

**Folsom Board of Education  
1357 Mays Landing Road  
Folsom, NJ 08037**

**PARENT-PAID TUITION APPLICATION FOR KINDERGARTEN  
2010-2011 SCHOOL YEAR**

**To be completed by the parent or legal guardian:**

Name of Student Applicant: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ Zip: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Male: \_\_\_\_\_ Female: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

District of Residence: \_\_\_\_\_

Name of Preschool currently attending, if any: \_\_\_\_\_

Does the student have a current IEP? \_\_\_\_\_ **If yes, attach a copy.**

Does the student have a 504 plan? \_\_\_\_\_ **If yes, attach a copy.**

**Any student applying for the Folsom School Tuition 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.**

If you currently have a child enrolled in Folsom School, enter child's name: \_\_\_\_\_

I am applying for admission to the Folsom School District for Kindergarten for the 2010-11 school year.

**To avoid a delay in processing your application, ALL sections of application must be completed.**

**Falsifying any information on this application will result in the denial of the student's participation in the Tuition Program.**

By my signature I certify that: I am applying for my child to attend the Folsom Kindergarten Program for the entire 2010-2011 school year, and agreeing to pay my child's tuition as set by the Folsom Board of Education. I further certify that all information is correct and truthful.

**SIGN:** \_\_\_\_\_ **PRINT:** \_\_\_\_\_  
Signature of Parent or Guardian Name of Parent or Guardian

**DATE:** \_\_\_\_\_

**Application is due to the Folsom School District by March 30, 2010.  
Admission for the 2010-2011 school year will depend on the  
number of seats available in the kindergarten program.**