardian _____
Contact Number

Parents: Please complete and deliver to your resident district by December 3, 2018.

LOWER TOWNSHIP SCHOOL DISTRICT
CAPE MAY, NJ

REQUEST FOR INFORMATION: CHOICE PROGRAM APPLICANT 2019-20

Interdistrict Public School
CHOICE

CURRENT SCHOOL: _____

CURRENT GRADE: _____

PRINTED NAME OF PARENTS/GUARDIANS _____

PARENT ADDRESS (FOR NOTIFICATION) _____

SIGNATURE OF PARENT _____

PLEASE RETURN TO:
LOWER TOWNSHIP CHOICE PROGRAM
905 SEASHORE ROAD
CAPE MAY, NJ 08204

STUDENT APPLICANT'S NAME _____

DATE OF BIRTH _____

STUDENT RESIDES WITH: ☐ BOTH PARENTS ☐ MOTHER ONLY ☐ FATHER ONLY ☐ GUARDIAN



THE REMAINDER OF THIS SECTION TO BE COMPLETED BY STUDENT'S CURRENT SCHOOL ONLY ***

DEAR PRINCIPAL:

Our district has received an application for the Choice Program from the student listed above seeking enrollment for the 2019-20 SY. The INTERDISTRICT PUBLIC SCHOOL CHOICE ACT permits the resident school district to provide the receiving (CHOICE) district information from the student's records related to attendance, weapons offenses and disciplinary actions taken against the student by the district. Written consent of the parent is not required as a condition of transfer of this information; however, written notice shall be provided to the parent by the Choice District. [NJAC: 6A:32-7.5].

DOES THE STUDENT NAMED ABOVE HAVE A RECORD OF SERIOUS DISCIPLINE ISSUES INCLUDING WEAPONS VIOLATIONS, INJURY TO SELF OR OTHERS, OR THREAT OF INJURY TO SELF OR OTHERS? IF YES, PLEASE PROVIDE INFORMATION REGARDING INCIDENTS OF DISCIPLINE DURING THE 2018-19 SCHOOL YEAR.

ATTENDANCE and EDUCATIONAL DATA

DAYS ABSENT - 2018-19 SCHOOL YEAR _____

DAYS ABSENT AS OF _____

DAYS TARDY - 2018-19 SCHOOL YEAR _____

DAYS TARDY AS OF _____

DOES THIS STUDENT HAVE AN IEP?
(IEP = INDIVIDUALIZED EDUCATION PLAN)

☐ YES ☐ NO

IF YES, PLEASE ATTACH A CURRENT COPY.

DOES THIS STUDENT HAVE A 504 PLAN?

☐ YES ☐ NO

IF YES, PLEASE ATTACH A CURRENT COPY.

(504 PLAN = ENSURES THAT STUDENTS WITH MEDICAL NEEDS OR OTHER DISABILITIES HAVE EQUAL ACCESS TO EDUCATION.)

REQUEST FOR INFORMATION - PAGE 2

STUDENT APPLICANT'S NAME

NJ SMART SID NUMBER: _____

SIGNATURE OF PRINCIPAL/CHIEF SCHOOL ADMINISTRATOR

PRINTED NAME OF PRINCIPAL/CSA

ADDRESS OF SCHOOL

CITY, STATE, ZIP

PLEASE RETURN TO:
LOWER TOWNSHIP CHOICE PROGRAM
ADMINISTRATION BUILDING
905 SEASHORE ROAD (BEHIND CARL T. MITNICK SCHOOL)
CAPE MAY, NJ 08204

WEBSITE: [HTTP://WWW.LOW](http://www.lowertwpschools.com/district/choice)
ERTWPSCHOOLS.COM/DISTRICT/CHOICE
EMAIL to: CHOICE@LOWERTWPSCHOOLS.COM
PHONE: 609-884-9400 EXT. 2604
FAX: 609-884-1821