Middletown Township Public Schools
PRESCHOOL LOTTERY APPLICATION FORM 2020-2021

STUDENT INFORMATION:

Last Name________________________First Name___________________Middle________
Address_____________________________________________________________________
Date of Birth____ /____/____ Place of Birth____________________________________ Sex____ Grade____
Home Phone #________________________________________
Language Spoken at home other than English_______________________________________

PARENT/GUARDIAN INFORMATION:

Student living with: (check all that apply)
Mother___ Father___
Guardian(s), Describe the relationship_____________________________________________
Are the parents: Married___ Separated___ Divorced___ Other___
If the parents are divorced, the District requires a copy of the divorce agreement citing the section referring to the residential custodial parent. Proof of guardianship/custody must be presented prior to the student’s admission to the District.

Father’s Name___________________________________Occupation____________________
Work#_____________________Cell#_________________E-mail________________________
Address (if different than the student)

Mother’s Name___________________________________Occupation____________________
Work#_____________________Cell#_________________E-mail________________________
Address (if different than the student)

Guardian’s Name___________________________________Occupation__________________
Work#_____________________Cell#_________________E-mail________________________

PRESCHOOL SESSION PREFERENCE (Not Guaranteed):
Session Preference (check one)     AM (8:45-11:15)_______   PM(12:15-2:45)_______

1. **Apply as Tuition Student in Upcoming Lottery**  
   (Tuition is $350/month-transportation is **NOT** provided)
   3 year old by 10/1/2020_______or 4 year old by 10/1/2020_______

2. **Apply as Financially Eligible Student**  
   (No Tuition)
   3 year old by 10/1/2020_______or 4 year old by 10/1/2020_______
MISCELLANEOUS INFORMATION:
Please list names and dates of birth of siblings


SPECIAL ACCOMMODATIONS:
Has the student been evaluated by the Child Study Team? Yes___No___
Does the student require any special medical accommodations: Yes___No___
If YES, please specify_______________________________________________________

TRANSFER INFORMATION: (if applicable):
Name and address of the last school attended:____________________________________
Phone#______________________________

The District reserves the right to request tuition reimbursement for students/families that falsely
complete the application.

Signature__________________________  Date______________________

Return to:  Student Services, Middletown Township Board of Education, PO Box 4170,
Middletown, NJ 07748

*Financially Eligible Applicants Must Complete the Free and Reduced
Price School Meals Application and provide a copy of the most recent Tax
Return in order to be considered for a place as financially eligible in our
preschool. Application will not be processed if all documents are not
submitted at the same time.*