

APPLICATION FOR ADMISSION TO CAPE MAY COUNTY SPECIAL SERVICES SCHOOL DISTRICT
EXTENDED SCHOOL YEAR PROGRAM 2008

Ocean Academy
465-2720 X5502

Cape May County High School
465-2720 X6603

ALL APPLICATIONS MUST BE SENT TO THE SUPERINTENDENT OF SCHOOLS

Date of Application _____

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NAME _____
Last First Middle

ADDRESS _____
_____ Phone _____

Age _____ Sex _____ DOB _____

Home District _____
School _____ Grade _____

Parent/guardian full name _____

Please attach custody papers if applicable

Place of Employment _____
_____ Phone _____

Other relative or neighbor to contact in case
of an emergency _____
_____ Phone _____

Family Physician _____
_____ Phone _____

Is the child on medication/type _____

Reason/history of medication _____

Please list any medical problems child has had.
If none, write NONE _____

Date of Interview _____

Date of Admission _____

SPECIAL NOTATIONS _____

ESY PROGRAM APPLIED FOR: _____
CATEGORY FOR CLASSIFICATION
Primary _____ Secondary _____

DATE OF
*I.E.P. (out of district, special
class program, ESY placement) _____
*Speech, OT, PT Evals
(if related services
are required for ESY) _____
*Physical Exam (less than
1 year old) or A-45 Health
Appraisal Form _____
*Immunization Record _____
*Birth Certificate _____
*Other Evaluations - CST
or specialized assessments _____

Have the parents/guardians of the child been
notified of the referral for application to our district?
Yes _____ No _____
How? _____

Authorized person completing this application:

Signature Title

Received by Superintendent of Special Services:

Signature Date

Reviewed by Supervisor of Related Services,
Special Services:

Signature Date

Reviewed by Principal _____

Signature Date

***ALL IMMUNIZATION RECORDS FROM THE SENDING DISTRICT MUST BE RECEIVED BEFORE A
STUDENT CAN BE ENROLLED.**

(REVISED 3/12/08)

