

THE VERONA PUBLIC SCHOOLS

121 Fairview Avenue
Verona, NJ 07044

Thank you for your interest in the Verona Public Schools. Please read all information carefully, especially noting the Entrance Criteria. No application will be considered if all criteria are not met.

Please follow the Application Instructions carefully and submit only completed applications to the school for consideration.

ENTRANCE CRITERIA

- Grade Point Average of 3.0 (B) or better
- 75th percentile in standardized test taken within two years of date of application - a standardized test will be administered to any student who does not present current test data
- Special interests and/or talents
- Personal Interview with Principal of school student will be attending
- Names, addresses and telephone numbers of three references

2016-17 TUITION RATES*

Verona High School	Grades 9 – 12	\$6,395.00
H B Whitehorne Middle School	Grades 5 – 8	5,634.00
Elementary Schools	Grades 1 – 4	5,634.00
Elementary Schools	Kindergarten	3,500.00

* The above fees are predicated upon participation in our regular academic program and with the understanding that no special services will need to be provided to our tuition students. The fees noted are subject to Board of Education Approval. ***Additional or special services are not included in the above tuition and may be provided at additional cost, if practicable.***

For further information on our schools, please contact the Principal at the school of interest.

Verona High School	Mr. Joshua Cogdill	973-571-6750
H B Whitehorne Middle School	Ms. Yvette McNeal	973-571-6751
	Mr. David Galbierczyk	973-571-6751
Brookdale Avenue Elementary	Ms. Nicole Stuto	973-571-6752
F N Brown Elementary	Dr. Anthony Lanzo	973-571-6753
Forest Avenue Elementary	Mr. Jeffrey Monacelli	973-571-6754
Laning Avenue Elementary	Mr. Howard Freund	973-571-6755

APPLICATION INSTRUCTIONS

1. The following items comprise a complete application packet:

- ✓ Completed application form (attached)
- ✓ Last report card
- ✓ Copy of most recent standardized test results
- ✓ Names and addresses of three references
- ✓ Essay by student (Grades 5 -12 only) – Why do you want to attend the Verona Schools?

2. Once the above items are completed:

- ✓ Send completed application form and all other information to the school which the student wishes to attend.

Verona High School
151 Fairview Avenue
Verona, NJ 07044
Attn: Principal

H B Whitehorne Middle School
600 Bloomfield Avenue
Verona, NJ 07044
Attn: Principal

Brookdale Avenue Elementary School
14 Brookdale Court
Verona, NJ 07044
Attn: Principal

F N Brown Elementary School
125 Grove Avenue
Verona, NJ 07044
Attn: Principal

Forest Avenue Elementary School
118 Forest Avenue
Verona, NJ 07044
Attn: Principal

Laning Avenue Elementary School
18 Lanning Road
Verona, NJ 07044
Attn: Principal

3. Upon receipt of your completed application:

- ✓ The school will arrange a personal interview with the Principal.
- ✓ The school will check the references.
- ✓ The Principal will determine if the student should be recommended for acceptance and will send the recommendation to the Office of the Superintendent.
- ✓ The Office of the Superintendent will send a letter confirming or denying acceptance.

4. Once the student is accepted as a tuition student, the principal will make a determination to recommend re-enrollment for each year. This recommendation will be sent to the Superintendent and the Business Administrator and tuition information for the next school year will be sent directly to you in June.

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121 Fairview Avenue
Verona, NJ 07044

APPLICATION FOR ADMISSION OF TUITION STUDENT

Date: _____

Full Name of Student: _____

Home Address of Student: _____

Home Telephone : _____ Age: _____ Date of Birth : __/__/__

Present Grade: _____ Native Language : _____

Parent Information

Names : _____

Occupations : _____

Addresses: (give only if different from that of Student)

Business Addresses:

Parent Telephones:

_____ Home _____

_____ Work _____

_____ Cell _____

Name of Legal Guardian (if other than parents): _____

Relationship to student: _____

Indicate grade for which you wish to register in Verona in September:

Kindergarten []	Grade 1 []	Grade 2 []	Grade 3 []	Grade 4 []
	Grade 5 []	Grade 6 []	Grade 7 []	Grade 8 []
	Grade 9 []	Grade 10 []	Grade 11 []	Grade 12 []

