

## 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)
 

<b><u>List A (1 must be provided)</u></b>	<b><u>List B (1 must be provided)</u></b>
_____ Lease agreement (apartment or home)	_____ Photo Driver's License/Passport
_____ Tax bill	_____ Utility bill
_____ Property deed	_____ Change of Address Form from Post Office
_____ Mortgage or settlement papers	_____ Bank Statement
_____ Acceptance letter from Park Manager at Harding Woods, Holly Tree Acres, Picnic Grove/Tullertown or The Villages I	_____ Auto Insurance or registration card
	_____ Medicaid or Welfare Card
	_____ Food Stamp ID
  
- VII. 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)
  
- VI. Letter of Acceptance from Elmer Elementary School – **must be provided** \_\_\_\_\_
  
- VII. 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**

Student Number \_\_\_\_\_

**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 attended School District \_\_\_\_\_

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

Does child reside with both natural parents? (\_\_\_\_\_) Yes    (\_\_\_\_\_) No  
*If no, must provide legal documentation*

With whom does the child reside? \_\_\_\_\_

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 School**  
873 Gershal Ave.  
Pittsgrove, NJ 08318  
Extension 4731  
Fax 856-691-2885

**Olivet Elementary School**  
235 Sheep Pen Road  
Pittsgrove, NJ 08318  
Extension 4610  
Fax 856-358-0231

**Pittsgrove Middle School**  
1082 Almond Road  
Pittsgrove, NJ 08318  
Extension 4505  
Fax 856-358-2686

**A.P. Schalick High School**  
718 Centerton Road  
Pittsgrove, NJ 08318  
Extension 4110  
Fax 856-358-7063

**Child Study Team**  
1122 Almond Road  
Pittsgrove, NJ 08318  
Extension 4300  
Fax 856-358-7320

**Board of Education Office**  
1076 Almond Road  
Pittsgrove, NJ 08318  
Fax 856-358-6020

**Records Release Form**

I hereby grant permission for

\_\_\_\_\_

(Previous School)

\_\_\_\_\_

(Address)

\_\_\_\_\_

(City, State, Zip Code)

\_\_\_\_\_

(Phone Number)

to release all records (including attendance and discipline pursuant to NJSA 18A:36-19a) on

\_\_\_\_\_ to Pittsgrove Township Schools at the above circled 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**

**A.P. Schalick High School**  
**Code of Computer Ethics**  
**Acceptable Use Agreement**

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

1. I will use the computing facilities provided by the Pittsgrove Township School District in an appropriate and responsible manner.
2. I recognize that security devices are installed on the computers to safeguard the software and hardware; therefore, I will not attempt to violate or bypass these security mechanisms. If I become aware of attempts to violate or bypass security mechanisms, I will promptly report such attempts to school personnel.
3. I will respect the privacy of information stored in Pittsgrove Township Schools' computing facilities. I will not acquire or modify, in any way, information that belongs to another person nor will I attempt to access restricted portions of a network or operating system.
4. I will not use the computer to create or transmit threatening, obscene, or harassing materials. I will use the appropriate language when composing a document or message on a computer.
5. I will only access the Internet for approved, educationally-based purposes under the supervision of appropriate school personnel.
6. I will only use the software to which I have been granted permission by school personnel and I will not install or run unauthorized software on either a local drive or on a network drive.
7. I agree to abide by any patent, copyright, license restrictions that may relate to the use of the computing facilities, products, programs, or documentation. I agree not to copy, disclose, modify, or transfer any such materials that I did not create without the express consent of the original owner or copyright holder. I agree not to use Pittsgrove Township Schools' computing facilities to violate the terms of any software license agreement, or any applicable local, state, or federal laws.
8. I agree not to use Pittsgrove Township Schools' computing facilities for any purpose other than that for which it was intended.
9. I will not access other computing facilities, including on-line services, to which Pittsgrove Township School is connected without appropriate approvals to do so.
10. I understand that violation of any provision of this agreement will result in monetary restitution to re-establish service, and a punitive action. This may include suspension from school and being placed on a technology restriction list.
11. I will not use the school computers to engage in personal activities, such as e-mail, on-line chats, discussions, web-page development, or instant messaging at any time. I understand that doing so is the equivalent to making an unauthorized telephone call and the same rules apply. These services are only used under the direction of a teacher for distance learning purposes.

