

PRIVATE TUITION APPLICATION

Wall Township Public Schools
Wall, New Jersey

Please Include a **\$150.00** Non-Refundable Application Fee (New Families Only) to:
Wall Township Board of Education

_____New Application

_____Returning Student Application

Student's Name: _____ Date of Birth: _____

Parent's Name: _____

Address: _____

Phone (Home): _____ Cell Phone: _____

Phone (Work): _____ Email Address: _____

Student's Current or Last School: _____ Grade Requested: _____

Address: _____

Phone: _____

Student's Most Recent Report Card Grades*

Subject	Grade
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

This section for new applicants only.

*High School student applicants must also submit a transcript documenting all past courses and credits awarded.

Please arrange to bring a copy of the report card or transcript and the Principal's letter of recommendation to the Wall Township School Principal's interview.

Has student ever been arrested, expelled or suspended from school? _____ Yes _____ No

APPLICATION FOR PRIVATE TUITION ADMISSION

PARENT SECTION

Please sign on the space provided to acknowledge that you have read, understand, and agree to all of the following:

- a. Board of Education Policy 5111
b. Transportation of the student is the parent's responsibility and costs are not reimbursable by this school or any other public school.
c. Tuition payments must be made by August 15th and January 15th.
d. The District will not provide Child Study Team and/or Special Education services for Private Tuition students. The parent/guardian agrees to withdraw the student should in the opinion of the School District a Special Education referral or classification be indicated.

Parent/Guardian Signature

Date

STUDENT SECTION

Please sign on the space provided acknowledging that you have read and agree to all of the following (not applicable for students in Grades K-5):

- a. As a Wall Township student, I will do my best to obey all school rules and the directions of teachers and staff members
b. As a Wall Township student, I will do my best to become involved in student activities
c. As a Wall Township student, I will do my best to succeed academically
d. I promise that I am not now using nor will I use alcohol or any other illegal substance while enrolled as a student in Wall Township

Student Signature

Date

Comments:

Administrative Section:

Table with 3 columns: Item, Initial, Date. Rows include Completed Application Received, Application Fee Received, Academic Record Received, Principal's Interview Completed, Recommendation to Admit, and Board Action.

WALL TOWNSHIP PUBLIC SCHOOL DISTRICT
Wall Township, New Jersey

PRIVATE TUITION STUDENT AGREEMENT

1. As the parent(s)/guardian(s) of _____, private tuition students in the Wall Township Public School District, I (We) expressly represent that we have the financial ability to enter into this agreement with the Wall Township Board of Education. We further stipulate that we have been provided with a copy of Board Policy 5111, and we agree to abide by it.
2. I (We) agree to pay \$_____ to the Board of Education for regular educational services during the 2017-2018 school year. Regular educational services are defined as those that do not require Child Study Team evaluation, classification and programming, as well as instruction by a special education teacher. Additionally, regular education services are defined to mean those given to a student who is able to function in the school environment without modification or supports under Section 504, which incur any additional costs. If home instruction is required, it is agreed that all costs for this would be paid separately by the parents, in addition to regular tuition.
3. The Board of Education agrees that payments can be made in two installments due on the 15th of August and the 15th of January. If payment is more than 30 days past due, the Board reserves the right to revoke a student's enrollment, requiring the parent to enroll their child(ren) in their home school district or another public school.
4. It is expressly agreed and understood that admission as a private tuition student is for the 2017-2018 school year only and that re-admission for the next school year is contingent upon all tuition for the preceding year being paid in full and the affirmative recommendation of the Principal of the school following his/her review of academic progress and student behavior.
5. The Board of Education is unable to offer Special Education or 504 services or programs on a private tuition basis because of the open ended and the possibility of extensive involvement of staff and resources that this could require. By signing this agreement, the parent(s)/guardian(s) of _____ are stating that _____ is not now a classified student in any school district nor are special modifications needed from the school to which additional costs could accrue. Furthermore, the parent(s)/guardian(s) accepts that should CST referral be needed or 504 services requiring the expenditure of additional funds be deemed necessary by the Administration of the Wall Township Public School District, the parent will withdraw the child. The parent expressly understands and agrees that it is the student's district of residence which is responsible for the provision of Special Education or 504 services and the Board is under no obligation to grant an exception.
6. It is agreed that the parent(s)/guardian(s) may withdraw the student at any time and that appropriate student records will be forwarded to any school chosen by the parent. It is agreed that a final tuition bill be calculated at that time and will be paid in full at the time of transfer.

7. It is expressly agreed and understood that in the event the student is suspended for an illegal substance related incident (sale or use of illegal drugs or alcohol), or a violence related incident (assault upon a student or staff member, threats considered serious by the Principal or the possession of a weapon in school) that the parent(s)/guardian(s) will withdraw the student at that time. A final tuition bill will be calculated at that time and will be paid in full. Appropriate student records will be forwarded to the school chosen by the parent(s)/guardian(s).

Due process will be observed and the parent(s)/guardian(s) may appeal the suspension to the Superintendent of Schools and if not satisfied to the Board of Education. During the appeal process, the transfer process may be held in abeyance; however, the parent(s)/guardian(s) agree(s) to abide by the decision of the Board of Education, which is final.

Parent

Board President

Parent

School Business Administrator

Address

1620 Eighteenth Avenue, Wall, NJ 07719

Phone

732-556-2005

Please return to:
Kim Keator
1620 18th Avenue, Building B
Wall, NJ 07719