



# ROCKAWAY TOWNSHIP PUBLIC SCHOOLS

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Administration Building  
16 School Road, P.O. Box 500  
Hibernia, N.J. 07842  
Ph: 973-627-8200  
Fax: 973-627-7968

## General Education Preschool

2018-2019 School Year

### Pre-Application Form

\_\_\_\_\_  
Student's Last Name

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Middle Name

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Male/Female

\*Attach copy of birth certificate (Must be age 3 on or before October 1, 2018.)

Toilet Trained:        Yes                                No

(Children must be toilet trained in order to be accepted into the program.)

\_\_\_\_\_  
Parent(s)/Guardian(s) Name

\_\_\_\_\_  
Parent(s)/Guardian(s) Name

\_\_\_\_\_  
Home Address

\_\_\_\_\_  
Mailing Address (if different than home address)

\_\_\_\_\_  
Home Telephone

\_\_\_\_\_  
Cell Phone

\_\_\_\_\_  
Email Address

Circle first preference

AM

PM

(Specific sections cannot be guaranteed.)

\*This form must be received at the Rockaway Township Board of Education Office no later than **May 1, 2018**. Applications received beyond this date will be retained for future openings in the program.