

New Providence Board of Education  
PRESCHOOL LOTTERY APPLICATION  
2025-2026

**Student's Name:** \_\_\_\_\_  
Last Name First Name M.I

**DOB:** \_\_\_\_/\_\_\_\_/\_\_\_\_ \*Must have birth dates between 10/2/20-10/1/21\* **Sex:** M or F

**Address:** \_\_\_\_\_  
Street Address Apartment/Unit #

\_\_\_\_\_  
City State Zip Code

**Parent/Guardian Name(s):**

\_\_\_\_\_  
Last Name First Name

\_\_\_\_\_  
Last Name First Name

**Home Phone Number:** ( ) \_\_\_\_\_ - \_\_\_\_\_ **Cell Number:** ( ) \_\_\_\_\_ - \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Parent/Guardian(s) Signature:** \_\_\_\_\_

**Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Return to:** New Providence Board of Education  
Attention: Dena DiRocco  
356 Elkwood Avenue, New Providence, NJ 07974  
ddirocco@npsdnj.org

**APPLICATION DEADLINE: JANUARY 10<sup>TH</sup>, 2025**

Lottery Drawing will be held:  
**January 13<sup>th</sup>, 2025**