

## 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<br>at Harding Woods, Holly Tree Acres,<br>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. 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***

**Olivet Elementary 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 Olivet's computer technology equipment in a safe and proper manner.
2. I will respect the privacy of information stored on Olivet's computers and servers.
3. I will not take or change anyone else's work.
4. I will always use appropriate words when using the computer.
5. I will not use the computers to hurt or offend any other person.
6. I will follow directions and only use the computers, software and Internet as instructed by school personnel.
7. I will not bring software or CD's from home to use on the school's computers. I will not copy, remove or change anything on the school's computers.
8. I will behave properly when using Olivet's classroom computers or mobile laptops.
9. I understand that if I break any of these rules, I could be disciplined, lose my computer privileges, and/or pay for any damages. Computer usage is a privilege not a right.

This Code of Acceptable Computer Use will remain in effect each year the child is attending Olivet 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: \_\_\_\_\_

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