

# Haddon Township

## Preschool Registration (3 and 4 Year Olds)

Enclosed are the papers required to enroll your child (must be 3 years old on or before **October 1, 2017**) in the Haddon Township Preschool program.

1. Registration Form
2. Physical Examination/Immunization Record- completed by physician
3. Release form
4. Temporary Eligibility for Tuition Free Preschool Form
5. Haddon Township Public Schools Responsibility Slip
6. Annual Health History Update
7. English Language Learners Student Information Form
8. Preference Form – School/Session

In addition, you will need to provide the following documentation. Please bring the **original document PLUS 1 copy** to registration.

1. Proof of residence (2) (e.g. Tax bill, utility bill, license, lease agreement)
2. Original Birth Certificate with raised seal or Passport
3. Immunization records
4. Deposit of 275.00 (check payable to Haddon Twp BOE). This will be credited toward the 1<sup>st</sup> month's tuition (non-refundable after May 31<sup>st</sup>).

A copy of the district's Preschool Program Policy has also been included in the packet.

***Enrollment will begin at the Edison School  
Thursday, February 2nd from 9:00-10:30.***

After February 2nd completed packets will be accepted at the Board of Education Building, 500 Rhoads Avenue. Please call Becky Barbieri at 869-7750, ext 1108 to set up a registration appointment.

**The enrollment packets must be completed and turned in by February 10<sup>th</sup> to ensure enrollment in the 2017-2018 school year. Partially completed packets will not be accepted.**

***Students must be completely toilet trained before beginning school in September.***

**The Haddon Township Board of Education set a tuition rate of \$2,750 (billed monthly) to offset the cost of our Preschool program. That cost may change, subject to the successful completion and passage of the 2017-2018 budget.**

# Haddon Township Schools Registration Form

Office Use Only: Student Number: \_\_\_\_\_  
Student Registration Form 11/1/2016

School: \_\_\_\_\_

## Student Information

Last Name \_\_\_\_\_ Phone \_\_\_\_\_

First Name \_\_\_\_\_ MI \_\_\_\_\_ Grade \_\_Preschool\_\_\_\_\_ Male [ ] Female [ ]

Street Address \_\_\_\_\_ First Date of Entry \_\_\_\_\_  
Haddonfield 08033 [ ] Westmont 08108 [ ] Oaklyn 08107 [ ] W. Collingswood Ext, 08107 [ ] W. Colls Hgts 08059 [ ] W. Colls 08104 [ ]

Date of Birth \_\_\_\_\_ Place of Birth (City and State) \_\_\_\_\_

Proof of Residency: Tax Bill [ ] Deed/Lease Agreement [ ] Utility Bill [ ] Other (specify) \_\_\_\_\_  
Driver's License [ ] Affidavit of Temp Residency [ ] \_\_\_\_\_

Ethnicity: Is the student Hispanic or Latino? Yes \_\_\_\_\_ No \_\_\_\_\_

Race Category (check all that apply):

White [ ] Black/African American [ ] Asian [ ] American Indian/Alaskan Native [ ] Native Hawaiian/Other Pacific Islander [ ]

Previous School and District Attended: \_\_\_\_\_

- Has the student ever been referred to the Child Study Team for evaluation? Yes [ ] No [ ]
- Is the student eligible to receive Special Education services? Yes [ ] No [ ] If Yes, what kind? \_\_\_\_\_
- Is the student eligible for 504 services? Yes [ ] No [ ] If yes, what kind? \_\_\_\_\_
- Will the student be eligible for Free or Reduced Lunch? Yes [ ] No [ ] N/A [ ] Unknown [ ]
- Is the student receiving any related services? Yes [ ] No [ ] Which? \_\_\_\_\_ (OT, PT, Speech, Counseling)
- Has the student attended Haddon Township Schools before? Yes [ ] No [ ] If Yes, which school(s)? \_\_\_\_\_ Dates: \_\_\_\_\_
- Is another language besides English spoken in the home? Yes [ ] No [ ] If yes, what language(s)? \_\_\_\_\_ Which dialect? \_\_\_\_\_
- Did the student receive ESL (English as a Second Language) services at their former school? Yes [ ] No [ ]

## Head(s) of Household Information

Student Lives with: Both Parents [ ] Father [ ] Mother [ ] Foster Parent [ ] Guardian [ ] Relationship \_\_\_\_\_

