

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

ACADEMY STUDENT \_\_\_\_\_

CHOICE PROGRAM \_\_\_\_\_

**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)
- | <u>List A (1 must be provided)</u>  | <u>List B (1 must be provided)</u>            |
|---|---|
| _____ Lease agreement (apartment or home)   | _____ Utility bill                            |
| _____ Tax bill  | _____ Change of Address Form from Post Office |
| _____ Property deed   | _____ Bank Statement                          |
| _____ Mortgage or settlement papers   | _____ Auto Insurance or registration card     |
| _____ Acceptance letter from Park Manager<br>at Harding Woods, Holly Tree Acres,<br>Picnic Grove/Tullertown or The Villages I | _____ 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.** 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*

*ACADEMY STUDENT* \_\_\_\_\_ *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 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

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**  
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*

**A.P. Schalick High School**  
718 Centerton Road  
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. I will use the computing facilities provided by the Pittsgrove Township School District for school-related purposes only.
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.
3. I agree not to share my password(s) with others.
4. I agree not to utilize another person's password to gain access to materials, information, files or accounts.
5. I acknowledge that security systems are in place and the district has the right to inspect log files, Internet history, and monitor activities on all digital devices.
6. I will demonstrate non-offensive and polite behavior while on-line and will always be accountable for information that I produce and publish.
7. I will not use the computer to create or transmit threatening, inflammatory, obscene, or harassing materials.
8. I will not plagiarize material that is available on the Internet and/or infringe on copyrighted material.
9. I will not post or publish any personal information about myself or others including but not limited to contact information and pictures.

*I understand that if I violate any of these rules, I could be disciplined, lose my computer privileges, and/or pay for any damages. (Board of Education Policy 6142.10).*

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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*

ACADEMY STUDENT \_\_\_\_\_

CHOICE PROGRAM \_\_\_\_\_

**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): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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



# 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 and 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 A.P. Schalick High School student, contact the Guidance Office at (856) 358-3094 ext 4110.**

**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](http://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 event 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 \_\_\_\_\_

**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

ACADEMY STUDENT \_\_\_\_\_

CHOICE PROGRAM \_\_\_\_\_

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 \_\_\_\_\_

# NEW JERSEY STATE INTERSCHOLASTIC ATHLETIC ASSOCIATION

1161 Route 130 North, Robbinsville, NJ 08691-1104

Phone 609-259-2776 ~ Fax 609-259-3047

The new transfer rule, as amended, would read as follows:

## Article V – Eligibility of Athletes

K. Transfers – After his/her initial enrollment in a secondary school, as provided for in Article V, Section 4.G (2) of the Bylaws, a student-athlete is subject to the following transfer rules:

1. A student-athlete who transfers from one secondary school to another because of a bona fide change of residence by his/her parents or guardians, or through assignment by the Board of Education, becomes eligible to represent his/her new school immediately upon entrance unless recruitment or transfer for athletic advantage is alleged and provided all other eligibility regulations are satisfied.

Both the former and new school must complete a transfer form affirmatively stating that the transfer is a bona fide change of residence and that there was no athletic recruitment or a transfer for athletic advantage.

A bona fide change of residence takes place when:

- a. The parent/guardian moves with the student from one public high school district to another public high school district;
- b. The parent/guardian completes an affidavit or certification with proof of the new residence;
- c. The change of residence must have occurred on or before the following dates: July 1, to be immediately eligible to participate during the Fall sports season; October 1, to be immediately eligible to participate in the Winter sports season; and February 1, to be immediately eligible to participate in the Spring sports season; and
- d. The new residence may not be associated with, leased, or provided by anyone associated with the school or acting at the direction of the school, including but not limited to administration, staff, coaches, students, parents, booster clubs, or any organization having a connection with the school.

The form of the affidavit or certification shall be approved annually by the Executive Committee. The affidavit or certification must be filed with the new school and be available to the NJSIAA upon request. Any school official with actual knowledge that the affidavit or certification is false may be subject to punishment as set forth in Article X

The affidavit or certification must be accompanied by proof of the new residence. Such proof shall include at least two of the following: (i) a New Jersey driver's license or non-driver's identification showing change of address; (ii) mortgage or lease documents; (iii) utility bills; (iv) voter registration; (v) bank statement; (vi) homeowner's insurance or renter's insurance; or (vii) any business record or document issued by a governmental entity.

The term "guardian" refers to that person who has control over the person and property of a child as established by the order of a court of competent jurisdiction. A student who becomes emancipated shall be deemed not to have made a bona fide change of residence.

Note: To provide ample notice to schools and families, the July 1 deadline for a bona fide change of residence set forth in paragraph c. above shall not be applicable in 2019. All other requirements will take effect 20 days after approval, unless determined otherwise by the Commissioner of Education.

Note: If you would like to review the 2018-19 version please refer to page 51 of last year's bylaws.

