

CAPE MAY COUNTY SPECIAL SERVICES SCHOOL DISTRICT
Ocean Academy • Cape May County High School

ADMISSIONS CHECKLIST

Student Name: _____ Date of Birth: _____ Age: _____

Classification: _____ To Program/School: _____

District: _____ Case Manager: _____

The following documents are needed to complete this student’s admission packet. Please submit required information to the Superintendent’s Office as soon as possible so that we can begin the admissions process.

<u>Date Sent</u>	<u>Received</u>	<u>Signed</u>	
_____	_____	_____	Application form signed by authorized person from local district and Special Services School District Superintendent
_____	_____	_____	Admission Rationale
_____	_____	_____	Current IEP (reflecting out-of district special education placement)
_____	_____	_____	Updated Psychological, Learning, or Social History Evaluation
_____	_____	_____	Speech and Language Evaluation – for PSD, CI and AI students
_____	_____	_____	Occupation or Physical Therapy Evaluation
_____	_____	_____	Original A-45 Health Appraisal Form and Immunization Records
_____	_____	_____	Child Study Team Physical Examination
_____	_____	_____	Updated Psychiatric, Neurological or Audiological Evaluation
_____	_____	_____	Birth Certificate
_____	_____	_____	Disciplinary Files including number of suspensions this school year
_____	_____	_____	Work Samples
_____	_____	_____	Attendance Records
_____	_____	_____	Transcripts (High School)
_____	_____	_____	Copy of ASK/HSPA Scores or APA
_____	_____	_____	Custody Papers (if applicable)
_____	_____	_____	Free and Reduced Meal Application
_____	_____	_____	NJ SMART Student Identification Number – SID
_____	_____	_____	Photo of Student
_____	_____	_____	Request for Approval – <u>SIGNED</u> by School Administrator and County Board of Education