



# JACKSON SCHOOL DISTRICT

## KINDERGARTEN REGISTRATION FOR THE 2025-2026 SCHOOL YEAR

Register During the Month of March

<p><b>PREPARATION</b></p>	<p>Forms necessary for registration <b>are available NOW on the district website</b>. Hard copies of forms will be available at each elementary school.</p> <p><b>We will be making individual appointments to register your Kindergartener in March 2025.</b></p> <p>It is VERY IMPORTANT to begin the registration process right away and secure an appointment to <b>register by the end of March. Bring your child with you.</b></p>
<p><b>AGE REQUIREMENT</b></p>	<p>Children must be five years of age <b>on or before October 1, 2025</b>. Only an original Birth Certificate with a raised seal is accepted as proof of age. Baptismal or hospital certificates are not accepted.</p>
<p><b>PARENT/GUARDIAN IDENTIFICATION</b></p>	<p>Parent's/Guardian's valid driver's license.</p>
<p><b>PROOF OF RESIDENCY</b></p>	<p>Four proofs of residency are required, each indicating parent's name and physical address. One proof of residency <b>MUST</b> consist of <u>one (1)</u> of the following: (a) Original Deed; (b) Copy of Mortgage; (c) Original Lease/Rental Agreement; or (d) Signed and notarized affidavit of renter's landlord attesting to proof of residency. <u>Three (3)</u> remaining documents may include: Voter Registration Card, Credit Card or Utility Bills (current), or any other form of documentation attesting to the parent's physical residence in Jackson.</p>
<p><b>CURRENT MEDICAL &amp; DENTAL EXAMINATIONS/ IMMUNIZATIONS</b></p>	<p><b>Required Current</b> Physical Examination Form and Dental Examination forms must be signed/ stamped by doctor or dentist. Immunization records should show proof of the following immunizations (exact dates required by law – month/day/year):</p> <ul style="list-style-type: none"> <li>• DtaP (Diphtheria, Tetanus, Inactivated Pertussis) Tdap (Tetanus, Diphtheria, Inactivated Pertussis) - (Age 1-6 years): 4 doses w/ 1 dose given on/after the 4<sup>th</sup> birthday, or any 5 doses.</li> <li>• IPV (Inactivated Polio Vaccine) - 3 dose series. 1 dose after 4<sup>th</sup> birthday (or any 4 doses)</li> <li>• Hepatitis B (3 Dose Series)</li> <li>• HIB (Haemophilus Influenza – 1-3 Doses)</li> <li>• Mantoux – (Check current NJ State requirements)</li> <li>• #1 MMR (Between 12 and 15 months of age)</li> <li>• MMR Booster (Must be given at least 1 month after first dose &amp; prior to kindergarten)</li> <li>• Varicella Vaccine (Given after age one year and prior to school entry)</li> </ul>
<p><b>LEGAL DOCUMENTS/IF APPLICABLE</b></p>	<p>Present settlement agreement and/or court orders (if applicable) regarding parental rights/limitations due to divorce or separation.</p>
<p><b>HOW TO REGISTER</b></p>	<ul style="list-style-type: none"> <li>• Visit our Kindergarten Registration Page at <a href="http://www.jacksonsd.org/kindergarten">www.jacksonsd.org/kindergarten</a></li> <li>• Fill out Online Kindergarten Registration Form</li> <li>• Download/Print/Pick Up &amp; Complete Supplemental Kindergarten Registration Forms</li> <li>• Call Your District Registrar (number below) to <b>make an appointment to register your child by the end of March. Bring your child with you to the appointment.</b></li> </ul>
<p><b>QUESTIONS? CALL THE SCHOOL REGISTRAR</b></p> <p><b>CALL FOR REGISTRATION APPOINTMENT AFTER YOU HAVE FILLED OUT ONLINE REGISTRATION FORMS</b></p>	<p>If you have any questions about registration, please call your school at the number below. If you are unsure of your attending school, please call the Transportation Department at 732-833-4614.</p> <p><b>Crawford-Rodriguez Elementary - <a href="#">Cheryl Greenway</a>, 732-833-4690, ext. 6580</b></p> <p><b>Elms Elementary – <a href="#">Kathryn Fertal</a>- 732-833-4680, ext. 3522</b></p> <p><b>Holman Elementary - <a href="#">Lynn Goldblatt</a> - 732-833-4620, ext. 5132</b></p> <p><b>Johnson Elementary – <a href="#">Nicole McHale</a> - 732-833-4640, ext. 6126</b></p> <p><b>Switlik Elementary – <a href="#">Noreen Lagano</a> - 732-833-4650, ext. 4136</b></p>