Name \_\_\_\_\_ Employer \_\_\_\_\_  
Last First MI

Email (if checked regularly): \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Name \_\_\_\_\_ Employer \_\_\_\_\_  
Last First MI

Email (if checked regularly): \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

## Non - Resident Parent

Name \_\_\_\_\_ Address \_\_\_\_\_  
Last First MI

Home Phone: \_\_\_\_\_ Email (if checked regularly): \_\_\_\_\_

Employer \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

## Emergency Contact (other than parent)

Name of Contact \_\_\_\_\_ Phone Number \_\_\_\_\_ Relationship to Student \_\_\_\_\_

## Medical Conditions/Allergy ALERTS

Physician: \_\_\_\_\_ Phone #: \_\_\_\_\_ Hospital Preference: \_\_\_\_\_

## LEGAL ALERTS:

Signature of Person Completing Form: \_\_\_\_\_ Date \_\_\_\_\_



Haddon Township Public Schools  
Haddon Township, NJ

NAME: \_\_\_\_\_ DOB: \_\_\_\_\_ Male [ ] Female [ ] EXAM DATE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ SCHOOL: \_\_\_\_\_ GRADE: \_\_\_\_\_

**PHYSICAL EXAMINATION:** Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Blood Pressure: \_\_\_\_\_

Vision Screening: Right \_\_\_\_\_ Left \_\_\_\_\_ with correction: glasses \_\_\_\_\_ contact lens \_\_\_\_\_  
Hearing Screening: Right \_\_\_\_\_ Left \_\_\_\_\_ hearing aid: left \_\_\_\_\_ right \_\_\_\_\_ both \_\_\_\_\_

Eyes \_\_\_\_\_ Chest \_\_\_\_\_ Genito-Urinary \_\_\_\_\_ Skin \_\_\_\_\_  
Ears \_\_\_\_\_ Heart \_\_\_\_\_ Musculoskeletal \_\_\_\_\_ Speech \_\_\_\_\_  
Nose \_\_\_\_\_ Lungs \_\_\_\_\_ Scoliosis \_\_\_\_\_ Nutrition \_\_\_\_\_  
Mouth/teeth \_\_\_\_\_ Abdomen \_\_\_\_\_ Feet \_\_\_\_\_  
Neck \_\_\_\_\_ Hernia \_\_\_\_\_ Nervous system \_\_\_\_\_ Other \_\_\_\_\_

General Health: \_\_\_\_\_  
Abnormal/significant findings: \_\_\_\_\_

**MEDICAL HISTORY:** Gestational age & birth weight \_\_\_\_\_  
Cardiac (heart murmur, etc.) \_\_\_\_\_  
Operations (procedure & date) \_\_\_\_\_  
Fractures (site & date) \_\_\_\_\_  
Allergies (foods; drugs; environmental) \_\_\_\_\_  
Chronic Illness (asthma, diabetes, ADD, OCD) \_\_\_\_\_  
Medications for Illness/Allergy: \_\_\_\_\_  
Check all that apply & indicate date of illness/diagnosis:  
Chicken Pox \_\_\_\_\_ Measles \_\_\_\_\_ German Measles \_\_\_\_\_ Mumps \_\_\_\_\_ Strep \_\_\_\_\_  
Otitis Media \_\_\_\_\_ Pertussis \_\_\_\_\_ Meningitis \_\_\_\_\_ Rheumatic Fever \_\_\_\_\_  
Hepatitis \_\_\_\_\_ Mononucleosis \_\_\_\_\_ Tuberculosis \_\_\_\_\_ Arthritis \_\_\_\_\_ Seizures \_\_\_\_\_  
Other \_\_\_\_\_

**IMMUNIZATION RECORD:** Please attach copy of clinic/doctor's office record or complete below with month/day/yr

DTP, DTaP (Indicate Type) (1) \_\_\_\_\_ (2) \_\_\_\_\_ (3) \_\_\_\_\_  
Td, Tdap Boosters (4) \_\_\_\_\_ (5) \_\_\_\_\_ (6) \_\_\_\_\_  
OPV or IPV (Indicate Type) (1) \_\_\_\_\_ (2) \_\_\_\_\_ (3) \_\_\_\_\_  
Boosters (4) \_\_\_\_\_ (5) \_\_\_\_\_

