

CLEMANTON SCHOOL DISTRICT REGISTRATION FORM STUDENT INFORMATION

MONTH / YEAR DATE _____ GRADE OF ENTRY _____

STUDENT'S NAME _____
(LAST) (FIRST) (MIDDLE)

STUDENT'S ADDRESS: _____

DATE OF BIRTH: _____ SEX: MALE / FEMALE NICKNAME: _____

BIRTH CITY: _____ BIRTH STATE: _____

PERSON ENROLLING STUDENT: _____ RELATIONSHIP TO STUDENT: _____

WHO DOES THE CHILD RESIDE WITH: (**CHECK ONE**) __ BOTH PARENTS __ MOTHER ONLY __ FATHER ONLY __ GUARDIAN ONLY

DO YOU HAVE COURT APPOINTED CUSTODY OF THIS CHILD? YES / NO CUSTODY PAPERS? YES / NO

IS YOUR CHILD A U.S. CITIZEN? YES / NO **IF NO-** BIRTH COUNTRY: _____

IF NO, HOW MANY YEARS HAS YOUR CHILD BEEN ENROLLED IN THE U.S. SCHOOL SYSTEM? _____

NATIVE LANGUAGE OF PARENT/GUARDIAN ENROLLING STUDENT: _____

IF ENGLISH **IS NOT** THE NATIVE LANGUAGE, PLEASE CHECK HERE IF ENGLISH IS SPOKEN AND UNDERSTOOD BY THE PARENT/ GUARDIAN ENROLLING STUDENT. _____

HAS YOUR CHILD EVER BEEN IN AN LEP (LIMITED ENGLISH PROFICIENCY) PROGRAM? _____

SPECIAL EDUCATION

HAS YOUR CHILD EVER BEEN EVALUATED BY A CHILD STUDY TEAM? _____

IF YES- DOES YOUR CHILD HAVE AN IEP (INDIVIDUAL EDUCATION PROGRAM)? _____

IS YOUR CHILD **CURRENTLY** RECEIVING SPEECH THERAPY? _____

DOES YOUR CHILD HAVE A 504 PLAN? _____

| PLEASE LIST ALL SIBLINGS | AGE | EDUCATION / SCHOOL |
|--------------------------|-----|--------------------|
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IN ORDER FOR CLEMANTON SCHOOL DISTRICT TO COMPLY WITH NJ STATE REGULATIONS FOR RACIAL/ETHNIC INFORMATION, PLEASE CHECK THE APPROPRIATE BOX(ES). THIS INFORMATION IS USED FOR STATISTICAL COMPILATIONS AND REPORTS ONLY.

| | | |
|---|--|--|
| <input type="radio"/> BLACK (NON-HISPANIC) | <input type="radio"/> ASIAN | <input type="radio"/> CAUCASIAN (NON-HISPANIC) |
| <input type="radio"/> AMERICAN INDIAN/ALASKAN | <input type="radio"/> HISPANIC OR LATINO | <input type="radio"/> PACIFIC ISLAND/HAWAIIAN |

CLEMANTON SCHOOL DISTRICT DOES NOT DISCRIMINATE ON THE BASIS OF SEX, RACE OR HANDICAP.
FOR FURTHER INFORMATION, CONTACT THE AFFIRMATIVE ACTION OFFICER AT (856) 783-2300.

PARENT/GUARDIAN INFORMATION

MOTHER / GUARDIAN: _____
(LAST NAME) (FIRST NAME)

ADDRESS: _____
(STREET/APT. #) (ADDRESS)

DO YOU HAVE COURT APPOINTED CUSTODY OF THIS CHILD? YES / NO CUSTODY PAPERS? YES / NO

HOME PHONE NUMBER: _____ CELL NUMBER: _____

PLACE OF EMPLOYMENT: _____ EMPLOYMENT NUMBER: () _____

EMAIL ADDRESS: _____

CHECK WHICH APPLIES TO YOUR LIVING SITUATION:

