

Registration Checklist

In order that the requirements of various state and federal laws be met, the following information is necessary for the registration of students in the Pittsgrove Township School District.

Student's name: _____ Grade _____

I. Proof of identity or Parent/Guardian with photo – One (1) must be provided

_____ Driver's license/State Issued ID _____ Passport

II. Proof of grade placement – One (1) must be provided

_____ transfer card _____ report card _____ transcript

III. Proof of immunizations – Must be provided _____

IV. Proof of Physical (if applicable)– Must be provided within 30 days of school entry date _____

V. Proof of residence – Two (2) must be provided, One (1) from List A and One (1) from List B (parent/guardian must be named on document)

List A (1 must be provided)

- _____ Lease agreement (apartment or home)
_____ Tax bill
_____ Property deed
_____ Mortgage or settlement papers
_____ Acceptance letter from Park Manager at Harding Woods, Holly Tree Acres, Picnic Grove/Tullertown or The Villages I

List B (1 must be provided)

- _____ Photo Driver's License/Passport
_____ Utility bill
_____ Change of Address Form from Post Office
_____ Bank Statement
_____ Auto Insurance or registration card
_____ Medicaid or Welfare Card
_____ Food Stamp ID

VI. Proof of Student's Date of Birth and Relationship to Parent/Guardian - One (1) must be provided

_____ Birth or baptismal certificate of student _____ Legal guardian (court documentation)
_____ Foster parent (state agency documentation)

VII. Tuition Agreement Letter if an Elmer Resident (Approved by Daniel Bruce)

VIII. Proof of custody or restricted contact (if student does not reside with both natural parents)

VIII. Completed registration packet (obtained from the Board of Education Office)

Note: New Jersey State Law – 18A:38-A

Any person who fraudulently allows a child of another person to use his residence and is not the primary financial supporter of that child and any person who fraudulently claims to have given up custody of his child to a person in another district commits a disorderly person offense.

Parent/Guardian Signature

Date

Pittsgrove Township School District
(856) 358-3094

CHOICE PROGRAM

Student Registration Form

Name _____

Sex _____ Grade _____

Street Address _____

Mailing Address (*if different than street address*) _____

Home Phone Number _____ Email Address: _____

Date of Birth _____ City and State of Birth _____

Previously School Attended _____

Pittsgrove Township School District uses an automated telephone calling system in the event of snow closings, student absences, emergencies, and occasional school announcements. Please indicate the phone number you would like utilized for student absences. _____

Is there a second number (in addition to the primary/attendance phone numbers) which must be contacted for all automated calls from the school? _____

Children in family/household under 18 (include last name if different from this student) and age/date of birth

<u>Name</u>	<u>Age</u>	<u>Date of Birth</u>

Father/Guardian Name _____ Relationship _____

Address _____

Employer Name/Telephone Number _____

Father/Guardian Home Phone _____

Father/Guardian Cell Phone _____

Mother/Guardian Name _____ Relationship _____

Address _____

Employer Name/Telephone Number _____

Mother/Guardian Home Phone _____

Mother/Guardian Cell Phone _____

Pittsgrove Township School District
(856) 358-3094

(reg. cont'd)

Is student currently receiving services for:

_____ Child Study Team _____ Basic Skills _____ 504 _____ Speech Services

Language spoken in home, if other than English _____

Are there any medical or physical problems that the school system should be aware of (_____) Yes (_____) No

If yes, please explain _____

Doctor's Name _____ Doctor's Phone _____

If student is in high school, has the student ever participated in high school sports? (_____) Yes (_____) No

Child Resides with? _____
(Must provide documentation, if applicable)

Please provide a brief explanation of parental visitation or restricted contact if any:

Second mailing needed for Non-custodial Parent? (_____) Yes (_____) No

Name _____ Relationship _____

Address _____

Phone Number _____

Ethnicity *(may check more than one)*

- | | |
|----------------|--------------------------------------|
| _____ White | _____ American Indian/Alaskan Native |
| _____ Black | _____ Asian |
| _____ Hispanic | _____ Pacific Islander |

This information will be shared only with appropriate school personnel in accordance with Federal FERPA regulations.

Parent/Guardian Signature

Date

**Pittsgrove Township School District
(856) 358-3094**

Norma Elementary
873 Gershal Ave
Pittsgrove, NJ 08318
856-358-6904
Fax 856-691-2885

Elmer Elementary School
PO Box 596, 207 Front Street
Elmer, NJ 08318
856-358-6761
Fax 856-358-7550

Olivet Elementary School
235 Sheep Pen Road
Pittsgrove, NJ 08318
856-358-2081
Fax 856-358-0231

Pittsgrove Middle School
1082 Almond Road
Pittsgrove, NJ 08318
856-358-8529
Fax 856-358-2686

A.P. Schalick High School
718 Centerton Road
Pittsgrove, NJ 08318
856-358-2054
Fax 856-358-7063

Child Study Team
1122 Almond Road
Pittsgrove, NJ 08318
856-358-7080
Fax 856-358-7320

Records Release Form

I hereby grant permission for

(Previous School)

(Address)

(City, State, Zip Code)

(Phone Number)

to release all records pursuant to NJSA 18A:36-19a including:

- Academic
- Attendance
- Discipline/School violence report
- Immunization/Health
- SAC / I&RS / 504 plans
- CST Records

_____ to Pittsgrove Township Schools at the above checked address.

(Student Name)

(Parent Signature)

(Student Signature, over 18 yrs.)

