



Livingston PUBLIC SCHOOLS

11 Foxcroft Drive
Livingston, NJ 07039

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Integrated Preschool Program Application 2018-2019 School Year

- 3-year-old Integrated Preschool
- 4-year-old Integrated Preschool

Student Information

Last Name _____ First Name _____ M.I. _____

Home Address _____

City _____ State _____ Zip _____

Home Phone _____

Date of Birth (MM/DD/YYYY) _____ Female Male

Parent/Guardian 1

Full Name _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____ E-mail _____

Parent/Guardian 2

Full Name _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____ E-mail _____

Please check whichever applies:

I suspect my child might have a developmental delay.

I DO NOT suspect my child might have a developmental delay.

If your child presently attends a preschool program, please provide contact information:

Name of Preschool _____ Teacher _____

Address _____ Phone _____

Signature of Parent/Guardian

Date

**Please return this application to
Dr. Blair Rosenthal, Director of Special Education
at the address above. Thank you.**