***This Code of Acceptable Computer Use will remain in effect each year the child is attending A.P. Schalick High School.***

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Student Signature/Date

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Parent Signature/Date

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Print Name/Grade

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

**Student Transportation Form**

Student ID# \_\_\_\_\_ Grade: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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 Mrs. Donna Johnson within 24 hours of registration date

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

**Residency Questionnaire**

Student Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Grade Entering: \_\_\_\_\_

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. *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: \_\_\_\_\_

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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.

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<p><b>CONSENT FOR RELEASE OF INFORMATION TO ACCESS MEDICAID REIMBURSEMENT FOR HEALTH RELATED SUPPORT SERVICES</b></p>
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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**

# PowerSchool

## **What is PowerSchool?**

PowerSchool is an Internet-based computer system that allows parents to view their child's grade and attendance information from home. The information in PowerSchool is updated real-time, which means as assignment grades are recorded by teachers, parents can see the information updated at home right away. Likewise, parents can see attendance information as it is entered into the school's computer system.

## **What kind of computer do I need?**

PowerSchool can be accessed using any Internet-connected computer. You will access PowerSchool through your web browser (Internet Explorer, Firefox, etc.). You can access the system from your home computer, your work computer, or from a public computer such as at a library.

## **Is PowerSchool secure?**

Your child's data is absolutely secure. No one can access your child's information without your username and password. Your username and password will never be given to anyone over the phone or by email. Usernames and passwords are only distributed through USPS, and only to the official address(es) on record for your child.

## **How do I access PowerSchool?**

To access PowerSchool you will need a username and password. You can request this from your child's school. Your username and password will be mailed to you, to the mailing address we have on file. Usernames and passwords are not given over the phone or by email for security reasons. When you request PowerSchool access you will also receive instructions for connecting to and using the system.

**To request access to PowerSchool for you're A.P. Schalick High School student, contact the Guidance Office at (856) 358-3094 ext 4111**

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

Schalick High School  
Grades 9<sup>th</sup> – 12<sup>th</sup>  
718 Centerton Road  
Pittsgrove, NJ 08318  
(856) 358-3094 ext. 4121

**Athletic**  
**Transfer Student Report**

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_

Present Grade: \_\_\_\_\_ Date starting at Schalick High School \_\_\_\_\_

List previous school(s) attended grade 9 – 12 and dates attended:

	<u>Previous School Name</u>	<u>Date Entered</u>	<u>Dated Exited</u>
9 <sup>th</sup>	_____	_____	_____
10 <sup>th</sup>	_____	_____	_____
11 <sup>th</sup>	_____	_____	_____
12 <sup>th</sup>	_____	_____	_____

List all sports participated in: \_\_\_\_\_

\_\_\_\_\_

Where did you attend elementary school? \_\_\_\_\_

A student transferring from one secondary school to another, without a change of residence by that student's parent or guardian, will be ineligible to participate for a period of thirty calendar days from the start of the school's regular scheduled first game for that sport. This will apply if the student has earned a varsity letter from the previous school. In addition, you are required to complete the attached NJSIAA Transfer Waiver Form.

*(Circle one if applicable: Academy student / Transferring from Non public school / Move without legal guardian / Home schooled)*

No student shall be eligible for high school athletics after the expiration of eight consecutive semesters following his/her initial entrance into grade 9. An athlete becomes ineligible for high school athletics if he/she attains the age of 19 prior to September 1.

Signature of student \_\_\_\_\_ Date \_\_\_\_\_

Signature of parent/guardian \_\_\_\_\_ Date \_\_\_\_\_