(Date)

(Witness)

Pittsgrove Township School District
(856) 358-3094

Health History Form

CHILD'S NAME _____

DOB _____

Has your child had any of the following:

	YES	NO	YEAR		YES	NO	YEAR
ASTHMA				RHEUMATIC FEVER			
DIABETES				MONONUCLEOSIS (MONO)			
HEPATITIS				STREP INFECTION			
CHICKEN POX				NEUROMUSCULAR DISEASE			
PNEUMONIA				OTITIS MEDIA (EAR INFECTION)			
HEART DISEASE				SEIZURES / CONVULSIONS			
LYME'S DISEASE				OTHER -			

Past & Current History:

	YES	NO		YES	NO
BRONCHITIS OR CHRONIC COUGH			ORTHOPEDIC PROBLEMS		
FREQUENT: COLDS/SORE THROAT			BEHAVIORAL/EMOTIONAL PROBLEMS		
SPEECH DIFFICULTIES			NOSE BLEEDS		
EAR PROBLEMS/HEARING AID/TUBES			TONSILS REMOVED		
VISION PROBLEMS/GLASSES/CONTACTS			HEAD INJURY		
DENTAL PROBLEMS			LEARNING DIFFICULTIES		

PRENATAL HISTORY:

Birth weight _____ Birth length _____ **Check one:** _____ Full term Pregnancy _____ Premature

Delivery: _____ vaginal _____ c-section

Problems during delivery? _____

Congenital defects? _____

OTHER MEDICAL INFORMATION:

Allergies to foods, medicines, hayfever: Please list _____

Allergy to bee sting _____

Medication or treatment for allergies _____

Has your child ever had a serious illness? If yes, please explain _____

Has your child been hospitalized for any reason? If yes, please explain _____

Has your child ever had any type of surgery? If yes, please explain _____

Has your child had any broken bones? If yes, which bones? (i.e. right forearm) _____

Does your child take any medication on a regular basis? (i.e. allergy, inhalers, Ritalin, etc.)

Name of medication _____

Is there a family history of any medical problems? If yes, please explain _____

Is there any other health information that we have not asked for, but that would be helpful to us? _____

This information shall be disseminated to appropriate school personnel.

DATE: _____ PARENT SIGNATURE _____

Pittsgrove Township School District
(856) 358-3094

Norma Elementary School
873 Gershal Avenue
Pittsgrove, NJ 08318

CODE OF TECHNOLOGY ETHICS
ACCEPTABLE USE AGREEMENT

As a user of Pittsgrove Township School's computing facilities, I agree to the following rules and provisions:

1. A student will be expected to use Norma's computer technology equipment in a safe and proper manner.
2. A student will be asked to follow directions and only use the computers and software as instructed by school personnel.
3. A student will not be allowed to bring software or CD's from home to use on the school's computers. Students will not copy or remove any software from the school's computers.
4. A student will be expected to behave properly in the computer lab.

Student Signature/Date

Parent Signature/Date

Print Student Name/Grade

Student Transportation Form

PowerSchool ID# _____ Grade: _____ Date of Birth: _____

NJ SID # _____

Last Name _____ First Name _____ M.I. _____

School Code _____ Female / Male (circle one)

Home telephone _____ Other telephone _____

Street Address _____

Mailing Address (if different from street address) _____

Parent/Guardian Name _____

Alternate pick up/babysitting arrangements (please explain): _____

*Return to Sherry Chapman within 24 hours of registration date

Pittsgrove Township School District
(856) 358-3094

Residency Questionnaire

Student Name: _____ DOB: _____ Grade : _____

In accordance with New Jersey State Law (N.J.S.A. 18A:38-1 and 18A:7B-12), it is necessary to determine the residence of students entering the school district.

Please select one of the following:

The student is my legal responsibility and resides with me at the address listed at bottom of the page.

As appropriate, please indicate if the student resides in any of the following:

Residing with family or friend. (Parent/Guardian not listed on lease, deed or mortgage documents)
Residing out of necessity? Yes _____ No _____
(If yes you will need to complete the Families in Transition Form and have it notarized)

Hotel/motel

Shelter

Transitional housing facility

Domestic violence shelter

Runaway youth shelter

Home for adolescent school-age mothers

Migrant family dwelling

None of the above situations apply – please explain: _____

Parent/Guardian signature: _____ Date: _____

Please print name: _____

Address: _____

Telephone: _____

Pittsgrove Township School District
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Physical Examination (completed by Physician)

Dear Parent:

Upon entrance to our school, your child is required to have a report of a physical examination completed on **this form**. If your child has had a physical exam within the last 365 days your physician can simply have this form completed. If your child has not had a physical exam within this time period they will need to have one completed within 30-days of registration. Should this not be done, your child will be excluded from school until the proper documentation is received. If you have any questions please call the school nurse. Thank you for your cooperation.

