

KINNELON PUBLIC SCHOOLS PRESCHOOL APPLICATION 2021-2022

PROSPECTIVE STUDENT INFORMATION

Student Name: _____ Male Female

Last First

Student Date of birth: _____

(Student must be 3 years old on or before October 1, 2020 but not 5 years old)

Parents/Guardians
 Home Phone:
 Cell Phone:
 Email:

Parent/Guardian Names:

1. _____
 2. _____
 Last First

Parent/Guardian Home Address
 Street:

City: _____ State: _____ ZIP Code: _____

Is English the primary Language spoken in your home?

- Yes
 No If no, what is the primary language?

Do you believe your child may have any special needs you would like to share? (i.e. speech and language concerns?)

- Yes
 No
 If Yes, please describe

Preference of Session Please Circle your **FIRST** and **SECOND** choice.

Session 1: 9:20 am to 11:50 am FIRST CHOICE / SECOND CHOICE

Session 2: 1:10 pm to 3:40 pm FIRST CHOICE / SECOND CHOICE

We will attempt to honor your preferences.

Parent/Guardian Signature: _____ Date: _____

Cost of Program; \$300 per month payable to the Kinnelon Board of Education

Return this application to:
Nicholas Del'Re
Department of Special Services
Kinnelon Public Schools
109 Kiel Avenue
Kinnelon, NJ 07405

2021-2022 School Year

Date Rec'd	Accept	Paid
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Office Use:

Application MUST include:

- Child's Birth Certificate (Copy)
- proof of residency (one):
 - Title/Deed
 - Tax Bill
 - Lease Agreement
 - Sibling currently enrolled in District: Name: _____ Grade: _____