

HADDONFIELD PUBLIC SCHOOLS

One Lincoln Avenue | Haddonfield, NJ 08033 | Telephone: (856) 429-4130 Fax: (856) 354-2179

TUITION PROGRAM APPLICATION

Regular Education Program*

Student Information

Name: _____ Male
 Female
(first) (middle) (last) (nickname)

Home Address: _____
(number) (street) (town) (state) (zip)

Birth Date: _____ Desired Date of Enrollment: _____
(month/day/year) (month/year)

Current or Previous School Attendance *(if applicable)*

(school district) (school name)

School Address: _____ Current or Last Grade Completed: _____

Address: _____
(number) (street) (town) (state) (zip)

School Principal: _____ Telephone: (_____) _____

Parent/Guardian Information

Name: Mr./Ms./Mrs./Dr. _____
(first) (middle) (last)

Email Address: _____ Relationship to Student: _____

Telephone - Home: (_____) _____ Work: (_____) _____

Home Address: _____
(number) (street) (town) (state) (zip)

(Signature of Parent/Guardian) *(Please see side two)*

Haddonfield does not discriminate on the basis of race, creed, color, or sex in the administration of its educational policies, admissions policies, or any school administered program.

* The Haddonfield School District does not have tuition-based special education programs.

Rev. 12/15/10

Parent/Guardian

Please tell us what features and opportunities you are looking for as part of a school experience.

What are some hobbies, strengths and interests of this applicant?

Send this form plus copies of two recent report cards and most recent standardized test scores to
Haddonfield Memorial High School, c/o Tuition Program, 401 Kings Hwy. East, Haddonfield NJ 08033.

Principal's Notes

Interview Date: _____ Persons Attending Interview: _____

I Recommend Acceptance
in the Tuition Program

I Do Not Recommend Acceptance
in the Tuition Program

Enrollment Date: _____ Enrollment Grade: _____

Comments:

(signature of principal)