**SUMMIT PUBLIC SCHOOLS**

**PRESCHOOL PROGRAM LOTTERY APPLICATION 2016 – 2017**

* ***To participate in this drawing, the child who will attend the program must be at least three years old by October 1, 2016. The child must also be toilet trained to begin school in September.***
* ***Preschool is for Summit residents only; there is no guarantee your request for school choice and session placement can be honored.***
* ***Preschool classes meet Monday through Friday. One Friday of each month classes will not be held with dates to be determined.***
* *Tuition is $3,800.00 per year. A one month deposit of $380.00 is due at registration on January 25 & 26, 2016. The deposit is $114.00 if your family qualifies for the Federal Reduced Lunch Program. The deposit is $38.00 if your family qualifies for the Federal Free Lunch Program. The deposit is applied to September, 2016 tuition and is nonrefundable.*

**Student’s Name**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date of Birth**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Last First Middle Initial Month Day Year

**Gender:** Male \_\_\_Female\_\_\_ **Age Now \_\_\_**\_\_\_/\_\_\_\_\_\_

Yrs. Mos.

**Primary Language Spoken at Home:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Is he/she Toilet Trained? YES NO**

**Home Elementary School: Brayton Franklin Jefferson Lincoln Hubbard Washington**

**Parent/Guardian Name(s): Father:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **Mother:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Home Address: Street:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **City, State, Zip:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Home Phone:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Cell Phone:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Mother)

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Father)

**Email:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Mother) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Father)

**Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Return this application in person to: Jefferson Primary Center, 110 Ashwood Avenue;**

**Email:** **emortenson@summit.k12.nj.us****; or Fax it to: (908) 918-2133**

**Application Deadline: Applications must be received by January 13, 2016, 4:00 PM**

**Applications received after this time will not be accepted.**

**Lottery Drawing: January 14, 2016, 2:00 P.M.**

**at the Board of Education Conference Room, 14 Beekman Terrace;**

**Parents are welcome to attend the drawing on January 14th at the Board of Education Conference Room at 2:00 p.m.**