

SCHOOL YEAR 2012 - 2013 RESIDENT DISTRICT BOARD OF EDUCATION _____

STUDENT NAME _____ DATE OF BIRTH _____
LAST FIRST MIDDLE MONTH DAY YEAR

PARENT OR GUARDIAN _____ DAYTIME PHONE () - _____

HOME ADDRESS _____ CITY OR TWP. _____ ZIP _____

NEAREST INTERSECTION TO STUDENT'S RESIDENCE _____

MAILING ADDRESS _____ ZIP _____

FULL NAME OF SCHOOL TO BE ATTENDED Faith Christian School PHONE (609)585-3353

ADDRESS OF SCHOOL 2111 Kuser Rd., Hamilton, NJ 08690

STUDENT GRADE FOR COMING YEAR _____ DISTANCE FROM HOME TO SCHOOL _____
(MEASURED VIA SHORTEST PUBLIC ROADWAY OR WALKWAY IN MILES AND TENTHS)

DATE SCHOOL OPENS 8/20/12 CLOSSES 6/3/13 SCHOOL HOURS FROM 8:30 A.M. TO 3:10 P.M.

NAME AND ADDRESS OF LAST SCHOOL OF ATTENDANCE _____

DATE _____ SIGNATURE _____

DO NOT WRITE BELOW THIS LINE ★ FOR PUBLIC SCHOOL USE ONLY

YOUR APPLICATION HAS BEEN REVIEWED BY THE RESIDENT DISTRICT BOARD OF EDUCATION. THE FOLLOWING DETERMINATION HAS BEEN MADE:

_____ TRANSPORTATION WILL BE PROVIDED _____ YOU ARE ELIGIBLE FOR PAYMENT IN LIEU OF TRANSPORTATION
_____ INELIGIBLE _____ (REASON)

DATE / / SIGNATURE _____ TITLE _____