MMR (1) \_\_\_\_\_ (2) \_\_\_\_\_ Measles \_\_\_\_\_ Mumps \_\_\_\_\_ Rubella \_\_\_\_\_  
Hib (1) \_\_\_\_\_ (2) \_\_\_\_\_ (3) \_\_\_\_\_ (4) \_\_\_\_\_  
HepB (1) \_\_\_\_\_ (2) \_\_\_\_\_ (3) \_\_\_\_\_ HepA (1) \_\_\_\_\_ (2) \_\_\_\_\_  
Varicella (1) \_\_\_\_\_ (2) \_\_\_\_\_ Meningococcal (1) \_\_\_\_\_ (2) \_\_\_\_\_  
Pneumococcal (1) \_\_\_\_\_ (2) \_\_\_\_\_ (3) \_\_\_\_\_ (4) \_\_\_\_\_ (5) \_\_\_\_\_  
Influenza (1) \_\_\_\_\_ (2) \_\_\_\_\_ (3) \_\_\_\_\_ (4) \_\_\_\_\_ (5) \_\_\_\_\_

Other (specify): \_\_\_\_\_  
Mantoux Test (date/result): \_\_\_\_\_  
**SUMMARY/RECOMMENDATIONS:** \_\_\_\_\_  
\_\_\_\_\_

PHYSICIAN'S SIGNATURE  
(Stamp or Office Staff Initials Not Acceptable)

PLEASE PRINT PHYSICIAN'S NAME \_\_\_\_\_ DATE \_\_\_\_\_  
Address and Phone Number \_\_\_\_\_

**PARENT:** Are there special concerns we should be aware? \_\_\_\_\_  
\_\_\_\_\_

# RELEASE FORM FOR PRESCHOOL DISMISSAL

My child may be released to the following persons:

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Child's Name \_\_\_\_\_

- ❖ I give my permission to release my telephone number and address to other parents in my child's class.
- ❖ \_\_\_YES \_\_\_No

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date



# HADDON TOWNSHIP BOARD OF EDUCATION

500 RHOADS AVENUE • WESTMONT, NEW JERSEY 08108  
PHONE: 856-869-7750 ext. 1100 • FAX: 856-854-7792  
WEBSITE: [www.haddontwpschools.com](http://www.haddontwpschools.com)

**Bonnie J. Edwards**  
Superintendent of Schools  
856-869-7750 Ext. 1100  
[bedwards@haddontwpschools.com](mailto:bedwards@haddontwpschools.com)

**Jennifer Gauld**  
School Business Administrator/  
Board Secretary  
856-869-7750 Ext. 1105  
[jgauld@haddontwpschools.com](mailto:jgauld@haddontwpschools.com)

**Elizabeth Mennig**  
Assistant Superintendent for  
Curriculum & Instruction  
856-869-7750 Ext. 1108  
[lmennig@haddontwpschools.com](mailto:lmennig@haddontwpschools.com)

## ALL APPLICANTS MUST CHECK ONE BOX WHEN REGISTERING FOR HADDON TOWNSHIP SCHOOL DISTRICT PRESCHOOL:

- I am NOT applying for Tuition Free Preschool Program
- I am applying for Tuition Free Preschool Program (*Temporary Eligibility*)  
(Please complete attached application form)

**Please note: Proof of income must be resubmitted for final approval. You will be contacted by the Board of Education prior to the start of the school year.**

Parent Name:	
Child's Name:	
Street Address:	
City, State, Zip:	
Phone:	

**2017 - 2018**  
**APPLICATION**  
**HADDON TOWNSHIP SCHOOL DISTRICT**  
**TUITION FREE PRESCHOOL**  
**\*TEMPORARY ELIGIBILITY\***

<b>CHILDREN IN SCHOOL</b>			
Names of all children in school (First, Middle Initial, Last)	School Name	Grade or ID Number	Food Stamp or TANF case # (if any).

<b>Total Household Gross Income – You must tell us how much and how often for each person; check if no income</b>					
1. Name (list everyone in household – include students listed above)	2. List gross income and how often it was received <i>Example: \$100/month    \$100/twice a month \$100/every other week    \$100/weekly</i>				3. Check if <b>NO</b> income
	Earnings from work before deductions <small>How Often?</small>	Welfare, child support, alimony <small>How Often?</small>	Pensions, retirement, Social Security	All Other Income	
1.	\$ _____ / _____	\$ _____ / _____			<input type="checkbox"/>
2.	\$ _____ / _____	\$ _____ / _____			<input type="checkbox"/>
3.	\$ _____ / _____	\$ _____ / _____			<input type="checkbox"/>
4.	\$ _____ / _____	\$ _____ / _____			<input type="checkbox"/>
5.	\$ _____ / _____	\$ _____ / _____			<input type="checkbox"/>
6.	\$ _____ / _____	\$ _____ / _____			<input type="checkbox"/>
7.	\$ _____ / _____	\$ _____ / _____			<input type="checkbox"/>
8.	\$ _____ / _____	\$ _____ / _____			<input type="checkbox"/>
9.	\$ _____ / _____	\$ _____ / _____			<input type="checkbox"/>

