

Please read carefully before filling out application.

In order to apply children must be 4 years old on or before October 1, 2004.

The Jump Start Program is opened to Scotch Plains-Fanwood residents only. The Jump Start Program, formerly known as the Title I PreKindergarten, is an intervention designed to provide opportunities for eligible students to realize their full potential. You will be contacted during May 2004 for a screening appointment for you and your child, at which time, the original Birth Certificate (not a copy) and Proof of Residency will be required. Providing the necessary paperwork to prove residency will be discussed at a later date. Renters without a lease are required to contact our office to obtain a Statement of Residency Form which will have to be notarized. This process will need you and your landlord present and must be completed at the Department of Special Services in the Scotch Plains-Fanwood High School.

Legal guardians are required to present the original court ordered papers the day of the screening. Please bring all necessary paperwork with you.

If you feel your nursery school or daycare teacher can provide valuable information on the social and emotional development of your child, please bring a written statement with you to your child's screening appointment.

Should you have any questions concerning the screening process or residency, please call (908) 889-0559.

May 27, 2004 will be the last day to submit an application.

Return application to:

Hope S. Swarts
State and Federal Programs
Scotch Plains-Fanwood High School
641 Westfield Road
Scotch Plains, New Jersey 07076

SCOTCH PLAINS-FANWOOD PUBLIC SCHOOLS
JUMP START PRE-KINDERGARTEN PROGRAM
PRE-REGISTRATION APPLICATION FOR SCHOOL YEAR - 2004-2005

Name of Child _____
(Last) (First)

Address _____ City _____ Zip _____

Child's Birthdate _____ Place of Birth _____

Telephone _____

Mother or Guardian(s) Name _____ Father or Guardian(s) Name _____

Has your child attended a daycare or nursery school? (Circle One) YES NO

If Yes, Name of Program _____ Location _____

Please circle the elementary school where your child will attend Kindergarten.

BRUNNER COLES EVERGREEN MGINN SCHOOL ONE

Will your child attend St. Bartholomew for Kindergarten? (Circle One) YES NO

Do you own _____ or rent _____ the residence in which you reside? If you rent, do you have a lease? Yes _____ No _____. How long have you resided at this location? Date Month: _____ Year: _____
(Please check the area which applies to you and follow the instructions on the top portion of the application.)

Signature of Parent _____

Signature of Guardian _____

Guardian(s) Name _____

Registration ends May 27, 2004

For Office Use Only	Final _____	ESL _____	EC/M _____
	AM/PM _____	Sch _____	Tchr _____
Note:			