- OWN
- LIVE WITH FAMILY/FRIEND
- RENT, IF YOU RENT PLEASE PROVIDE THE FOLLOWING INFORMATION: LEASE EXPIRATION: _____
LANDLORD NAME AND PHONE #: _____
- OTHER (PLEASE EXPLAIN): _____

FATHER / GUARDIAN: _____
(LAST NAME) (FIRST NAME)

ADDRESS: _____
(STREET/APT. #) (ADDRESS)

DO YOU HAVE COURT APPOINTED CUSTODY OF THIS CHILD? YES / NO CUSTODY PAPERS? YES / NO

HOME PHONE NUMBER: _____ CELL NUMBER: _____

PLACE OF EMPLOYMENT: _____ EMPLOYMENT NUMBER: () _____

EMAIL ADDRESS: _____

CHECK WHICH APPLIES TO YOUR LIVING SITUATION:

- OWN
- LIVE WITH FAMILY/FRIEND
- RENT, IF YOU RENT PLEASE PROVIDE THE FOLLOWING INFORMATION: LEASE EXPIRATION: _____
LANDLORD NAME AND PHONE #: _____
- OTHER (PLEASE EXPLAIN): _____

EMERGENCY INFORMATION

EMERGENCY CONTACT: _____ RELATIONSHIP TO CHILD: _____

ADDRESS: _____ PHONE NUMBER: _____

I do hereby verify that the above information is correct, that I reside at the above address, and that such address is within the Borough of Clementon. I understand that in the event that my child is not a resident of the Borough of Clementon, the Board of Education may take action to remove my child from the Clementon School District and charge tuition at the per diem rate for each day that my child attended school during this period.

Signature: _____ Date: _____

Signature: _____ Date: _____

ENROLLMENT RESIDENCY QUESTIONNAIRE

Student's Name: _____

Entering 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 indicate (check) if the student resides in any of the following facilities:

- Family's home out of necessity (grandparent, aunt, uncle, brother, sister, cousin, etc.)
- Friend's home out of necessity
- Hotel/motel
- Homeless shelter
- Transitional housing facility
- Domestic violence shelter
- Runaway youth shelter
- None of the above situation apply

Parent/Guardian Signature: _____ Date: _____

SURVEY (This is required. Please fill out completely)

- What language did your child first learn? _____
- What language is most often spoken in your home? _____
- What language is most often spoken by your child? _____
- Was your child born in another country? _____. If yes, what country? _____
- Does your child have United States citizenship? _____
- Do you require a translator and/or documents translated? _____

CUSTODY INFORMATION

PLEASE READ CAREFULLY

Please read the paragraphs below, check the appropriate box and sign your name:

_____ There are **NO** custody issues regarding my child. If at any time this status changes, I understand I am responsible for providing a copy of custody papers to Clementon Elementary School. If custody papers are not on file at school, I understand that my child may be released to either parent and/or guardian or any other person listed on the emergency card.

_____ There **ARE** custody issues regarding my child and the latest court orders have been given to Clementon Elementary School. I am aware of my responsibility to furnish the school with copies of any updated custody papers. If I fail to do so, I understand that the latest papers on file will be enforced.

Please note if custody papers are not provided to Clementon Elementary School, your child will not be able to be enrolled and begin attending school at Clementon Elementary School.

Yes, my signature below confirms that the above checked box is accurate:

Child's Name

Grade

Parent Signature

Date

Clementon Elementary School

Proof of Domicile

Dear Parent/ Guardian:

The Clementon Board of Education has policies and procedures related to "Proof of Domicile" for students who attend our schools. The District shall only provide a free education to those students who are domiciled within the District or who otherwise qualify for a free education pursuant to the statutory and regulatory guidelines set forth in N.J.S.A. 18A:38-1 *et seq.* and N.J.A.C. 6A:22-1.1 *et seq.* A student shall be domiciled in the District "when he or she is living with a parent or legal guardian whose permanent home is located within the District." N.J.A.C. 6A:22-3.1. The home is permanent if "the parent or guardian intends to return to it when absent and has no present intent of moving from it..." *Id.* If the District discovers that a student is attending school whose parents are not domiciled within the District and who is not otherwise eligible for a free education, the District may apply for student's removal and seek tuition reimbursement for the period of ineligible attendance in accordance with the provisions of N.J.S.A. 18A:38-1 (b) (2).

