

**MANCHESTER REGIONAL HIGH SCHOOL**

**Haledon, NJ 07508**

**Telephone Number for School Choice Questions: 973-389-2837**

**INTERDISTRICT PUBLIC SCHOOL OFFICE**

**APPLICATION FOR ENROLLMENT IN CHOICE SCHOOL**

**2015-2016 School Year**

To be completed by the parent or legal guardian:

Name of Student: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Zip Code: \_\_\_\_\_ (Note: Parents/guardians are responsible for transportation when less than 2.5 miles from school.)

Home Phone Number: \_\_\_\_\_ Parent/Guardian Work Phone: \_\_\_\_\_

Parent Cell Phone: \_\_\_\_\_ Email Address: (Please write legibly) \_\_\_\_\_

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

School Attending 2014-15: \_\_\_\_\_ Grade: \_\_\_\_\_

What grade are you applying for? \_\_\_\_\_ (next year's grade)

What program are you applying for: Technology: Cisco \_\_\_\_\_ Graphic Design \_\_\_\_\_ TV/Video \_\_\_\_\_  
(Student must abide by Technology and Business Requirements)

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

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

Does the student currently receive ESL services? \_\_\_\_\_ If yes, please attach proof of services.

Please attach the following to this application:

All documentation for admission must be attached to this application and submitted by December 12, 2014.

Academic record / transcript

Current course schedule

Current grades

Standardized test scores

Copy of Immunizations

Record of conduct

Copy of Confirmation of Student Eligibility to Participate in the Interdistrict Public School Choice Program. (If submitted the Notice of Intent to Participate in the Interdistrict Public School Choice Program to your district of residence (Superintendent's Office) but it has not yet returned the associated Confirmation of Student Eligibility form to you please check here \_\_\_\_.)



**Passaic County Manchester Regional High School District  
Interdistrict Public School Choice Program  
Confirmation Form**

I hereby certify that a Notice of Intent to Participate in the Interdistrict School Choice Program form has been received by this district from \_\_\_\_\_  
(Name of Student)

and that this student is / is not currently enrolled in a public school in this district and has / has not attended such school for the full school year 2014-15.

\_\_\_\_\_  
Signed: Superintendent or Authorized School Official

\_\_\_\_\_  
Name of District

Date: \_\_\_\_\_

(Please return this form to the parent/guardian of the student by December 12, 2014)

**Interdistrict Public School Choice Program  
Notification to Parent or Guardian  
Re: Student Participation in the Interdistrict Public School Choice Program**

To: \_\_\_\_\_  
(Name of parent/legal guardian) (please print)

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

\_\_\_\_\_

From: \_\_\_\_\_, Superintendent signature  
\_\_\_\_\_, Name of District of Residence

Date: \_\_\_\_\_

We have reviewed your Notice of Intent to Enroll \_\_\_\_\_ (name of student)  
in a choice district for the school year beginning September 2015, and have determined that  
\_\_\_\_\_ (name of student)

Check one:

1.  May participate in the Interdistrict Public School Choice Program. A copy of this notice must be included with the application for enrollment submitted for the student to the choice district.
2.  May not participate in the Interdistrict Public School Choice Program because (please provide complete explanation for this determination made by district of residence):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

SUPERINTENDENT: Please return signed copy to parent at address above.

**Parent: After obtaining Superintendents signature, return form to:**

**Manchester Regional High School  
Choice School  
Admissions Committee Chair  
Address: 70 Church Street, Haledon, NJ 07508  
Fax #: 973-956-8805**

**Due to parent/legal guardian by December 12, 2014**

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**INTERDISTRICT PUBLIC SCHOOL OFFICE**

**APPLICATION FOR ENROLLMENT IN CHOICE SCHOOL**

**2015-2016 School Year**

An interview or conference with a guidance counselor or administrative team member will be arranged. Please submit the completed application packet to:

MRHS School Choice  
70 Church Street  
Haledon, NJ 07508  
Attention: Mr. Mario Macias

Please list any of the child's siblings currently enrolled in the choice school:

Sibling's Name \_\_\_\_\_ Current Grade \_\_\_\_\_

Sibling's Name \_\_\_\_\_ Current Grade \_\_\_\_\_

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

By my signature I certify that:

- A Notice of Intent to participate in the Interdistrict Public School Choice Program was submitted to our district of residence (Superintendent's Office) by November 3, 2014.
- My child will be enrolled in a public school in our district of residence for the entire 2014-15 school year.

(If your child is enrolled in a non-public school, please check here \_\_\_\_\_.)

Sign: \_\_\_\_\_  
Parent or Legal Guardian

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_

**INTERDISTRICT PUBLIC SCHOOL OFFICE  
NOTICE OF INTENT TO ENROLL**

TO: School Choice Coordinator  
Manchester Regional High School

The undersigned, as parent(s) or legal guardian(s) of \_\_\_\_\_

Certify our intention to enroll \_\_\_\_\_ in grade \_\_\_\_\_ at

Manchester Regional High School in Haledon, NJ for the school year beginning in September

2015. We understand that this Notice of Intent to Enroll is binding upon approval and that

\_\_\_\_\_ must remain enrolled in Manchester Regional High

School for at least the full 2015-16 school year.

_____ Signature	_____ Date	_____ Print Name
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_____ Signature	_____ Date	_____ Print Name
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Due to choice district no later than January 15, 2015

**MANCHESTER REGIONAL HIGH SCHOOL  
GUIDANCE DEPARTMENT  
70 Church Street  
Haledon, New Jersey  
973-389-2830 973-956-8805  
Mrs. Galletta – Secretary**

\_\_\_\_\_  
Date

**Former School:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PERMISSION TO RELEASE SCHOOL RECORDS**

PLEASE NOTE: Under the provision of the Privacy Rights of Parents and Students Act, page 1213, Subject D 99 30 (6), it is not necessary to have the written consent of the parents/guardians to release records to “officials of other schools or school system in which the student seeks or intends to enroll.”

Director of Guidance:

\_\_\_\_\_, grade \_\_\_\_\_, DOB: \_\_\_\_\_/\_\_\_\_\_/199\_\_\_\_, a former student in your school, has enrolled at Manchester Regional High School.

I authorize Manchester Regional High School to have access to the following information:

1. An official transcript showing numeric grades, units of credit earned in each subject and class rank.
2. Grades in progress at time of leaving during the school year.
3. Standardized achievement test scores.
4. District’s grading system.
5. Disciplinary records.
6. Attendance records.
7. All Child Study Team records.
8. Custody agreement(s)/other legal document(s).
9. Contact with school counselor/school officials.
10. Immunization Records.
11. New Jersey State ID number.

Please forward all school records to:

**MANCHESTER REGIONAL HIGH SCHOOL  
GUIDANCE DEPARTMENT  
70 CHURCH STREET  
HALEDON, NJ 07508**

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

\_\_\_\_\_  
Date

