



Livingston PUBLIC SCHOOLS

11 Foxcroft Drive
Livingston, NJ 07039

Phone: 973-535-8000, ext. 8032
Email: ecrookhorn@livingston.org

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
 Erin Crookhorn/Department of Student Services
 at the address above. Thank you.**