MONTVALE PUBLIC SCHOOLS
Office of Special Services
Memorial School

INTEGRATED PRESCHOOL LOTTERY PROGRAM APPLICATION

Student's Name_____ ***Date of Birth** _____
Last Name First Middle Initial **Month/Day/Year**

***Must be less than age 5 on 10/01/19**
***Must be at least age 3 by 10/01/19**

Male _____ **Female** _____

Parent/Guardian Name(s) _____

_____

Parent/Guardian Home Address _____

_____

Parent/Guardian Work Address(es) _____

_____

Home Phone Number _____
Business Phone Number(s) _____
Cell Phone Number _____

In case of emergency, please contact:

Name(s) _____

Home Address _____

Business Address _____

Phone_____

Parent/Guardian Signature _____
Date _____

Return to: **Mrs. Christina Gouraige**
Supervisor
Office of Special Services
Memorial School
Montvale, New Jersey 07645

Attach: **Copy of birth certificate**
Proof of immunizations
Proof of residency
Student entry date into USA (if applicable)