# JACKSON SCHOOL DISTRICT

## KINDERGARTEN REGISTRATION CHECKLIST FOR THE 2025-2026 SCHOOL YEAR

**REGISTRATION PLACE:** Crawford-Rodriguez Elementary School - 1025 Larsen Road  
Elms Elementary School – 780 Patterson Road  
Holman Elementary School - 125 Manhattan Street  
Johnson Elementary School - 1021 Larsen Road  
Switlik Elementary School - 75 West Veterans Hwy.

**TIME:** By Appointment in March 2025

**DATES:** Registration appointments will be made by calling the school registrar AFTER you have done the following:

- Visit [www.jacksonsd.org/kindergarten](http://www.jacksonsd.org/kindergarten)
- Fill out the Online Pre-Registration Form
- Download/Print Supplemental Kindergarten Registration Forms (Supplemental Kindergarten Registration Forms can also be picked up at our schools)
- Call the school registrar to make an appointment

**SCHOOL REGISTRARS:** If you are unsure of your attending school, please call the Transportation Department at 732-833-4614.

Crawford-Rodriguez Elementary - [Cheryl Greenway](#), 732-833-4690, ext. 6580

Elms Elementary - [Kathryn Fertal](#) - 732-833-4680, ext. 3522

Holman Elementary - [Lynn Goldblatt](#) - 732-833-4620, ext. 5132

Johnson Elementary - [Nicole McHale](#) - 732-833-4640, ext. 6126

Switlik Elementary - [Noreen Lagano](#) - 732-833-4650, ext. 4136

### **FORMS NECESSARY FOR KINDERGARTEN REGISTRATION:**

1. *KINDERGARTEN REGISTRATION FORM*  
(To be completed online by parent)
2. *PRE-SCHOOL DEVELOPMENTAL HISTORY AND HEALTH HISTORY*  
(To be completed by parent)
3. *KINDERGARTEN ENTRANCE PHYSICAL EXAMINATION*  
(To be completed by physician)
4. *PRE-SCHOOL DENTAL EXAMINATION CARD*  
(To be completed by dentist)
5. *REGISTRATION AFFIDAVIT*  
(Must be notarized and accompanied by “acceptable forms” of proof of residency)

### **IMPORTANT:**

**ORIGINAL BIRTH CERTIFICATE AND IMMUNIZATION RECORDS MUST ACCOMPANY COMPLETED FORMS.**

**CHILD MUST BE FIVE (5) YEARS OF AGE ON OR BEFORE OCTOBER 1, 2025.**

**IF YOU ARE UNABLE TO HAVE THE *REGISTRATION AFFIDAVIT* NOTARIZED BEFORE YOUR REGISTRATION DATE, WE HAVE NOTARIES AT MANY OF OUR SCHOOLS AND CAN HELP YOU MAKE ARRANGEMENTS TO HAVE IT NOTARIZED.**

## ACCEPTABLE PROOF OF RESIDENCY

**One** proof of residency **must** consist of one of the following: (a) Original Deed; (b) Copy of Mortgage; (c) Original Lease/Rental Agreement; or (d) Signed and notarized affidavit of renter's landlord attesting to proof of residency,

**And**

Additional acceptable proof of residency includes submission of **three** of the following at the time a student is enrolled:

- Voter registrations, licenses, permits, financial account information, utility bills, delivery receipts, and other evidence of personal attachment to a particular location.
- Court orders, state agency agreements and other evidence of court or agency placements or directives. Receipts, bills, cancelled checks and other evidence of expenditures demonstrating personal attachment to a particular location, or, where applicable, to support of the student.
- Medical reports, counselor or social worker assessments, employment documents, benefit statements, and other evidence of circumstances demonstrating, where applicable, family or economic hardship, or temporary residency.
- Affidavits, certifications and sworn attestations pertaining to statutory criteria for school attendance, from the parent, legal guardian, person keeping an "affidavit student," adult student, person(s) with whom a family is living, or others, as appropriate.
- Documents pertaining to military status and assignment.
- Any business record or document issued by a governmental entity.
- Any other form of documentation relevant to demonstrating entitlement to attend school.

