

Chesterfield Township School District

30 Saddle Way
Chesterfield, NJ 08515

Telephone: (609) 298-6900
Fax: (609) 920-5259



www.chesterfieldschool.com

To the Special Services Department,

I would like to nominate my child/student, _____, to be considered for the REACH Program. I understand that eligibility requirements set in school policy must still be met for acceptance into the program. This nomination will serve to assure that eligibility criteria for this student is reviewed.

Please describe your reasons for this nomination and attach any supporting documents.

Student's Grade and Teacher

Grade: _____

Homeroom Teacher: _____

Nominating Parent/Guardian Name *(printed)*

Nominating Parent/Guardian *(signature)*

Date Submitted _____