Documentation to nurse by _____

Date of Exam _____

Name _____

Birth Date _____

Report of Physical Examination:

Height _____
Vision OD _____
Hearing Rt. _____

Weight _____
OS _____
Lt. _____

Blood Pressure _____
Glasses _____ Contacts _____
Hearing Aid _____

General Appearance:

Posture _____
Eyes _____
Mouth & Throat _____
Neck _____
Spine _____
Lungs _____
Genito-Urinary _____
Speech _____

Skin _____
Ears _____
Teeth _____
Thyroid _____
Thorax _____
Abdomen _____
Feet _____

Head _____
Nose _____
Gums _____
Glands _____
Heart _____
Hernia _____
Extremities _____

Neurological:

Gait _____
Pupils _____

Coordination _____
Reaction to Light _____

Reflexes _____
Head Circumference _____

If you feel this child needs further evaluation by an ophthalmologist, audiologist, otologist, neurologist or other medical specialist, please state your recommendation.

DATE _____

PHYSICIAN SIGNATURE _____

PRINT PHYSICIAN NAME _____

ADDRESS _____

TELEPHONE _____

PLEASE ATTACH COPY OF IMMUNIZATION RECORD

Pittsgrove Township School District
(856) 358-3094

Dear Parent/Guardian

This letter is to inform you that the New Jersey Department of Health and Senior Services has recently revised the requirement of vaccines for preschool attendance. As of September 2008, there are two new requirements.

Every child enrolling in preschool shall have received at least one dose of pneumococcal conjugate vaccine (PCV) on or after their first birthday. This vaccine protects your child from invasive disease caused by *S. pneumoniae*. In addition, children attending preschool must receive one dose of influenza vaccine between September 1 and December 31 of **each** year. This vaccine protects children against influenza.

These vaccines are required for school attendance.

Sincerely,

Susan Hunkele RN
School Nurse

PITTSGROVE TOWNSHIP SCHOOL DISTRICT

Our school district is participating in a system where the federal government's Medicaid will pay state and local school districts for a portion of the costs of health-related special education services provided to Medicaid eligible children. Your child will continue to receive services at no cost to you under this new system. This initiative simply helps us maximize federal funds in support of local education. The information you voluntarily provide by completing this consent form will only be used for the purposes identified.

Please fill in the information below, sign the form, and return it to the address indicated.

**CONSENT FOR RELEASE OF INFORMATION TO ACCESS MEDICAID
REIMBURSEMENT FOR HEALTH RELATED SUPPORT SERVICES**

Child's Name: _____
(First) (Mid. Initial) (Last)

Child's Date of Birth: ____ / ____ / ____
(Month) (Date) (Year)

As parent/guardian of the child named above, I give permission to disclose information from my child's educational records to local, state, and federal agency representatives for the sole purpose of claiming Medicaid reimbursement for health related support services in my child's Individualized Education Program (IEP).

Signature: _____ Date: _____
(Parent or person in parental relationship) (Month/Day/Year)

Please return this form to:
Michelle Deaver, Supervisor of Special Education
Child Study Team Office - 1122 Almond Road _____
Pittsgrove, NJ 08318

Pittsgrove Township School District
(856) 358-3094

Name: _____ Grade: _____ Date of Birth: _____

Does this child have any health insurance including NJ FamilyCare/Medicaid, Medicare, private or other?

Yes _____ If Yes, name of insurance company _____

No _____ NJ FamilyCare provides free or low cost health insurance for uninsured children and certain low-income parents.
For more information call 800-701-0710 or visit www.njfamilycare.org to apply online.
You may release my name and address to the NJ FamilyCare Program to contact me about health insurance.

Signature _____ **Printed Name** _____ **Date** _____
Written consent required pursuant to 20 U.S.C. 1232g (b)(1) and 34 C.F.R. 99.30 (b)

List any medical/surgical care your child received during the past year: _____

Dental Exam	_____	_____
	Date	Braces
Eye Exam	_____	_____
	Date	Contacts Glasses
Allergy	_____	_____
	Kind	Medications
Allergic Reaction	_____	_____
	Date	Medications
Immunizations/Tetanus	_____	_____
	Date	Type
Restrictions	_____	_____
	Type	

Doctor _____ Telephone _____

Dentist _____ Telephone _____

Hospital _____ Address _____ Telephone _____

I, the undersigned, do hereby authorize officials of New Jersey Public Schools to contact directly the persons named on this card and do authorize the named physicians to render such treatment as may be deemed necessary in an emergency, for the health of said child.
In the even that physicians, other persons named on this card, or parents cannot be contacted, the school officials are hereby authorized to take whatever action is deemed necessary in their judgment, for the health of the aforesaid child.
I will not hold the school district financially responsible for the emergency care and/or transportation for said child.

Signature of Parent(s) / Guardian(s) **Date**