Name of present school: _____

Address of present school: _____

Years of attendance at present school: _____

Please list any other schools attended:

_____ Years: _____
_____ Years: _____

Please indicate any scholastic honors or prizes received by student: _____

Please indicate any special training received by student (e.g. Music lessons, sports camps, art lessons, computer lessons, etc) _____

Please indicate student hobbies and interests: _____

Please indicate significant school and community activities (e.g. band, drama, sports, student government) _____

Has student ever been enrolled in a Special Education Program? Yes [] No []

If so, what is the classification identified in the IEP? _____

Has student ever been enrolled in a substance rehabilitation program? Yes [] No []

Does student have any physical handicap which would prevent his/her participation in physical education classes or after-school sports? Yes [] No []

(if yes, please describe) _____

Brothers and Sisters – (name and date of birth)

_____	__/__/__	_____	__/__/__
_____	__/__/__	_____	__/__/__
_____	__/__/__	_____	__/__/__

Please supply the names, addresses and telephone numbers of three references:

_____	_____

	_____ - _____ - _____
_____	_____

	_____ - _____ - _____
_____	_____

	_____ - _____ - _____

TO BE COMPLETED BY PARENT OR GUARDIAN:

Please describe any special needs – physical or emotional – which may require accommodation or may prevent the applicant from participating in any part of Verona’s curricular or co-curricular program. _____

Signatures:

Parent

Applicant

Date

Date

**VERONA PUBLIC SCHOOLS – VERONA, NEW JERSEY
ENROLLMENT FORM - PERMANENT RECORD INFORMATION**

PLEASE FILL OUT **BOTH** PAGES OF THIS FORM COMPLETELY

School _____ Date Entered _____

Name _____ M ()
F () Generation Code _____
(Jr., Sr.)

Address _____ Phone _____

Date of Birth _____ Place of Birth _____ **Birth certificate is required**
(Month, Day, Year) (City, State, Country)

PARENT / GUARDIAN INFORMATION : child resides with _____

1. Name (first & last) _____	2. Name (first & last) _____
Address _____ Home Phone (____) _____	Address _____ Home Phone(____) _____
_____ Work Phone (____) _____	_____ Work Phone(____) _____
email: _____ Cell Phone (____) _____	email: _____ Cell Phone (____) _____

***Is the Student homeless?** _____

*(Please indicate yes if student and parent(s) reside with extended relatives or friends due to loss of housing or economic hardship)

If Student does not reside with Parent please provide the following information:

Name of Legal Guardian _____ Legal Document _____

Relationship of Guardian (if other than parent) _____

Former Place of Residence _____
(Street) (Town) (State & Zip)

School Last Attended _____
(Name of School) (Address of School)

(City of School) (State of School) Grade Last Attended _____

Dates of attendance _____ Promoted to Grade _____

Ethnicity/Race:

(You MUST select at least one, however, you may select more than one.)

White/Caucasian	Yes	No
Black/African American	Yes	No
Hispanic/Latino	Yes	No
Asian	Yes	No
Pacific Islander/Native Hawaiian	Yes	No
American Indian/Alaskan Native	Yes	No

Language, other than English, spoken in the home by parent or child _____

If another language is spoken in the home, country of origin _____

Siblings - Names / Dates of Birth / School

If the family situation is such that school communications (i.e., report cards, newsletters) should be sent to more than one address, please specify. Provide name of recipient and address. _____

Does your child have any physical handicap that would prevent his/her participation in physical education or after-school sports?

Optional Information - Please include any additional information that you feel may help us to provide better service for your child. (Please use back of sheet if necessary.) _____

Proof of Residency: (Copy of one document required)

- | | |
|----------------------------|-----------------------------|
| 1. Property Tax Bill _____ | 3. Lease _____ |
| 2. Deed _____ | 4. Mortgage statement _____ |

Proof of attachment to address: (provide one of the following)

- | | |
|-----------------------------|-------------------------------|
| 1. Voter registration _____ | 4. Telephone/cable bill _____ |
| 2. Utility bill _____ | 5. Vehicle registration _____ |
| 3. Delivery receipt _____ | 6. Other _____ |

How long have you lived at this residence? _____

A child cannot be admitted to school until PROOF OF IMMUNIZATIONS is received by the school nurse.

PRINT Name of person completing this form _____ Date _____

Signature _____