Applicants who fraudulently allow a child of another to use his residence, or who fraudulently claim to have custody of a child, may be charged with a disorderly persons offense. N.J.S.A. 18A:38-1 (c). If the applicant is convicted of such an offense, the applicant may be fined up to \$1,000.00 and/or be imprisoned for up to 6 months.

Any false statements, answers or declarations contained in the Affidavit or in an application for admission may subject the applicant to criminal prosecution for the crime of false swearing, in violation of N.J.S.A. 2C:43-3. If convicted for such a crime, the applicant may be punished by a fine of \$10,000.00 and/or be imprisoned for up to 18 months.

Yes, I, the undersigned, hereby acknowledge that I have read and understood the contents of this notification.

Date: _____

Student's Name: _____

Printed Name of Parent or Guardian _____

Signature of Parent or Guardian: _____

CLEMENTON ELEMENTARY SCHOOL DISTRICT
SPECIAL EDUCATION MEDICAID INITIATIVE (SEMI)
PARENTAL CONSENT FORM

Our school district is participating in the Special Education Medicaid Initiative (SEMI) program that allows school districts to bill Medicaid for services that are provided to students.

In accordance with the Family Educational Rights and Privacy Act, 34 CFR 99.30 and Section 617 of the IDEA Part B, consent requirements in 34 CFR 300.622 require a one-time consent before accessing public benefits.

This consent establishes that your child's personally identifiable information, such as student records or information about services provided to your child including evaluations and services as specified in your child's Individualized Education Program (IEP) (occupational therapy, physical therapy, speech therapy, psychological counseling, audiology, nursing and specialized transportation) may be disclosed to Medicaid and the Department of the Treasury for the purpose of receiving Medicaid reimbursement at the school district.

As parent/guardian of the child named below, I give permission to disclose information as described above and I understand and agree that Medicaid may access my child's or my public benefits or insurance to pay for special education or related services under Part 300 (services under the IDEA). I understand that billing for these services by the district **does not** impact my ability to access these services for my child outside of the school setting, nor will any cost be incurred by my family including co-pays, deductibles, loss of eligibility or impact on lifetime benefits. This consent can be revoked at any time by contacting the Clementon Elementary School District.

Child's Name: _____

Child's Date of Birth: _____

Parent Signature: _____ Date: _____

_____ Yes, I give consent to bill for SEMI

_____ No, I do not give consent to bill for SEMI

CLEMENTON ELEMENTARY PRESCHOOL PARENTAL AGREEMENT

1. Students are required to present a note from their parent or guardian explaining why they were absent from school within four days of the absence or the days become unexcused. We must have the note from the parent or guardian on file for the absences to be counted as excused.

Any child who has been absent for a period of five or more consecutive school days **MUST** provide a doctor's note before reentering the classroom. Reminder, students are not to be excused for vacations that are not listed on the school calendar. **Preschool is not a state mandated program. Students with 20 unexcused absences will be removed from our preschool program.** I understand if my child accumulates 20 unexcused absences, he/she will be removed from preschool program.

2. I, or an adult I designate, agree to drop off and pick up my preschool child at the required times. I understand that my preschooler will not be permitted to walk with a sibling due to her/his age. If I can no longer commit to this agreement, I understand that my child will not be able to participate in the preschool program.
3. Preschool students must be fully toilet trained before their first day of school in order to be eligible to participate in the program. I understand my child must be fully toilet trained before the first day of school.

Yes, I understand the Clementon Elementary preschool policies as stated above.

Parent/Guardian Signature

Date