



111 WARWICK ROAD
STRATFORD, NJ 08084

2025-2026 Inter-district Public School Choice Application for Enrollment in a Choice District

Thank you for applying to the Stratford School District's School Choice Program. The New Jersey Inter-district School Choice Program provides the opportunity for non-resident students to attend Stratford Schools at no cost to their parents/guardians. This program also includes [transportation options](#) for School Choice students. For our district profile, please click [here](#) and if you have any additional questions, please contact Stephanie White at 856.783.1094 x105 or whites@stratford.k12.nj.us. The application below is to be completed by a parent/guardian.

Student Information

Name of student applicant: _____

Student address: _____

City: _____ County: _____ Zip: _____

Home phone number: _____ Parent's work phone: _____

Parent's email: _____

Current School Information (2024-25)

Student's grade level for the 2024-25 school year: _____

Student's district of residence: _____

School currently attending: _____

- Is this the student's resident public school (includes charter schools)? Yes ____ No ____
- If yes, answer the following questions:
 - Has the student been enrolled since the start of the 2024-25 school year? Yes ____ No ____
 - If the student moved during the school year and *attended the resident public school of his/her old district of residence*, provide:
 - » Name of previous district of residence: _____
 - » Name of previous school
attended: _____
 - » Date moved from previous school: _____ Date enrolled in current school: _____

Academic Information

Grade level to which the student is applying for admission for the 2024-25 school year: _____

Has the student been referred or is in the process of being referred for special education services? Yes ____ No ____

If yes, attach any documentation, i.e. IEP (Special Education Plan) or 504 Plan (Accommodation Plan)

NOTE: If, prior to the start of the enrollment year, the student receives an IEP that the choice district cannot implement, acceptance into the program could be revoked.

Does the student have a sibling enrolled in this choice district? Yes ____ No ____

Sibling's name: _____ Sibling's grade in 2024-25: _____

Is the applicant a former resident student who moved *before* the application deadline? Yes ____ No ____

Is the applicant a former resident student who moved *after* the application deadline? Yes ____ No ____

If any information on this application is proven to be falsified, the student's admission to the Choice Program could be revoked.

By my signature I certify that I am applying for my student's admission to the Choice district for academic reasons only and not for athletic or extracurricular reasons and that all of the information I have provided is accurate. If my student has a current IEP or 504 Plan, I hereby give permission to the Child Study Team of this choice district to release and/or obtain information on behalf of my student.

I understand that transportation of choice students is not guaranteed. If my student is eligible for transportation (within 20 miles from home to school) and the cost will exceed the maximum amount designated in the annual NJ State budget, the parent/guardian will be given aid in lieu of transportation and, in some cases, the option of receiving the transportation and paying the additional amount over the maximum. I will be notified by August 1 of my transportation options.

Signature of parent or guardian: _____

Printed name of parent or guardian: _____

Date: _____

Signature of School Choice Coordinator: _____

Date Received: _____

**This Application is due to the Choice District by November 25, 2024.
Applications can be emailed to whites@stratford.k12.nj.us or delivered to:**

**Samuel S. Yellin School
111 Warwick Rd. Stratford, NJ 08084.**

**Applications received after the deadline will be considered for enrollment only after those who applied before the deadline.*

For Office Use Only

On time application ____ Late application ____ Tier 1 ____ Tier 2 ____ Grade Applied For: ____

Enrollment Preferences granted:

____ Sibling(s) in Choice District (Sibling Grade in 2023-2024: ____)

____ Applicant from a choice district that terminates before grade 12

____ Resident student who moved

____ Lottery # (if applicable)

**Notice of Intent to Participate
in the Inter-district Public School Choice Program
in the 2025-2026 School Year
(the Spanish version follows / la versión en español sigue)**

Date: _____

To: The Superintendent/Chief School Administrator of Student's Resident District:

As Parent/Legal Guardian of the student named below, I am submitting this written notification of my student's intent to enroll in the Inter-district Public School Choice Program in September 2025. If my child is accepted into a choice program, my child's resident district will be notified of such by the choice district by **January 9, 2025**, or when enrollment is confirmed. *This form requires no response from the resident district, but parents should request a signed and dated receipt for confirmation of submission.*

Notes to Resident District

The purpose of this form is to give the resident district advance notice of the student's intent to apply to a choice district for enrollment in 2025-26.

Subsequently, if the student is accepted into a choice program, the resident district must be notified by January 9, 2025 by the choice district of the choice students who will be enrolling in the 2025-2026 school year. There may be cases when the choice district accepts late choice student applications. In these cases, the resident district will be notified as soon as the choice student confirms enrollment.

Transportation of choice students will be the responsibility of the *resident district*, provided the student meets the eligibility requirements of state law and the choice district school is within 20 miles of the student's residence. For more information, read the [Transportation Procedures](#) for choice students.

Notes to Parents Regarding Transportation

Transportation of choice students is not guaranteed. Your student must meet the eligibility requirements: the school must be within 20 miles of your student's residence. If the cost of transportation exceeds the maximum amount established in the Annual Appropriations Act, the parent/guardian will be given aid in lieu of transportation and, in some cases, the option of paying the additional amount over the maximum to receive the transportation. By Aug. 1, 2025, parents should receive notification of their transportation options from the resident district. For more information, read the [Transportation Procedures](#) for choice students.