# STUDENT-ATHLETE RESIDENCY AFFIDAVIT

## NJSIAA STUDENT-ATHLETE RESIDENCY AFFIDAVIT

\_\_\_\_\_  
Print Student Full Name

I, \_\_\_\_\_, of full age, being duly sworn to law, upon my oath depose and say:

1. I am the parent/legal guardian of the above listed student.
2. I currently reside at \_\_\_\_\_  
I have resided at the above address since: \_\_\_\_\_
3. The above-named student moved with me at my new address on \_\_\_\_\_
4. Prior to moving to the new residence address listed above, I resided at the following address: \_\_\_\_\_  
\_\_\_\_\_
5. I hereby authorize the New Jersey State Interscholastic Athletic Association ("NJSIAA") to investigate and confirm any and all Statements made by me in this affidavit. I agree to provide any additional information that may be requested by the NJSIAA.
6. I will notify the present school immediately, in writing, if any of the conditions recited herein are changed.
7. This residence may not be associated with, leased, or provided by anyone associated with the school or acting at the direction of the school, including but not limited to administration, staff, coaches, students, parents, booster clubs, or any organization having a connection with the school.

I hereby certify that the forgoing statements are true, and I am aware that if any of the foregoing statements are willfully false, I am subject to punishment.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Print Parent/Guardian Full Name

STATE OF NEW JERSEY

COUNTY OF \_\_\_\_\_

The above-named affiant appeared before me, a notary public of the State of New Jersey, on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, and I made known to him/her the contents of the above affidavit which was then sworn and subscribed to by said affiant before me on this date.

\_\_\_\_\_  
NOTARY PUBLIC

*Copies of this Affidavit will be sent to the New Jersey State Interscholastic Athletic Association upon request.*

## NEW JERSEY STATE INTERSCHOLASTIC ATHLETIC ASSOCIATION TRANSFER FORM

THE UNDERSIGNED HEREBY CERTIFY THAT THE STUDENT NAMED HEREIN HAS TRANSFERRED TO HIS/HER PRESENT SCHOOL OF ENROLLMENT WITHOUT INDUCEMENT OR RECRUITMENT OR TO SEEK AN ATHLETIC ADVANTAGE. THE PARENTS/GUARDIANS ALSO AGREE TO THE SUBMISSION TO THE NJSIAA OF ANY PERTINENT RECORDS, INCLUDING TRANSCRIPTS, MAINTAINED BY THE SCHOOLS. REFUSAL TO SIGN THE TRANSFER FORM **MAY NOT** BE BASED UPON NONPAYMENT OF FEES, FAILURE TO RETURN SCHOOL PROPERTY AND THE LIKE. **THE TRANSFER FORM IS NECESSARY FOR STUDENTS WHO ARE RESIDING WITH THEIR PARENTS WHO HAVE MOVED TO THE UNITED STATES OR WHO HAVE MOVED FROM ONE SECONDARY SCHOOL DISTRICT TO ANOTHER SECONDARY SCHOOL DISTRICT.**

**STEP 1 – TO BE COMPLETED BY PRESENT SCHOOL AND FORWARDED TO PREVIOUS SCHOOL (PLEASE PRINT LEGIBLY)**

Name of **Present School**: \_\_\_\_\_ City: \_\_\_\_\_  Check if Choice School?

Student's Name: \_\_\_\_\_ Student's Date of Birth: \_\_\_\_\_

Date of Enrollment at Present School (If enrollment occurs after the beginning of the school year, Month, Day, Year, student first attended class: \_\_\_\_\_

Principal's Name: \_\_\_\_\_ Principal's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Athletic Director's Name: \_\_\_\_\_ Athletic Director's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Student's Name: \_\_\_\_\_ Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian **PRESENT** complete Address: \_\_\_\_\_

**STEP 2 – TO BE COMPLETED BY PREVIOUS SCHOOL IMMEDIATELY AND RETURNED TO PRESENT SCHOOL**

Name of **Previous School**: \_\_\_\_\_ City: \_\_\_\_\_

Date of Withdrawal: \_\_\_\_\_ Student first entered 9<sup>th</sup> grade/school: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian **PREVIOUS** Address: \_\_\_\_\_

A. List all sports in which the student participated on a varsity level in a sports season during the calendar year prior to the transfer:

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

*Student is ineligible for thirty (30) calendar days from the start of the Present School's regular schedule for each sport listed above.*

B. Has the student participated in a 9-12 program while in the 6, 7, 8<sup>th</sup> grade? \_\_\_\_\_ Yes \_\_\_\_\_ No (See Bylaws, Art.V, Sec.4.1)

**ATTENTION:** If the student is from a high school in a foreign country which does not sponsor interscholastic athletics, the adult(s) with whom the student is domiciled must attach a summary of the sports in which the student participated in a non-school community and/or national team/program for participants 14 years old or above. Said participation will be evaluated in "non-school" play to determine varsity status.

Check box if there is evidence that the student transferred for athletic advantage

Check box if there is evidence that the student was recruited.

**IF EITHER BOX IS CHECKED, WRITTEN EVIDENCE OF SUCH MUST BE SENT DIRECTLY TO NJSIAA FOR REVIEW.**

(If either of the two boxes is checked, or the form is not signed by the Principal and/or Athletic Director of the previous school, the transfer student is not eligible for regular season interscholastic competition until a hearing is held by NJSIAA.)

Principal's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Athletic Director's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

If unsigned, please state reason(s): \_\_\_\_\_

**PLEASE FORWARD ALL FORMS/DOCUMENTS TO LARRY WHITE AT THE NJSIAA OFFICE:**

**lwhite@NJSIAA.org OR Fax to: 609-259-3047 OR Mail to: P. O. Box 487, Robbinsville, NJ 08691**