**PLEASE NOTE:** The above, which includes the parent or legal guardian's name and physical address (not a P.O. Box) in Jackson, must be shown at the time of registration along with a **Registration Affidavit** which may be notarized at registration, if not done so before.



# JACKSON TOWNSHIP SCHOOL DISTRICT KINDERGARTEN REGISTRATION FORM

## Central Registration Office Use Only!

School to Attend:	<input type="checkbox"/> CRS	<input type="checkbox"/> EES	<input type="checkbox"/> H CJ	<input type="checkbox"/> LHS	<input type="checkbox"/> SRS	<input type="checkbox"/> SES	Homeschool (if different):
Classification:	<input type="checkbox"/> IEP	<input type="checkbox"/> 504 Plan			<input type="checkbox"/> ESL (permission to be screened/participate attached)		
<input type="checkbox"/> Affidavit of Guardianship attached				Letter of Request/Approval Attached:		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Present Grade:	Year of Graduation:	Enrollment Date:			Bus #		
Student ID#	SID#			Family Code:			
Registration Date:	Registrar:			PCC Code:			

### Student Information: Please print/fill in all information for each student registering.

Student Name (First, Middle, Last):				
Date of Birth:	Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female	Grade Placement:	
Birthplace (hospital location):	City:	County:	State:	Country:
U.S. Entry Date (if not born in the U.S.):	First Entry Date in U.S. school (if not born in the U.S.):			
Ethnicity: <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> American Indian/Alaskan <input type="checkbox"/> Asian <input type="checkbox"/> Hawaiian Native/Other Pacific Islander				
Language Spoken at Home:				

### Student Residential Address Information:

Home Address:	Apartment/Unit #
City/Zip Code:	Third Party Residence? <input type="checkbox"/> Yes <input type="checkbox"/> No
How long have you lived in this home?	Do you have residence(s) elsewhere, and if so, where are they and when do you live there: <input type="checkbox"/> Yes <input type="checkbox"/> No
STUDENT IS PRESENTLY LIVING ( ) DOUBLED UP ( ) IN A SHELTER ( ) A MOTEL/HOTEL ( ) UNSHELTERED	
<b>Student Resides With/Head of Household:</b>	<input type="checkbox"/> Both Parents <input type="checkbox"/> Mother * <input type="checkbox"/> Father * <input type="checkbox"/> Guardian* * Do you have legal custody of the above-named child? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, <input type="checkbox"/> Sole Custody <input type="checkbox"/> Joint Custody <input type="checkbox"/> Restricted Release - If there are any problems relating to custody and releasing your child, please be aware that the school must have a copy of the legal documents in our files.
<b>Parent/Guardian #1:</b>	<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Step-Mother <input type="checkbox"/> Step-Father <input type="checkbox"/> Guardian
Home Phone:	Cell Phone:
Business Phone:	
Email Address:	
Marital Status:	Occupation:
<b>Please check one:</b>	<input type="checkbox"/> Not Military Connected <input type="checkbox"/> Active Duty <input type="checkbox"/> National Guard or Reserve <input type="checkbox"/> Unknown -it is unknown whether or not student is military-connected.
<b>Parent/Guardian #2:</b>	<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Step-Mother <input type="checkbox"/> Step-Father <input type="checkbox"/> Guardian
Parent/Guardian #1 has given this contact permission to pick student (s) up from school:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Home Phone:	Cell Phone:
Business Phone:	
Email Address:	
Marital Status:	Occupation:
<b>Please check one:</b>	<input type="checkbox"/> Not Military Connected <input type="checkbox"/> Active Duty <input type="checkbox"/> National Guard or Reserve <input type="checkbox"/> Unknown -it is unknown whether or not student is military-connected.

**Emergency Contact Information:** (Someone other than parent/guardian)

Name:	Phone:	Relationship to student:
Parent/Guardian has given this emergency contact permission to pick student (s) up from school:		<input type="checkbox"/> Yes <input type="checkbox"/> No
Name:	Phone:	Relationship to student:
Parent/Guardian has given this emergency contact permission to pick student (s) up from school:		<input type="checkbox"/> Yes <input type="checkbox"/> No
Name:	Phone:	Relationship to student:
Parent/Guardian has given this emergency contact permission to pick student (s) up from school:		<input type="checkbox"/> Yes <input type="checkbox"/> No

**Sibling Information:** Please list ALL children in the family from oldest to youngest. If additional room is needed, please list on back of page.