**PLEASE SUPPLY PROOF OF INCOME** (i.e. pay stub, W2, unemployment - COPIES ONLY – ORIGINALS WILL NOT BE RETURNED)

<b>Signature and Social Security Number (Adult must sign)</b>	
<i>I understand that school officials may verify (check) the information. Proof of income must be resubmitted for final approval in September.</i>	
Sign Here: X _____	Print Name: _____ Date: _____
Street Address: _____	City: _____ Zip: _____
Social Security Number: _____	<input type="checkbox"/> I do not have a Social Security Number

## Haddon Township Public Schools Responsibility Slip

If a child needs to be sent home from school because of illness or an accident, a parent is contacted by telephone to ensure someone will be home for the child. The following information is requested.

Grade: Preschool

	Current Data	Changes/Corrections
Last Name		
First Name		
Middle Name/Initial		
Nick Name		
Home Phone	( ) - -	
Mailing Address		
City & State of Birth		
Birth Date		
Gender		
Racial Designation(s)	White: Black: Asian: Pacific Islander: American Indian:	
Is student Hispanic/Latino		
Primary Language:		

<u>Medical Conditions / Allergy ALERTS</u>
Medical Alerts: _____ Family Physician: _____ Phone #: _____ Hospital Preference: _____

<u>LEGAL ALERTS (please list if any)</u>

Parent / Guardian Information	Primary	Emergency	Allowed	Resides	Send Mail
Name: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Relationship: _____					
Home: _____					
Work: _____					
Mobile: _____					
Email: _____					
Address: _____					

Other Emergency Contact Information	
Name: _____ Relationship: _____ Home: _____ Work: _____ Mobile: _____	Name: _____ Relationship: _____ Home: _____ Work: _____ Mobile: _____





## Haddon Township Public Schools Annual Health History Update

Dear Parent/Guardian:

This form lists medical conditions that your son/daughter may have experienced in the past or currently experiences. The updated information enables the Health Office to respond in case of an emergency. Please complete and return this form to the School Nurse as soon as possible.

Thank you.

1. Has the student been advised not to participate in any activity or sports? Yes    No  
If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_
  
2. Has the student had any major illness since his/her last medical exam? Yes    No  
If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_
  
3. Has the student been hospitalized since his/her last medical exam? Yes    No  
If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_
  
4. Has the student had any injury or surgery since his/her last medical exam? Yes    No  
If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_
  
5. Has the student had any special test such as x-rays, bone scan, EKG, CT, MRI, etc? Yes    No  
If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_
  
6. Has the student been under the care of a physician for any other medical conditions? Yes    No  
If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_
  
7. Is the student currently taking any medications on a regular basis? Yes    No  
If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_
  
8. History of asthma and/or allergies (including medications, food, bee stings, etc.): Yes    No  
If yes, please explain: (Use of inhaler, Epi-pen, Benadryl, etc.) \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_ Yes, you have my permission to share this information with appropriate faculty/staff members.

\_\_\_\_ No, please do not share this information.

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Does child have Health Insurance?

Yes \_\_\_\_\_ If Yes, name of insurance company \_\_\_\_\_

No \_\_\_\_\_ NJ FamilyCare provides free or low cost health insurance for uninsured children and certain low income parents.'

For more information call 800-701-0710 or visit [www.njfamilycare.org](http://www.njfamilycare.org) to apply online.

You may release my name & address to NJ FamilyCare Program to contact me about health insurance.

