

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)

List A (1 must be provided)

List B (1 must be provided)

\_\_\_\_\_ 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

\_\_\_\_\_ Medicaid or Welfare Card

at Harding Woods, Holly Tree Acres,

\_\_\_\_\_ Food Stamp ID

Picnic Grove/Tullertown or The Villages I

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**

**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**

**Olivet Elementary School**

235 Sheep Pen 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 Olivet's computer technology equipment in a safe and proper manner.
2. I will respect the privacy of information stored on Olivet's computers.
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 or remove any software from the school computers.
8. I will use computer equipment properly, being careful not to damage any part of the equipment, including the screen, keyboard, etc.
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. (Board of Education Policy 6142.10)

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

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



**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 even 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**