Student's Name: _____

Student's Home Address: _____

Current School: _____

Current grade: _____

Signature of Parent/Guardian: _____

Printed Name of Parent/Guardian: _____

Address of Parent/Guardian:

Contact Number: _____

Aviso De Intención De Inscribir / Notice Of Intent To Participate
en el Programa de elección de escuelas públicas entre distritos
Para el año escolar 2025-2026

Fecha: _____

Al: Superintendente/Administrador Jefe de la escuela de Distrito de residencia del estudiante:

Como madre/padre/tutor del estudiante mencionado a continuación, presento este aviso escrito de la intención de mi estudiante de inscribirse en el Programa de elección de escuelas públicas entre distritos en Septiembre de 2025. Si mi hijo es aceptado en un programa de elección, se informará al distrito de residencia de mi hijo al respecto por el distrito de elección antes del 9 de enero de 2025 o cuando se confirme la solicitud. *(No se requiere respuesta del distrito de residencia, pero los padres deben solicitar un recibo firmado y fechado para sus registros.)*

Notificación al Distrito de Residencia

El distrito de residencia debe recibir notificación del distrito de elección antes del 9 de enero de 2025 sobre los estudiantes de elección que se inscribirán en el año escolar 2025-2026. En ciertos casos el distrito de elección acepta solicitudes de estudiantes de elección fuera de término. En estos casos, el distrito de residencia recibirá notificación en cuanto el estudiante de elección confirme la inscripción.

El transporte de los estudiantes de elección será responsabilidad del *distrito de residencia*, siempre y cuando el estudiante reúna los requisitos de elegibilidad conforme a la ley estatal y el distrito de elección se encuentre a menos de 20 millas de la residencia del estudiante. Puede encontrar información sobre los procedimientos para el [transporte de las escuelas de elección](#).

Notificación a los Padres Sobre el Transporte

No se garantiza el transporte de los estudiantes de elección. Su estudiante debe reunir los requisitos de elegibilidad: la escuela debe encontrarse a menos de 20 millas de la residencia de su estudiante. Si el costo del transporte supera los \$1,000, la madre/el padre/tutor recibirá \$1,000 como asistencia en lugar del transporte o, en algunos casos, la opción de pagar el importe adicional necesario aparte de los \$1,000 para recibir el transporte. Antes del 1 de agosto de 2025, los padres deben recibir notificación de sus opciones de transporte del distrito de residencia. Para obtener más información, lea los [Procedimientos de transporte](#) para los estudiantes de elección.

Nombre del estudiante: _____

Dirección del hogar del estudiante: _____

Escuela actual: _____

Grado actual: _____

Firma de la madre/el padre/tutor: _____

Nombre de la madre/el padre/tutor (en letra de molde): _____

Dirección de la madre/el padre/tutor: _____

Número de contacto: _____

**Notice of Intent to Enroll
in the Inter-district Public School Choice Program
for the 2025-2026 School Year**

Due to the Choice District by January 9, 2025

**Choice districts may accept late applicants, however late applicants will be considered only after those who applied by the deadline and only if choice seats are available.*

Instructions for Parents of Accepted Choice Students:

1. Parents of students who will accept enrollment in the choice district must fill in this form and return it to the choice district by January 9, 2025, or as soon as possible after notification of acceptance by the choice district. The form can be submitted to only one choice district.
2. Transportation may not be provided for your student. Depending on the circumstances, the resident district may provide aid in lieu of transportation. Read the transportation procedures for more information.
3. Choice districts may set a deadline for registration for new choice students; if a newly accepted choice student does not register by the published deadline, then the district can revoke acceptance and notify the next applicant on the waitlist of conditional acceptance.

For Choice Districts:

The choice district must send a copy of each accepted Choice student's Notice of Intent to Enroll to the respective resident district by January 9, 2025 or as soon as possible after receipt from parents to serve as notification. Choice districts may set a deadline for registration for new choice students; if a newly accepted choice student does not register by the published deadline, then the district can revoke acceptance and notify the next applicant on the waitlist of conditional acceptance.

For Resident Districts:

This form serves as notification that this student has been accepted into a choice program in the 2025-26 school year. No action is required on your part, however you will be responsible for providing transportation if the student meets the eligibility requirements. For information on the choice program and responsibilities of resident districts, visit the choice website.

Notice of Intent to Enroll Form

Date: _____

To: Stephanie White, Vice Principal
111 Warwick Road
Stratford, NJ 08084

As Parent or Legal Guardian of the student named below, I certify my student's intention to enroll in the Interdistrict Public School Choice Program in the Stratford School District in September 2025. I also grant permission to the Stratford School District to obtain all necessary student records from my student's district of residence.

Choice Student's Name: _____

Choice Student's Address: _____

Student's Current School (2024-25): _____

Current School (2024-25) phone number: _____

Student's Current District of Residence (2024-2025): _____

Student's Current Grade Level (2024-2025): _____

Signature of Parent/Guardian: _____

Printed Name of Parent/Guardian: _____

Address of Parent/Guardian: _____

Parent's Phone: _____

Parent's Email: _____