

2023-2024
EAST BRUNSWICK PUBLIC SCHOOLS
GENERAL EDUCATION INCLUSIVE PRESCHOOL PROGRAM

_____		_____	
Student First Name	Student Last Name		
_____		_____	
Parents First Name	Parents Last Name	Phone Number	
_____		_____	
Student Street Address		Town	Zip Code
Parent's email address: _____			
Date of Birth: M/ _____ D/ _____ Y/ _____ Age: _____			
(Student must be 3 years old by October 31st and not age eligible for Kindergarten)			
Gender: _____ Eligible for Free and Reduced Lunch? Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/>			
Student resides with (Relationship): _____ If divorced or separated, who has legal custody? _____			
If divorced or separated, who has residential custody? _____			
Do you have other children attending East Brunswick Public Schools? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Indicate School(s): _____			
(Preferred Session and School Not Guaranteed)			
Session Preferred: AM 9:00 – 11:20 <input type="checkbox"/> PM 12:00-2:20 <input type="checkbox"/>			
School Preference 1) _____ 2) _____			

I certify that the foregoing statements made by me are true. I am aware that if any of them are willfully false, I will be subject to legal action. As per State Law and Board Policy, if it is discovered that my child (children) is (are) illegally attending the East Brunswick Schools and not living in East Brunswick, I will be responsible for the payment of all accrued tuition fees. In addition, I acknowledge that I will be responsible for any legal expenses incurred by the East Brunswick Board of Education in relation to the situation.

Print Name _____ **Signature** _____ **Date** _____