

Old Tappan Public School District

Integrated Preschool Program Continuation Confirmation

2024-2025 School Year

Student's Name _____
Last First Middle

Male _____ Female _____

Birth Date ____/____/____ Note: student must be fully toilet trained.
Month Day Year
(4-year-olds must be four but younger than five on or before 10/1/24)

Parent/Guardian Name(s): _____

Home Address (if changed): _____

E-mail Address (if changed): _____

Home Phone Number (if changed): _____

Cell Phone Number (if changed): _____

I understand that if my child continues in the Preschool Program:

- ✓ Student must be a resident of Old Tappan.
- ✓ I am responsible for the tuition of \$11,000, inclusive of a \$2,200 deposit by June 3, 2024.

I have read and understand all of the above.

Parent/Guardian Signature

Date

*To ensure placement for your child in the Preschool Program for the 2024-2025 school year,
please submit this Program Continuation Form to:
the Board of Education Office (277 Old Tappan Road, Old Tappan)
no later than March 22, 2024.*