

INTEGRATED PRESCHOOL PROGRAM APPLICATION
2017-2018 SCHOOL YEAR

Student Name: _____

Date of Birth (month, day, year): _____

Parents' Names: _____

Home Address: _____

Home Phone: _____

Work and/or Cell Phone: _____

Siblings enrolled in North Caldwell School District (age, grade level and teacher):

Please check whichever applies to your child:

_____ **I DO NOT** suspect my child might have a developmental disability.

_____ **I DO** suspect my child might have a developmental disability. I have the following concerns: _____

Parent/Guardian Signature _____

Date: _____

The North Caldwell Board of Education has set the tuition rate of \$3600 for the 2017-2018 school year.

Please return this application to Beth Shabazian, Dept. of Special Services,
Grandview School, 35 Hamilton Drive East.

APPLICATION DEADLINE: JANUARY 27, 2017