Name:	<input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth:
Does sibling attend school in Jackson?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Which school?

Name:	<input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth:
Does sibling attend school in Jackson?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Which school?

Name:	<input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth:
Does sibling attend school in Jackson?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Which school?

**Previous School Information (if transferring from another public school):**

Was the student previously enrolled in the Jackson Township School District? <i>Either way please complete the box below.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	If so, which school and when?
---	--	-------------------------------

**Please complete lines below whether or not your child(ren) attended the Jackson Township School District**


My child was receiving the following assistance in his/her previous school: (check all that apply)

<input type="checkbox"/> Student seen by the CST	<input type="checkbox"/> Speech Therapy	<input type="checkbox"/> Basic Skills	<input type="checkbox"/> 504 Plan
<input type="checkbox"/> Student referred to the CST	<input type="checkbox"/> ELL/Bilingual Education	<input type="checkbox"/> Math <input type="checkbox"/> Reading <input type="checkbox"/> Language Arts	<input type="checkbox"/> IEP
<input type="checkbox"/> Student classified by the CST	<input type="checkbox"/> Gifted & Talented	<input type="checkbox"/> Free or Reduced Lunch	<input type="checkbox"/> Student Retained If so, what grade?

**Do you receive the following benefits (if so, please provide a case # below):**

SNAP	<input type="checkbox"/> Yes <input type="checkbox"/> No	Case #:
TANF	<input type="checkbox"/> Yes <input type="checkbox"/> No	Case #:
FDPIR	<input type="checkbox"/> Yes <input type="checkbox"/> No	Case #:

**Health Information:**

Current Health Insurance Status of your child	Coverage (YES) <input type="checkbox"/>	Coverage (NO) <input type="checkbox"/>
If "YES" Name of Health Insurance Company		
Is your child affected by any of the following health conditions: (check all that apply)		
<input type="checkbox"/> Asthma	<input type="checkbox"/> Heart	<input type="checkbox"/> Diabetes
<input type="checkbox"/> Hearing	<input type="checkbox"/> Vision	<input type="checkbox"/> ADHD
<input type="checkbox"/> ADD	Other significant health problems:	

\_\_\_\_\_  
Name of Parent/Legal Guardian (Please Print)

\_\_\_\_\_  
Signature of Parent/Legal Guardian

\_\_\_\_\_  
Date

**JACKSON SCHOOL DISTRICT  
PRE-SCHOOL DEVELOPMENTAL HISTORY**

(To Be Completed By Parent)

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Sex \_\_\_\_\_

Did your child attend Nursery School? Yes \_\_\_ No \_\_\_ Number of years \_\_\_\_\_

Did your child participate in the Jackson P.R.E.P Program? Yes \_\_\_ No \_\_\_  
(Preschool Readiness Encouraged by Parents)

**Note: This is confidential information and will be used only when circumstances require.**

**A. BIRTH HISTORY**

Please Check

Comments

1. Were there any birth complications? Yes  No
2. What was the child's birth weight? \_\_\_\_\_

**B. DEVELOPMENTAL HISTORY**

1. Does your child get along well with other children his/her age? Yes  No
2. Has your child attended nursery school? Yes  No
3. Can your child identify colors? Yes  No
4. Can your child count fingers up to five? Yes  No
5. Can your child fasten or unfasten buttons? Yes  No
6. Can your child bounce a ball? Yes  No

7. Please check if any of these apply to your child:

- Nail Biting       Cries Easily       Bed Wetting       Thumb Sucking
- Nightmares       Temper Tantrums       Jealousy       Stubbornness

8. Indicate at what age your child:

Walked \_\_\_\_\_      Talked \_\_\_\_\_      Toilet Trained \_\_\_\_\_

9. Other:

---

Pre-School Developmental History (Continued)

C. HEALTH HISTORY

1. Illnesses and Diseases (List Dates):

German Measles \_\_\_\_\_ Measles \_\_\_\_\_ Mumps \_\_\_\_\_  
Ear Problems \_\_\_\_\_ Diabetes \_\_\_\_\_ Emotional \_\_\_\_\_  
Chicken Pox \_\_\_\_\_ Strep Infection \_\_\_\_\_ Asthma \_\_\_\_\_  
Rheumatic Fever \_\_\_\_\_ Poliomyelitis \_\_\_\_\_ Whooping Cough \_\_\_\_\_  
Convulsive Disorder \_\_\_\_\_ Diabetes \_\_\_\_\_ Lyme Disease \_\_\_\_\_  
Other \_\_\_\_\_

