MOORESTOWN END APTNERSHR

MOORESTOWN TOWNSHIP PUBLIC SCHOOLS

803 NORTH STANWICK ROAD MOORESTOWN, NJ 08057

MOORESTOWN HIGH SCHOOL, WILLIAM ALLEN MIDDLE SCHOOL, UPPER ELEMENTARY SCHOOL, GEORGE C. BAKER ELEMENTARY SCHOOL, MARY E. ROBERTS ELEMENTARY SCHOOL, SOUTH VALLEY ELEMENTARY SCHOOL

Application for Tuition Students

Date:	_				
Full Name of Applicant:	Last Name	First Name		Middle Name	
Home Address:					
	Street		City	State	Zip
Home phone:		_			
Age:	_	Date of B	Birth:		
Father's Name:					
Father's address (if different	from student):	Street	City	State	Zip
Father's cell phone:		Father's 6			
Father's occupation:					
Business address:					
	Street		City	State	Zip
Father's business phone:		_			
Mother's Name:					
Mother's address (if differen	t from student):	Street	City		Zip
Mother's cell phone:		Mother's email:			
Mother's occupation:					
Business address:					
	Street		City	State	Zip
Mother's business phone:		<u> </u>			
What is student's present gra	ide?	Requested start date in Moorestown Schools			

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Indicate grade for which you wish to register in Moorestown Township Public Schools in September:					
☐ Kindergarten☐ Grade☐ Grade☐ Grade				☐ Grade 5	☐ Grade 6
Name of your present school and	d dates of your atte	endance:			
Name:		Date:			
Address:	Street	(City	State	Zip
Name of schools you attended p	reviously:				
Name:		Date:			
Name:		Date:			
Name:		Date:			
Indicate scholastic honors and av	wards you have re	ceived:			
Indicate significant school and c	ommunity activitie	es (e.g., dramati	cs, band, athlet	tics, student go	vernment):
_					

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Indicate special training you have received and length of time you have participated in that activity (e.g., piano – 4 years; computer workshop – 6 months; basketball camp – summer):				
Indicate your hobbies and interests:				

Each applicant is requested to write an essay on the following topic: Why do you want to attend Moorestown Township Public Schools? You may use a separate sheet of paper if you desire.

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List name, addresses and telephone	e numbers of three references:	
Name	Address	Telephone
Name	Address	Telephone
Name	Address	Telephone
Го be completed by parent or guar	dian:	
Please describe any disabilities whextracurricular programs.	ich may require special attention or accomm	nodations during curricular or
Date:	Signed:	

Please attach the following to your application:

- A copy of your child's State Testing Reports for the current and prior school year
- Report cards/transcripts for the current and prior school year
- Attendance report for the current school year
- Discipline report for the current school year

Please return this application to:

Moorestown Township Public Schools Office of the Superintendent 803 North Stanwick Road Moorestown, NJ 08057