

BOARD OF EDUCATION OF THE BOROUGH OF RUMSON

Rumson, New Jersey

Form 5111-A**FILE CODE: 5111**

APPLICATION FOR NON-RESIDENT STUDENT ADMISSION**Admission: (check one)**☐ **New**☐ **Re-admission****To be completed by the parent or legal guardian:**

Grade Level: _____

Enrollment Year: _____

Student Name: _____

Date of Birth: _____

Street Address: _____

Home Phone: _____

Town: _____ Zip: _____

Business Phone: _____

Email Address: _____

Cell Phone: _____

Name of Father: _____

Occupation: _____

Name of Mother: _____

Occupation: _____

1. Does the student have a current IEP or have an IEP in progress? ☐ Yes ☐ No
If yes, please attach a copy.
2. Has the student ever been evaluated by a Child Study Team? ☐ Yes ☐ No
3. Does the student have a 504 Plan? ☐ Yes ☐ No
If yes, please attach a copy.
4. Does the student receive ESL or Bilingual services? ☐ Yes ☐ No
5. Does the student have any health related issues? ☐ Yes ☐ No
If yes, please attach an explanation.

***THIS SECTION IS NOT NECESSARY FOR CURRENT NON-RESIDENT
RUMSON BOROUGH SCHOOL STUDENTS***

Student's Current or Last School _____ Grade Level _____

Address of School: _____

Phone # of School: _____

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Student’s most recent Report Card grades: **(leave blank if currently attending Rumson School District)**

<u>Subject</u>	<u>Grade</u>

*Please attach the following: **(not needed if currently attending Rumson School District)**

- Most Recent Report Card
- Letter of Recommendation from Most Recent Teacher or School Administrator
- Prior School Records (including health records)

PARENT/GUARDIAN SECTION

Please sign on the space provided to acknowledge that you read, understand and agree to all of the following:

- a. Rumson Board of Education Policy & Regulation 5111 and form 5111-A.
- b. Transportation of the student is the parent’s/guardian’s responsibility and costs are not reimbursable by the Rumson Board of Education (“Board”) or any other public school.
- c. Tuition payments are to be made in accordance with Board Policy 5111 and the tuition agreement between the parent/guardian of the non-resident student and the Board. The Board reserves the right to remove a student from enrollment for failure to pay tuition.
- d. If it is determined that related and extraordinary services, above and beyond those calculated in the regular tuition fees are required, and the District is able to effectively educate the nonresident student by providing those services, the parent or legal guardian shall be responsible to pay those costs on a monthly basis and in accordance with Board Policy for Children of Nonresident Staff Members and Other Nonresident Students, as appropriate.
- e. The Board reserves the right to remove a nonresident student from enrollment in the District for failure to make tuition payments in accordance with the tuition agreement between the parent/guardian of the nonresident student and the Board, as well as the following non-exhaustive list of reasons: the District’s inability to effectively educate the nonresident student; lack of adequate space; and the nonresident student’s failure to follow all Board policies, regulations, and the Student Code of Conduct. Admission as a nonresident student to the Rumson School District is only for the school year in which the nonresident student is admitted.
- f. Please note that falsifying any information on this application will result in the denial of the student’s private tuition admission to the Rumson Borough School District. By my signature, I certify that the above information is true.

Parent Signature: _____

Print Name: _____

Parent Signature: _____

Print Name: _____

Date: _____

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STUDENT SECTION

Please sign on the space provided acknowledging that you have read and agree to all of the following:

(Not applicable for students in Grades Pre-K – 2)

- a. As a Rumson School District student, I will obey all school rules and the directions of teachers and staff members.
- b. As a Rumson School District student, I will obey all Board policies and regulations and the Student Code of Conduct.
- c. As a Rumson School District student, I will do my best to succeed academically.

Date: _____

Student Signature: _____

ADMINISTRATIVE SECTION*Initial**Date**Completed Application Reviewed (Superintendent)*

Health Record Reviewed (School Nurse)

Academic Record Reviewed (Sup. of Student Svs.)

Testing Completed (if needed)

\$100 Testing Fee paid

Interview Completed (Principal)

Recommendation to Admit: (Superintendent)

Board Action

Revised: January 2019