

WALL TOWNSHIP PUBLIC SCHOOLS

Office of the Wrap-Around Program

925 17th Ave.

Wall, NJ 07719

Application for Reduced Wrap-Around Program Tuition

Student Name		Household Size (# of people who reside in the home)	
Parent/Guardian Name		Annual Household Income	
Home Street Address		Phone Number	

I, _____, certify that all information on this certification is true and that all income is reported. I understand that school officials may verify the information, and subsequently I may need to provide proof of such information. I understand that if I purposefully give false information, my child may lose the privilege to claim a reduced rate for tuition, and I may be prosecuted.

Parent/Guardian Signature _____

Program Supervisor Approval _____

Superintendent of Schools Approval _____

Please submit the completed form to:

Mintaz Shah-Hosein, Program Supervisor
Wall Township Public Schools
Office of Wrap-Around Program
925 17th Ave.
Wall, NJ 07719