



LENAPE VALLEY REGIONAL HIGH SCHOOL

Instructions for Completing the School Choice Application 2020-2021 School Year

1. Complete the “School Choice Application” packet and submit it, along with a copy of your report card, ASK/New Jersey Student Learning Assessment scores, IEP or 504 Plan (if applicable) **by Tuesday, December 3, 2019**. Please note that the application requires a signature from your child’s current school and will not be accepted without this signature.
2. Complete the “Notice of Intent to Participate” Form (included in the application packet) and submit it to your **resident** district no later than Tuesday, December 3, 2019. The resident district will sign and return it to our office. The application will be considered complete once this form is returned signed.
3. If the number of applications exceeds the number of available seats, an admissions lottery will be conducted on Friday, December 13, 2019 and Conditional Acceptance letters sent out by Friday, December 20, 2019.
4. If you are accepted and wish to attend, you must submit the “Notice of Intent to Enroll” form by Monday, January 6, 2020. This form will be included in your Conditional Acceptance letter.
5. LVR will contact your resident district to assist you in making transportation arrangements.

Please contact the Office of the Superintendent at 973 347 7600, ext. 5101, should you have any questions in the process.

**LENAPE VALLEY REGIONAL HIGH SCHOOL DISTRICT
INTERDISTRICT SCHOOL CHOICE PROGRAM**

**APPLICATION PACKET
2020-2021 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: _____

Is this student a sibling of a current, or former Choice Student enrolled in Lenape Valley?
Yes No If Yes, Current Former

Is this student a current Choice Student enrolled in the Byram or Netcong School Districts?
Yes No District: _____

Is this student, considered a Tier 2 student? (Attends a non-public or private school)
Yes No

Language spoken in the home: _____

Student Ethnicity: _____

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: _____

Resident School District 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.

Student's State Identification Number (SID): _____

To be Completed by Resident District Representative:

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

School Counselor/Administrator Name (printed): _____

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 3, 2019 to:

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

Dear Parent/Guardian:

Please fill out the following “**Notice of Intent to Participate**” form and deliver it to your **resident district**. *It is recommended that you make a copy of the form and attach it to the application before handing in to Lenape Valley.*

The **resident district** must sign off on this form. Once the form is received at Lenape Valley, the application will be considered complete. It is recommended that you follow up with the resident district &/or our office to ensure that the form was released to us before the application due date.

Any questions you, or the resident district may have, please contact us at 973 347 7600, ext. 5101.

NOTICE OF INTENT TO PARTICIPATE
(Required for Tier 1)

In The Interdistrict Public School Choice Program
For the Lenape Valley Regional High School District

2020-2021 School Year

DATE: _____

TO: The Superintendent/Chief School Administrator of _____
(Student's Resident District)

As Parent/Legal Guardian of the student named below, I am submitting this written notification of my child's intent to participate in the Interdistrict Public School Choice Program in **September, 2020**. *(Please request a signed and dated copy from your home district of this form for our records.)* The resident district will be notified no later than **January 17, 2020** by the choice district if my child has been accepted and will be enrolling in a choice district for the **2020-2021** school year.

If my child enrolls in a choice district, transportation will be the responsibility of the resident district, provided my child meets the eligibility requirements of state law and the choice district is within 20 miles of my child's residence. Information on school choice transportation and procedures can be found at:

<http://www.state.nj.us/education/finance/transporation/procedures/>.

Student's Name

Student's Home Address

CURRENT SCHOOL: _____ **CURRENT GRADE:** _____

SIGNED: _____
Signature of Parent/Guardian

PRINT: _____
Name of Parent/Guardian

Address of Parent/Guardian

Contact Number

Home District Administrator/Assistant

Date