

APPLICATION INSTRUCTIONS

STEP #1

PLEASE SUBMIT THE "INTENT TO PARTICIPATE FORM
(ON PAGE 2)
TO THE SCHOOL DISTRICT **WHERE YOU LIVE**

STEP #2

YOUR RESIDENTIAL PUBLIC SCHOOL DISTRICT WILL
RESPOND IN WRITING DIRECTLY TO YOU.
A COPY OF THEIR RESPONSE IS NEEDED BY THE
OXFORD TOWNSHIP SCHOOL DISTRICT
CHOICE PROGRAM OFFICE.

STEP #3

PLEASE SEND THE FOLLOWING TO THE
OXFORD TOWNSHIP SCHOOL DISTRICT:

1. APPLICATION FOR ENROLLMENT
2. COPY OF THE RESPONSE FROM YOUR LOCAL
SCHOOL DISTRICT

YOU CAN SEND THE TWO FORMS TOGETHER. PLEASE NOTE THAT UNTIL **BOTH**
DOCUMENTS HAVE BEEN RECEIVED THE APPLICATION IS INCOMPLETE.

PLEASE SEND THE TWO DOCUMENTS TO:

OXFORD TOWNSHIP SCHOOL DISTRICT
ATTENTION: SCHOOL CHOICE
17 KENT STREET
OXFORD, NEW JERSEY 07863

ANY QUESTIONS? PLEASE CALL: 908-453-4101, X2101

OXFORD TOWNSHIP SCHOOL DISTRICT

OXFORD CENTRAL SCHOOL

17 Kent Street

Oxford, N.J. 07863

908-453-4101

www.oxfordcentral.org

Mr. Robert Magnuson
Chief School Administrator

Ms. Patricia Martucci
Business Administrator

Miss Milissa Dachisen
Vice Principal

Oxford Central School Students are C.O.R.R.E.C.T.

INTERDISTRICT PUBLIC SCHOOL CHOICE PROGRAM APPLICATION
FOR THE
2012 – 2013 SCHOOL YEAR

NOTIFICATION OF STUDENT INTENT TO PARTICIPATE
IN THE SCHOOL CHOICE PROGRAM

SUPERINTENDENT/CHIEF SCHOOL ADMINISTRATOR

DATE

NAME OF THE DISTRICT WHERE YOU LIVE

AS PARENT(S)/LEGAL GUARDIAN(S) OF THE STUDENT NAMED BELOW, I AM SUBMITTING THIS WRITTEN NOTIFICATION OF MY CHILD'S INTENTION TO PARTICIPATE IN THE **INTERDISTRICT PUBLIC SCHOOL CHOICE PROGRAM** AT THE OXFORD TOWNSHIP SCHOOL DISTRICT IN SEPTEMBER 2012. I UNDERSTAND THAT YOU WILL NOTIFY ME IN WRITING WHETHER OR NOT MY CHILD MAY PARTICIPATE IN THE PROGRAM.

CHILD'S NAME

CURRENT SCHOOL: _____

CURRENT GRADE: _____

SIGNATURE OF PARENT OR GUARDIAN

PRINTED NAME OF PARENT OR GUARDIAN

PARENT ADDRESS

CITY

STATE

ZIP CODE

THIS PAGE MUST BE SENT TO YOUR **RESIDENT** PUBLIC SCHOOL DISTRICT NOTIFYING THEM OF YOUR REQUEST TO PARTICIPATE IN THE **CHOICE PROGRAM**.

www.state.nj.us/education/choice/

OXFORD TOWNSHIP SCHOOL DISTRICT
17 KENT STREET
OXFORD, NJ 07863

INTERDISTRICT PUBLIC SCHOOL CHOICE PROGRAM APPLICATION
FOR THE
2012-2013 SCHOOL YEAR

TO BE COMPLETED BY THE PARENT OR LEGAL GUARDIAN

Student's Name: _____ Male: ____ Female: ____
Last First Middle

Home Address: _____
Number /Street Town State Zip Code

Father's Name: _____ Work/Cell Phone: _____

Mother's Name: _____ Work/Cell Phone: _____

District of Residence: _____ Home Phone #: _____

School attended during the 2011-2012 school year: _____

Grade Level completed during the 2011-2012 school year: _____ Date of Birth: _____

Does the student have a current IEP? _____ **If yes, attach a copy.**

Does the student have a 504 plan? _____ **If yes, attach a copy.**

I am applying for admission to the School Choice program in Oxford Township for: _____
Grade level in 2011-2012

To avoid any delays in processing your application, ALL sections of this application must be completed. Has your district of residence provided written notification that your student may participate in the school choice program?

NO

YES

Please attach a copy of the written notification from your school district with this application OR when you receive it. Falsifying any information on this application will result in the denial of the student's participation in the OCS School Choice Program.

By my signature I certify that: I am applying for the student's admission to the OCS School Choice district for academic reasons only and not for athletic, extracurricular, or social reasons; and that a Notice of Intent to Participate in the School Choice Program was provided to the school administration in my district of residence.

Students applying to participate in the Oxford Township School District School Choice program will be subject to an educational program review, annual IEP review (if applicable) or re-evaluation and 504 Plan review (if applicable). Discipline records will be reviewed prior to acceptance in the OCS School Choice Program. _

Signature: _____
Signature of Custodial Parent or Guardian

Print: _____
Name of Custodial Parent or Guardian

Date: _____

Please send to: Oxford Central School, School Choice, 17 Kent Street, Oxford, NJ 07863