WEST ORANGE PUBLIC SCHOOLS PRESCHOOL PROGRAM APPLICATION 2017-2018

Student's Name						DOB:	/	/	/
	_	Last	t	First	MI		Month	Day	Year
Age Now	/ Years	/ Months		I Would Prefer			a.m. sessio p.m. sessio		
	1 cars	Wionths					either s		
Parent's/Guar	dian's	Names:							
Home Addres	s:								
Home Telepho	one:								
Work Address:		Father:							
		Mother:							
Work Telephone:		Father			M	other:			
Email address	S:								
Known allerg	ies/illr	ness or speci	al medica	l care need	ed by your child:				
In case of eme	ergenc	y, please co	ntact:						
1. Name:									
Address:									
Telephor	ne:								
2. Name:	_								
Address:									
Telephor	ne:								
Parent's/G	uardi	an's Signati	ure	I	Date				

Please return to Constance Salimbeno, Director of Special Services

Preschool Program, Student Support Services

179 Eagle Rock Avenue, West Orange, New Jersey 07052

Attention: Preschool Program Lottery Telephone: 973-669-5400 Ext. 20539

Fax: 973-669-8601

Application Deadline: April 21, 2017

Lottery Drawing at Board of Education: April 24, 2017