\_\_\_\_\_  
Signature Printed Name Date  
*Written consent required pursuant to 20 U.S.C. §1232 g (b)(1) and 34 C.F.R. 99.30 (b).*

List any medical/surgical care your child has received during the past year:

Dental Exam \_\_\_\_\_  
date \_\_\_\_\_ braces \_\_\_\_\_

Eye Exam \_\_\_\_\_  
date \_\_\_\_\_ contacts \_\_\_\_\_ glasses \_\_\_\_\_

Allergy \_\_\_\_\_  
kind \_\_\_\_\_ medications \_\_\_\_\_

Allergic Reactions \_\_\_\_\_  
date \_\_\_\_\_ medications \_\_\_\_\_

Immunizations/Tetanus \_\_\_\_\_  
date \_\_\_\_\_ type \_\_\_\_\_

Restrictions \_\_\_\_\_  
type \_\_\_\_\_

Doctor \_\_\_\_\_ Telephone \_\_\_\_\_  
Dentist \_\_\_\_\_ Telephone \_\_\_\_\_  
Hospital \_\_\_\_\_ Telephone \_\_\_\_\_  
Address \_\_\_\_\_

I, the undersigned, do hereby authorize officials of New Jersey Public Schools to contact directly the persons named on this card and do authorize the named physicians to render such treatment as may be deemed necessary in an emergency, for the health of said child.

In the event that physicians, other persons named on this card, or parents cannot be contacted, the school officials are hereby authorized to take whatever action is deemed necessary in their judgment, for the health of the aforesaid child.

I will not hold the school district financially responsible for the emergency care and/or transportation of said child.

\_\_\_\_\_  
Signature of Parent(s) / Guardian(s) Date





## Important INFORMATION

Child's Name: \_\_\_\_\_

Home School: \_\_\_\_\_

Mark #1 and #2 preference for Preschool Program...

- **Session Preference:** A.M. [ ]  
P.M. [ ]

Reason:

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- **School Preference\*:** Edison [ ]  
Van Sciver [ ]  
Stoy [ ]

*\*These are the current locations of the programs, but we cannot guarantee classes will be held at these schools next year.*

Reason:

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# Haddon Township School District

**Edison Elementary School**  
205 Melrose Avenue  
Westmont, NJ 08108

Phone: 856-869-7715

Secretary: Karan Kredatus  
[kkredatus@haddontwpschools.com](mailto:kkredatus@haddontwpschools.com)  
FAX: 856-869-7715

**Jennings Elementary School**  
100 East Cedar Avenue  
Oaklyn, NJ 08107

Phone: 856-869-7720

Secretary: Carol Burrows  
[cburrows@haddontwpschools.com](mailto:cburrows@haddontwpschools.com)  
FAX: 856-869-7722

**Stoy Elementary School**  
206 Briarwood Avenue  
Haddonfield, NJ 08033

Phone: 856-869-7725

Secretary: Brenda Schuck  
[bschuck@haddontwpschools.com](mailto:bschuck@haddontwpschools.com)  
FAX: 856-869-7728

**Strawbridge Elementary School**  
307 Strawbridge Avenue  
Westmont, NJ 08108

Phone: 856-869-7735

Secretary: Ellen Corleto  
[ecorleto@haddontwpschools.com](mailto:ecorleto@haddontwpschools.com)  
FAX: 856-869-7739

**Van Sciver Elementary School**  
625 Rhoads Avenue  
Haddonfield, NJ 08033

Phone: 856-869-7730

Secretary: Karen Reeves  
[kreeves@haddontwpschools.com](mailto:kreeves@haddontwpschools.com)  
FAX: 856-869-7733

**Rohrer Middle School**  
101 MacArthur Boulevard  
Westmont, NJ 08108

Phone: 856-869-7770

Secretary: Amy Jacobson  
[ajacobson@haddontwpschools.com](mailto:ajacobson@haddontwpschools.com)  
FAX: 856-869-7772

**Haddon Township High School  
Guidance Office**  
406 Memorial Avenue  
Westmont, NJ 08108

Phone: 856-869-7750, ext 7307

Secretary: Sara LiVecchi  
[slivecchi@haddontwpschools.com](mailto:slivecchi@haddontwpschools.com)  
FAX: 856-869-7764

**Child Study Team**  
Haddon Township High School  
406 Memorial Avenue  
Westmont, NJ 08108

Phone 856-869-7750, ext 7313

Secretary: Wendie Anderson  
[wanderson@haddontwpschools.com](mailto:wanderson@haddontwpschools.com)  
FAX: 856-854-4072

**Bus Transportation**  
Haddon Township BOE  
500 Rhoads Avenue  
Westmont, NJ 08108

Phone 856-869-7703

Supervisor: Nancy Bobb  
[nbobb@haddontwpschools.com](mailto:nbobb@haddontwpschools.com)  
FAX: 856-854-7792

