



**WASHINGTON  
TOWNSHIP**  
SCHOOL DISTRICT

**BRASS CASTLE SCHOOL**  
16 Castle St.  
Washington, NJ 07882  
908.689.1188  
Jessica L. Garcia, PRINCIPAL

**DISTRICT CENTRAL OFFICE  
OLD SCHOOLHOUSE**  
One East Front Street  
Washington, NJ 07882  
908.689.1119  
Keith T. Neuhs, SUPERINTENDENT

**PORT GOLDEN SCHOOL**  
30 Port Colden Rd.  
Washington, NJ 07882  
908.689.0681  
Michael J. Neu, PRINCIPAL

DATE: \_\_\_\_\_

STUDENT'S NAME: \_\_\_\_\_

F/T or P/T or D/I

CURRENT PROGRAM RATE: B/C \_\_\_\_\_ P/C \_\_\_\_\_

PROGRAM CHANGED TO: B/C \_\_\_\_\_ P/C \_\_\_\_\_

PROGRAM CHANGE IS TO BE EFFECTIVE: FROM: \_\_\_\_\_

TO: \_\_\_\_\_

My child will no longer be attending the following program:

B/C \_\_\_\_\_ P/C \_\_\_\_\_

Effective date: \_\_\_\_\_ Will return date: \_\_\_\_\_

**I HEREBY UNDERSTAND THAT ANY CHANGES REQUESTED ABOVE WILL BE REFLECTED IN THE NEXT BILLING STATEMENT AND THEREAFTER UNLESS OTHERWISE NOTIFIED.**

\_\_\_\_\_  
Billing Parent's Signature

\_\_\_\_\_  
Date

**Do not write below this line**

Received: \_\_\_\_\_

Effective: \_\_\_\_\_

Contact information: Program Director – Heather Wulff – 908-413-7046  
B/A, B/S: – Jean Flynn – 908-689-1119 x 606

