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:		
	Cell Phone:	
Phone (Work):	Email Address:	
Student's Current or Last School:	Grade Requested:	
Address:		
Phone:		
Student's Most Recent Report Card Grade Subject Grade	This section for new applicants only.	
	t a transcript documenting all past courses and credits awarded.	
Please arrange to bring a copy of the report card o Wall Township School Principal's interview.	r transcript and the Principal's letter of recommendation to the	

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:		-
	Initial	Date
Completed Application Received		
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

ha Ed	the parent(s)/guardian(s) of	n the Wall Township Board of
ser tho as ser en	Ve) agree to pay \$ to the Board of Edrvices during the 2024-2025 school year. Regular educations that do not require Child Study Team evaluation, clawell as instruction by a special education teacher. Addrvices are defined to mean those given to a student who vironment without modification or supports under Sect ditional costs. If home instruction is required, it is agree in the section of the section	ational services are defined as assification and programming, itionally, regular education is able to function in the school tion 504, which incur any sed that all costs for this would be
15 ¹ Bo	e Board of Education agrees that payments can be made of August and the 15 th of January. If payment is more pard reserves the right to revoke a student's enrollment, eir child(ren) in their home school district or another put	e than 30 days past due, the requiring the parent to enroll
20 up	s expressly agreed and understood that admission as a poly 24-2025 school year only and that re-admission for the son all tuition for the preceding year being paid in full a commendation of the Principal of the school following ogress and student behavior.	e next school year is contingent and the affirmative
on inverse or accordance or chiracters	e Board of Education is unable to offer Special Education as a private tuition basis because of the open-ended and to evolvement of staff and resources that this could require the rent(s)/guardian(s) of	the possibility of extensive By signing this agreement, the are stating that d student in any school district which additional costs could at should CST referral be needed nds be deemed necessary by the rict, the parent will withdraw the t is the student's district of
	s agreed that the parent(s)/guardian(s) may withdraw th	e 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