

HADDONFIELD PUBLIC SCHOOLS

401 Kings Highway East | Haddonfield, NJ 08033 | Telephone: (856) 429-3960 | Fax: (856) 795-8910

TUITION PROGRAM APPLICATION

Regular Education Program*

Student Information

Name: _____ Male
 Female
(first) (middle) (last) (nickname)

Home Address: _____
(number) (street) (town) (state) (zip)

Birth Date: _____ Desired Date of Enrollment: _____
(month/day/year) (month/year)

Current or Previous School Attendance *(if applicable)*

(school district) (school name)

School Address: _____ Current or Last Grade Completed: _____

Address: _____
(number) (street) (town) (state) (zip)

School Principal: _____ Telephone: (_____) _____

Parent/Guardian Information

Name: Mr./Ms./Mrs./Dr. _____
(first) (middle) (last)

Email Address: _____ Relationship to Student: _____

Telephone - Home: (_____) _____ Work: (_____) _____

Home Address: _____
(number) (street) (town) (state) (zip)

(Signature of Parent/Guardian) *(Please see side two)*

Haddonfield does not discriminate on the basis of race, creed, color, or sex in the administration of its educational policies, admissions policies, or any school administered program.

* The Haddonfield School District does not have tuition-based special education programs.

2/5/97

Parent/Guardian

Please tell us what features and opportunities you are looking for as part of a school experience.

What are some hobbies, strengths and interests of this applicant?

Principal's Notes

Interview Date: _____ Persons Attending Interview: _____

I Recommend Acceptance
in the Tuition Program

I Do Not Recommend Acceptance
in the Tuition Program

Enrollment Date: _____ Enrollment Grade: _____

Comments:

(signature of principal)