

CAPE MAY COUNTY SCHOOLS FOR SPECIAL SERVICES
Ocean Academy • Cape May County High School

NEW STUDENT ADMISSIONS APPLICATION - ESY Program 2023

Name: _____

Address: _____

Street / Apt. Number / PO Box

City / State / Zip Code

Phone Number: _____

Grade: _____ DOB: _____ Age: _____ Sex: _____

Sending District: _____

School: _____

Parent/Guardian: _____

Custody papers if applicable: Yes No

Place of Employment: _____

Phone Number: _____

Emergency Contact: _____

Phone Number: _____

Family Physician: _____

Phone Number: _____

Medication Child is taking: _____

Reason/History for Medication: _____

List any medical problems child has had: None

Date of Interview: _____

Date of Admission: _____

SPECIAL NOTATIONS: _____

ESY Program Applied For: _____

Primary Classification Category: _____

Secondary Classification Category: _____

Date Of:

- IEP (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 _____
- *Immunization Records _____
- Birth Certificate _____
- Specialized Assessments (if any) _____

Have the child's parents/guardians been notified of the referral for application to our district: Yes No

How have the parents/guardians been notified? _____

Name of authorized person completing this application: _____

Title of authorized person completing this application: _____

Received by Superintendent of Special Services:

Signature _____ Date _____

Reviewed by CMCSSSD Related Services Supervisor:

Signature _____ Date _____

Reviewed by Principal:

Signature _____ Date _____

***All Immunization Records from the Sending District must be received before a student can be enrolled
ALL APPLICATIONS MUST BE SENT TO JONATHAN PRICE, DIRECTOR OF RELATED SERVICES**