

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 _____

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(reg. con't)

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)

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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
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Pittsgrove Township Middle 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, webpage 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 Pittsgrove Twp. Middle School.

Student Signature/Date

Parent Signature/Date

Print Name/Grade

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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

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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.

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

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 your Pittsgrove Township Middle School student, contact the Middle School Office (856) 358-3094 Ext. 4505.