**SACC/K-Club**  
Edison School  
205 Melrose Avenue  
Westmont, NJ 08108

Phone: 856-869-7750, ext 3012

Director: Dawn Piscopio  
[sacc@haddontwpschools.com](mailto:sacc@haddontwpschools.com)  
FAX: 856-869-7717

**School District Registrar**  
Haddon Township BOE  
500 Rhoads Avenue  
Westmont, NJ 08108

Phone 856-869-7750, ext 1108

Registrar: Becky Barbieri  
[bbarbieri@haddontwpschools.com](mailto:bbarbieri@haddontwpschools.com)  
FAX: 856-854-7792



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## **2424. PRESCHOOL PROGRAM**

The Board of Education supports a Preschool Program for all children who have attained the minimum age of three years on or before October 1<sup>st</sup> of the year in which entrance is sought and have not yet attained the age at which admission to Kindergarten is permitted. In February, the district will schedule a Preschool Round-up in order to register students who will meet the admission criteria the following school year. Based on the number of pupils enrolled at the Preschool Round-up, the Superintendent will recommend the number of classes for the following school year to be included in the District's budget.

The Board of Education will annually set a tuition rate for students to attend the district's Preschool Program. Tuition paying resident families with more than one child in preschool living in the same household will pay one-half of the established tuition rate for the second child. Additional children in the same household will attend at no cost. Separate rates will be established for resident and non-resident students.

Preschool class size should not exceed 20 pupils, pursuant to Policy 5120, Assignment of Pupils.

To ensure enrollment preschool parents or guardians must complete all registration requirements prior to March 1<sup>st</sup>. A schedule of tuition payments will be disseminated to parents and guardians prior to July 30<sup>th</sup>. The first of ten equal tuition payments must be submitted upon application to the program to ensure a place in the program. Withdrawal from the program that is initiated by the family or the BOE, prior to June 1<sup>st</sup> will result in total reimbursement to the family. Subsequent tuition payments are due the 1<sup>st</sup> of each month from September through May. Enrollments received on or after March 1<sup>st</sup> will be accepted based on the availability of space. Should enrollment exceed the number of classes included in the budget, a wait list will be established in order of registration date and time.

Preschool age children of nonresident District employees will pay the established in-district tuition rate.

Upon recommendation of the Superintendent, the Board will admit nonresident pupils on a tuition basis in accordance with Policy 6150, Tuition Income, to fill available seats after July 15<sup>th</sup>.

Township residents who meet the established standard for free or reduced lunch may enroll their children tuition free. This entitlement will not be extended to non-resident pupils.

Pupils of Township residents unable to meet district academic or behavioral standards may, upon recommendation of the building principal, repeat preschool. In the event of such a recommendation, parents will not be liable for a second year's tuition.

N.J.S.A.	18A:38-3; 18A:38-19; 18A:46-21
N.J.A.C.	6A:23-3.1 et seq. through 3.4 et seq.
N.J.A.C.	6A:14-7.8
Policy 6150	Tuition Income
Policy 5120	Assignment of Pupils

Adopted: May 21, 2009  
Revised: March 17, 2011  
Revised: August 21, 2014  
Revised: February 18, 2016



**HADDON TOWNSHIP BOARD OF EDUCATION**  
500 RHOADS AVENUE  
WESTMONT, NEW JERSEY 08108  
PHONE: 856-869-7750 ext. 1100  
FAX: 856-854-7792  
WEBSITE: [www.haddontwpschools.com](http://www.haddontwpschools.com)

**6150. TUITION INCOME**

The Board of Education will charge and assess tuition for attendance in the schools of this district by pupils not entitled to receive a free public education in this district and whose enrollment has been recommended by the Superintendent and approved by the Board.

Tuition rates will be determined, charged and paid in accordance with N.J.A.C. 6A:23-3.1 et seq.

The Board Secretary shall be responsible for the assessment and collection of tuition. Tuition rates shall be made known to the sender prior to the start of the school year. Tuition billings will be made monthly immediately following the billing period. When a pupil attends more than one day, the sender will be charged for a full month's tuition.

Annually at its reorganization meeting the Board of Education will set a tuition rate for students not residing in the district who have been accepted to attend the district's Preschool program in accordance with Policy 2424, Preschool Program.

N.J.S.A. 18A:38-3; 18A:38-19; 18A:46-21  
N.J.A.C. 6A:23-3.1 et seq. through 3.4 et seq.  
N.J.A.C. 6A:14-7.8  
Policy 2424 Preschool Program

Adopted: May 21, 2009  
Revised: April 21, 2016