



**WASHINGTON
TOWNSHIP
SCHOOL DISTRICT**

BRASS CASTLE SCHOOL
16 Castle Street
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 COLDEN SCHOOL
30 Port Colden Road
Washington, NJ 07882
908.689.0681
Jessica K. McDonagh, PRINCIPAL

DATE: _____

STUDENT'S NAME: _____

FT or PT or DI

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 1606**

