

ROBERT D. REYNOLDS SCHOOL

391 WEST SADDLE RIVER ROAD
UPPER SADDLE RIVER, NEW JERSEY 07458
www.usrschoolsk8.com

Devin A. Severs, Principal

Telephone: 201-961-6300

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November 1, 2023

Dear Parents/Guardians,

The Upper Saddle River School District is pleased to announce general education openings in the three year old and four year old Integrated Preschool program. Applications are now available for the September, 2024 program. One is attached for your convenience.

The Integrated Preschool Program is a nursery school program that incorporates the education of special education children with that of general education preschoolers. It will be held at Reynolds School. Special education students are placed in the program through an evaluation process performed by the Special Services Department.

All children in the program attend five half days a week. The schedule for the AM class is 8:00 to 10:30 AM and the PM class is from 12:00 to 2:30 PM.

The openings will be offered, based on a lottery system, by January 9, 2024. The current tuition is \$3,750.00. The tuition for the 2024-2025 school year will be determined in June, 2024.

Additional applications for general education students may be obtained on the district website: www.usrschoolsk8.com. You may also call Mrs. Van Blarcom, Child Study Team Secretary, at 201-961-6385 to request an application by mail.

To be eligible, a general education student must be three (3) years of age or four (4) years of age on or before October 1, 2024. A birth certificate, copy of immunizations and proof of residency will be required of those students admitted to the program. The closing date for all applications will be December 4. Please contact Mrs. Van Blarcom, 201-961-6385, if you have any questions about the program.

Sincerely,

Devin Severs, Principal

Gianna Apicella, Director of Special Education

**UPPER SADDLE RIVER SCHOOL DISTRICT
INTEGRATED PRESCHOOL PROGRAM APPLICATION 2024**

STUDENT'S NAME _____
 Last First M.I.

DATE OF BIRTH _____
 M/D/Y
Must be 3 or 4 years of age on or before 10/1/24

Male _____ Female _____

Parent/Guardian Name(s) _____

Parent/Guardian Home Address _____

Parent/Guardian Phone Number _____

Parent/Guardian Work Number _____

Parent/Guardian Work Address(s) _____

Previous PreSchool/Day Care Experience _____

Parent/Guardian Signature _____

Date _____

Please return all applications **by mail only** to:

Maureen Van Blarcom
Robert Reynolds School
391 West Saddle River Road
Upper Saddle River, NJ 07458