

**INTERDISTRICT PUBLIC SCHOOL CHOICE
APPLICATION FOR ENROLLMENT IN A CHOICE DISTRICT
2020-2021 SCHOOL YEAR**



Atlantic City Public Schools
1300 Atlantic Avenue; 5th Floor
Atlantic City, NJ 08401
(609) 343-7200

Important Dates:

Application Due Date: December 3, 2019

MANDATORY Auditions and Interviews will be held on dates to be determined.

You will be contacted with the time for your student's audition and interview.

To be completed by the parent or legal guardian:

Name of Student Applicant: _____

Street Address: _____

City: _____ County: _____ Zip: _____

Home Phone Number: _____ Parent's Work Phone: _____

Parent E-Mail Address: _____

District of Residence: _____ Date of Birth: _____

School attending in district of residence for 2020-2021 school year: _____

Grade level in district of residence for 2020-2021 school year: _____

ESSAY: *On a separate piece of paper, please list your community service and academic experiences. Please also attach a typed essay explaining your interest in maritime history, science, and service, and why you wish to be a part of the NJROTC program at Atlantic City High School. The essay portion will be evaluated as part of the application.*

Does the student have a current IEP (Special Education Plan)? _____ **If yes, attach a copy.**

Does the student have a 504 Plan (Accommodation Plan)? _____ **If yes, attach a copy.**

Attach report cards and discipline records from the past two years.

Any student chosen to participate in the Atlantic City High School NJROTC Choice Program will be conditionally accepted pending educational program review, annual IEP review or re-evaluation, or 504 plan review during or at the end of the current school year. Discipline records will be reviewed prior to acceptance into the program.

If the Student Applicant is registered in his/her resident district's public school, (a Tier 1 student), please attach the signed receipt by the resident district that the Notice of Intent to Participate form was received by **December 3, 2019**.

By my signature I certify that I am applying for my student's admission to the Choice district for academic reasons only and not for athletic, extracurricular, or social reasons and that all of the information I have provided is accurate. If my student has a current IEP or 504 Plan, I hereby give permission to the Child Study Team of this choice district to release and/or obtain information on behalf of my student. I further understand that if the cost of transportation will exceed \$844, I will be given \$884 as aid in lieu of transportation and, in some cases, the option of receiving the transportation and paying the additional amount over \$884.

If any information contained in this application has been falsified, it will result in the denial of the student's participation in the Choice Program.

SIGN: _____

Signature of Parent or Guardian

PRINT: _____

Name of Parent or Guardian

DATE: _____