



BURLINGTON COUNTY SPECIAL SERVICES SCHOOL DISTRICT
Application for Admission

Tuition Responsible District: _____ CODES: _____
(County, District, School)

CST District: _____ Current Home School: _____

(REQUIRED) NJ SMART NUMBER _____

Case Manager/Guidance Counselor _____ Phone _____ Ext.# _____

Email Address _____

STUDENT NAME _____ D.O.B. _____ Sex _____ Grade Status _____ School Year: _____
Disability Category:
General Ed Student
Special Ed Student
Deaf or Hard of Hearing

Race:* _____ *1. Black 2. Hispanic 3. Asian or Pacific Islander 4. American Indian or Alaskan 5. White

Parent or Guardian _____ Home Phone #: () _____
(Circle One)
Address _____ City/State/Zip _____

Father's Work #:() _____ Mother's Work #: () _____

Email Address: _____ Email Address: _____

Please check off records sent with application. All information MUST BE CURRENT

- IEP (MUST BE CURRENT) - Date: _____
Classification Conference/Re-Evaluation - Date: _____ Psychological Psychiatric Social
Learning Neurological Speech/Language OT/PT Audiogram (Required for Deaf/Hard of Hearing Students)
Physical (Must be furnished to the school nurse within 30 days of enrolling the student)
Immunization Record (Required prior to start of school)
Transcripts (Required for High School Students)

IMPORTANT INFORMATION NEEDED: When a student is living in a group home, skilled, DDD, treatment home, etc. and the TUITION RESPONSIBLE DISTRICT is different than the CST District, please provide the name of the parent/guardian, address, and phone number where they live:

Name Parent/Guardian _____ Address _____ Phone Number _____

- Student Requires 1-1 Assistant in class: YES NO (Circle One)
Accommodations for busing: Has 1-1 Harness Special Seating Arrangements: _____

Please indicate a specific BCSSSD program placement to be considered, if applicable: _____