



Livingston PUBLIC SCHOOLS

11 Foxcroft Drive
Livingston, NJ 07039

Phone: 973-535-8000, ext. 8008
Email: broenthal@livingston.org

Integrated Preschool Program Application

2019-2020 School Year

***Application due on February 8, 2019**

- 3-year-old Integrated Preschool (8:05am-10:30am)
 4-year-old Integrated Preschool (11:30am-2:00pm)

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/Department of Student Services at the address above via e-mail with a scanned copy (broenthal@livingston.org) or by mail to 11 Foxcroft Drive. Thank you!