2. Operations/Injuries (List Dates):

\_\_\_\_\_

3. If your child has a problem, please check:

Vision       Hearing       Speech       Physical Handicap

4. Is your child taking any medication?    Yes     No

If so, please list \_\_\_\_\_

5. Does your child have any allergies to food or medication?    Yes     No

If so, please list \_\_\_\_\_

# JACKSON SCHOOL DISTRICT

151 Don Connor Blvd  
Jackson, NJ 08527

Nicole Pormilli  
Superintendent of Schools

Lisa M. DiEugenio, Supervisor of Literacy & ESL  
Jennifer Torres, Supervisor of Literacy & ESL

---

## Appendix A: Home Language Survey (Parent Version)

**Purpose - The home language survey is used solely to offer appropriate educational services (U.S. ED EL Toolkit, Chapter 1). This survey is the first of three steps to identify whether a student is eligible to be identified as an English language learner (ELL). "Home" is defined as a student's current place of residence.**

### Student Information

Student Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Current Address: \_\_\_\_\_

### Survey Questions:

1. List all languages used in the students home:
2. Was the first language used by the student a language other than English?
  - No
  - Yes
3. Does the student speak or understand a language other than English?
  - No
  - Yes
4. When interacting with others at home (example: parents, guardians, siblings), does the student understand or use a language other than English *most of the time*?
  - No
  - Yes
5. When interacting with others outside of the home (example: friends, caregivers), does the student understand or use a language other than English *most of the time*?
  - No
  - Yes

Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_  
(Person Completing this Survey)



**REGISTRATION AFFIDAVIT FOR THE  
JACKSON TOWNSHIP SCHOOL DISTRICT**

**PLEASE PRINT**

FOR: \_\_\_\_\_  
(name of student)

**STATE OF NEW JERSEY  
COUNTY OF OCEAN :SS**

\_\_\_\_\_ being duly sworn according to law, alleges and states:  
(name of parent/guardian)

1. I am the parent or the legal guardian of the pupil named above.
2. The child named above resides with me at the following address located within the Jackson Township School District:

\_\_\_\_\_  
(The physical street address. Post Office boxes are not acceptable)

3. Attached to this Affidavit are copies of documentation to corroborate my statement of residency provided herein.
4. For all leases/rental agreements, the Jackson Township School District will be provided an updated agreement upon expiration.  
\_\_\_\_\_  
initial
5. I am aware that if it is later determined that the child that I am registering for school is not eligible for a free public education in the Jackson Township School District, **I will be liable** to the Jackson Township Board of Education for tuition charges for this child, pursuant to law.  
\_\_\_\_\_  
initial
6. **I AM ALSO AWARE THAT MAKING A FALSE AFFIDAVIT IS A THIRD DEGREE CRIME IN THE STATE OF NEW JERSEY AND IS PUNISHABLE BY A FINE OF UP TO \$7,500.00 OR A TERM OF IMPRISONMENT OF UP TO 5 YEARS, OR BOTH.**  
\_\_\_\_\_  
initial
7. I understand that the District Attendance Officer has the right to visit the home to verify residency.  
\_\_\_\_\_  
initial

Signed: \_\_\_\_\_  
(signature of parent/guardian)

Sworn to and subscribed before me this

\_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
(signature & title of official administering oath)

**If you are completing a typical registration using proofs of address in your own name, you do not need to complete these next two “Third Party Residency” forms.**

The next two forms for “Third Party Residency” apply only to those people who need to certify that they are living in the home of a landlord or family member acting as a “landlord”.

For example:

- If you and your child are living with your parents and will be using their lease/mortgage as proof of address.
- If you and your child are living with a friend and will be using his or her lease/mortgage as proof of address in Jackson.

Please remember that you will still need to provide THREE proofs of residency in this home in order to complete the registration. For example, a change of address confirmation from the post office, bank, utility company, motor vehicle, credit cards, insurance documents.

### **WHAT DO THE FORMS MEAN?**

- On Part A, YOU are certifying that you are living with the child you are registering at that Jackson address.
- On Part B, the LANDLORD or HOMEOWNER is certifying that you and the child you are registering are living at that Jackson address.

