

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 at Harding Woods, Holly Tree Acres, 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
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(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).

Student Signature/Date

Parent Signature/Date

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
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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: _____

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

Schalick High School
Grades 9th – 12th
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 th	_____	_____	_____
10 th	_____	_____	_____
11 th	_____	_____	_____
12 th	_____	_____	_____

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 _____

Pittsgrove Township School District
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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 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
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**

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 9th 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, 8th grade? _____ Yes _____ No (See Bylaws, Art.V, Sec.4.I)

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