

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:	
	Cell Phone:
Phone (Work):	Email Address:
Student's Current or Last School:	Grade Requested:
Address:	
Subject Grade	This section for new applicants only.
	· <u></u>
	ubmit a transcript documenting all past courses and credits awarded card or transcript and the Principal's letter of recommendation to the uspended 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:	T :/: 1	D. (
Completed Application Received	Initial	Date	
Application Fee Received			
Academic Record Received			
Principal's Interview Completed			
Recommendation to Admit			
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 Pub	blic School District, I (We) expressly represent that we
	into this agreement with the Wall Township Board of
Education. We further stipulate that	at we have been provided with a copy of Board Policy
5111, and we agree to abide by it.	
services during the 2023-2024 sch those that do not require Child Stu as well as instruction by a special services are defined to mean those environment without modification	to the Board of Education for regular educational nool year. Regular educational services are defined as ady Team evaluation, classification and programming, education teacher. Additionally, regular education e given to a student who is able to function in the school or supports under Section 504, which incur any on is required, it is agreed that all costs for this would in addition to regular tuition.
15 th of August and the 15 th of Janu Board reserves the right to revoke	t payments can be made in two installments due on the lary. If payment is more than 30 days past due, the a student's enrollment, requiring the parent to enroll old district or another public school.
2023-2024 school year only and the upon all tuition for the preceding year.	od that admission as a private tuition student is for the hat re-admission for the next school year is contingent year being paid in full and the affirmative of the school following his/her review of academic
on a private tuition basis because	o offer Special Education or 504 services or programs of the open ended and the possibility of extensive s that this could require. By signing this agreement, the are stating that is not now a classified student in any school district
accrue. Furthermore, the parent(s) or 504 services requiring the expe Administration of the Wall Towns child. The parent expressly understanding the parent (s).	led from the school to which additional costs could /guardian(s) accepts that should CST referral be needed nditure of additional funds be deemed necessary by the hip Public School District, the parent will withdraw the stands and agrees that it is the student's district of the provision of Special Education or 504 services and
6. It is agreed that the parent(s)/guard	ian(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 1620 Eighteenth Avenue, Wall, NJ 07719
Street Address	
Town, State, and Zip Code	
Phone	

Please return to:
Kerrin McGowan
1620 18th Avenue, Building B
Wall, NJ 07719
732-556-2658