*Please remember that these documents must be notarized. If you have made arrangements to use the district registrar to notarize them, you and the landlord/homeowner must be present in order to have them both notarized.*



**JACKSON TOWNSHIP SCHOOL DISTRICT**

**Third Party Residency Form – PART A  
Sworn Statement of Resident**

**Parental/Child Residency Notification  
(Parent and Child Reside with a Jackson Resident)**

I, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
Parent/Legal Guardian – (Please Print) Current Street Address City, State, Zip Code

\_\_\_\_\_  
Parent – Work Phone #

\_\_\_\_\_  
Parent – Cell Phone #

**hereby verify that my child and I**

\_\_\_\_\_  
Child’s Full Name – (Please Print) Date of Birth School

**will be residing at the home of**

\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
Homeowner/Resident – (Please Print) Street Address City, State, Zip Code

\_\_\_\_\_  
Homeowner – Home Phone # Homeowner – Work Phone # Homeowner – Cell Phone #

**Proof of Residency Submitted (must provide one of the following):**

Lease \_\_\_\_\_ Mortgage Information \_\_\_\_\_ Deed \_\_\_\_\_ Tax Bill \_\_\_\_\_

- I understand that I may be assessed the penalty of a pro-rated tuition if my child is enrolled in violation of the residency requirements.
- I understand that making a false affidavit is a third degree crime in the state of New Jersey and is punishable by a fine of up to \$7,500.00 or a term of imprisonment of up to 5 years, or both.
- I understand that the District Attendance Officer has the right to visit the home to verify residency.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Homeowner (Resident)

\_\_\_\_\_  
Date

Sworn to and subscribed before me this	
_____ day of _____, 20__	
_____	_____
A Notary Public of the State of New Jersey	Commission expiration

**JACKSON TOWNSHIP SCHOOL DISTRICT**



**Third Party Residency Form – PART B  
Sworn Statement of Landlord**

\_\_\_\_\_ and \_\_\_\_\_, being of full age and having been duly sworn according to law, under oath say(s):

1. I/We are the lawful owners of residential property located at the following address:

\_\_\_\_\_  
\_\_\_\_\_

2. Set forth the number of bedrooms in this residence. \_\_\_\_\_

3. This residence or residential unit is currently under lease or is being occupied by the following person(s) in addition to our own family members:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. The person(s) identified in response to #3 above has/have occupied the above premises as their sole or main residence, or domicile, since the following date:\_\_\_\_\_

5. The following person(s) is/are currently residing with the person(s) identified in response to #3 above:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. The person(s) identified in response to #3 above has/have indicated their present intention to remain domiciled at the above premises for what period of time, if at all?\_\_\_\_\_

**JACKSON TOWNSHIP SCHOOL DISTRICT**

**Third Party Residency Form – PART B  
Sworn Statement of Landlord**

**CERTIFICATION**

The answers, statements, and declarations made in the foregoing Sworn Statement of Landlord are absolutely true in all respects. The foregoing Sworn Statement of Landlord, as well as this Certification, is made specifically to induce the Jackson Township Board of Education to accept financial responsibility for the child(ren) named therein, without payment of tuition, knowing that the Jackson Township Board of Education will rely upon the truth of the statements therein.

I/We fully understand and agree that any false statements, answers, or declarations contained in the foregoing Sworn Statement of Landlord, as well as this Certification, may subject me/us to criminal prosecution for the crime of false swearing, in violation of N.J.S.A. 2C:28-2. If I/we am/are convicted for such a crime, I/we may be punished by a fine of up to \$7,500.00 and/or be imprisoned for up to 18 months.

\_\_\_\_\_  
Landlord  
(print name)

\_\_\_\_\_  
Landlord  
(print name)

\_\_\_\_\_  
Landlord  
(signature)

\_\_\_\_\_  
Landlord  
(signature)

Sworn to and subscribed before me this	
_____ day of _____, 20__	
_____ A Notary Public of the State of New Jersey	_____ Commission expiration

**JACKSON SCHOOL DISTRICT**  
**Office of Health Services**  
**Entrance Physical Examination**  
*(Physical must be completed within 30 days of enrollment)*  
**TO BE COMPLETED BY PHYSICIAN OR NURSE PRACTITIONER**

