

**LENAPE VALLEY REGIONAL HIGH SCHOOL DISTRICT
INTERDISTRICT SCHOOL CHOICE PROGRAM
COMMON APPLICATION PACKET
2017-2018 School Year**



Directions: Please complete all required information. Supporting documentation and recommendations (if required) should be sent directly by your current school. If this is not possible, transcripts and recommendations should be included with your application in sealed envelopes with a school official's signature over the seal or mailed directly by your school.

SECTION I: Personal Information (Student)

Last Name: _____ First Name: _____

Street Address: _____ Date of Birth: _____

City: _____ State: _____ ZIP Code: _____

Home Phone: _____ Cell Phone: _____

Gender: Male Female Birth City & State: _____

Parent/Guardian Name: _____

Parent/Guardian Cell Phone: _____

Parent/Guardian Email: _____

Student Email: _____

Student Ethnicity (Optional): _____
Ethnic information is required by the U.S. Department of Health, Education, and Welfare Office for Civil Rights. The Lenape Valley Regional High School District does not discriminate in its admissions policies and practices on the basis of race, color, national origin, sex, or disability. Lenape Valley values diversity AA/EEO.

SECTION 2: ACADEMIC INFORMATION (to be verified by current school counselor or administrator)

Current School: _____

Location (City, State) of Current School: _____

Current Grade: 8 9 10 11

What public high school would you attend if you were not a school choice candidate? _____

Are you currently enrolled in or have you completed:
(Grade 8 students only)

Algebra I? Yes No
Spanish I? Yes No French I? Yes No
Other Language? Yes No Please list: _____

Does the applicant currently have or utilize:

An IEP? Yes No
A 504 Plan? Yes No
An ESL Program Yes No

Answers to this section will not impact admissions decisions.

I verify that the information in Section 2 is complete and accurate.

School Counselor/Administrator Name: _____

School Counselor/Administrator Signature: _____

School Counselor/Administrator Contact Number: _____

RECORDS RELEASE

Parent/Guardian Release: I give permission for my child to apply to Lenape Valley Regional High School District. I also give permission for my current school to release all records listed below to Lenape Valley Regional High School District for admissions consideration.

Student Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Please have your current school counselor or administrator send the following documents to Lenape Valley Regional High School District:

1. Complete transcript inclusive of the last grade completed plus a current report card (all applicants - to verify enrollment in a NJ public school)
2. Child Study Team Records/IEP/504 Plan (if applicable)

Please Return Application and Supporting Materials by December 1, 2016 to:

*Lenape Valley Regional High School District
School Choice Program
28 Sparta Road
Stanhope, NJ 07874
Attn: Mr. Paul DiRupo, Superintendent*