Student \_\_\_\_\_ Date of Examination \_\_\_\_\_  
 Address \_\_\_\_\_ Date of Entry \_\_\_\_\_  
 Phone Number \_\_\_\_\_ Date of Birth \_\_\_\_\_ Sex \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_  
 Vision \_\_\_\_\_ Hearing \_\_\_\_\_ Blood Pressure \_\_\_\_\_ BMI \_\_\_\_\_

**IMMUNIZATION RECORD** *(Exact dates required by law – month/day/year)*

	#1	#2	#3	#4	#5
<b>DTaP</b> (Diphtheria, Tetanus, Inactivated Pertussis)					
<b>Tdap</b> (Tetanus, Diphtheria, Inactivated Pertussis) (Minimum four doses with one dose administered after fourth birthday)					
<b>Tdap</b> (Tetanus, Diphtheria, Inactivated Pertussis) One dose prior to entering sixth grade; children more than seven years of age					
<b>IPV</b> (Inactivated Polio Vaccine)					
<b>OPV</b> (Oral Polio Vaccine) (Minimum three doses with at least one dose given after fourth birthday)					
<b>MMR</b> (Given after first birthday)					
<b>MMR Booster</b> (Must be given at least one month after first dose and prior to kindergarten entry)					
<b>HIB Vaccine</b> (Haemophilus Influenza)					
<b>Hepatitis B Vaccine</b> (Three doses series required)					

	#1	#2	#3	#4	#5
<b>Varicella Vaccine</b> (After age one and prior to school entry -- 1-2 doses)					
<b>Pneumococcal Conjugate Vaccine</b> (Four shot series required for Preschool)					
<b>Meningococcal Conjugate</b> (One dose prior to entering sixth grade)					
<b>Hepatitis A</b> (Two vaccine series)					
<b>Influenza</b> (One dose annually for preschoolers)					
<b>Mantoux</b> (Check current NJ State Requirements)					

**DISEASE HISTORY** *(Please specify type and age of onset)*

Allergies	Asthma	Heart Disease
Congenital Defects	Chicken Pox	Otitis Media
Drug Sensitivities	Lyme Disease	Rheumatic Fever
Hepatitis	Convulsive Disorders	Strep Infections
Neuromuscular Disorders	Diabetes	Mononucleosis
Other Illnesses		
Operations or Injuries		

(See reverse)

PHYSICAL EXAMINATION *(Please note every item)*

Ears (Otosopic)	Heart	Orthopedic:
Eyes	Lungs	Structural
Lymph Glands	Abdomen	Posture
Thyroid	Hernia	Feet
Nose	Genito-Urinary	Skin
Throat	Nutrition	Nervous System
Teeth/Mouth	Speech	General Appearance
Other:		

RECOMMENDATIONS OR RESTRICTIONS (if any): \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

*I have examined this child and find him/her physically fit to participate in all school activities.*

Signature of Physician \_\_\_\_\_ (Date) \_\_\_\_\_  
*(Valid office stamp should accompany signature)*

Physician's Name \_\_\_\_\_ Telephone \_\_\_\_\_  
*(Please Print)*

Doctor's Office Stamp

JACKSON SCHOOL DISTRICT

Pre-School Dental Examination

Child's Name \_\_\_\_\_

1. \_\_\_\_\_ All necessary dental work has been completed.

2. \_\_\_\_\_ Treatment is in progress.

3. \_\_\_\_\_ Further information or recommendation \_\_\_\_\_

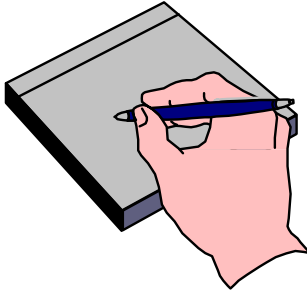
\_\_\_\_\_

Date \_\_\_\_\_

\_\_\_\_\_  
Signature of Dentist



# Some Helpful Tips When Talking to Your Child About Kindergarten

DON'T...		DO...
<ol style="list-style-type: none"><li>1. Don't build up the first day in your child's mind as if it were a tremendous event. Be eager for your child, but don't continually bring it into your conversation. Let your child bring it up. Treat going to kindergarten as a normal occurrence.</li><li>2. Don't allow older siblings or neighbor children to tease or alarm your five-year-old about school. Older children like to turn teachers and principals into ogres.</li><li>3. Don't be overly anxious. Your anxiety is contagious and will reflect in your child.</li><li>4. On the first day of school, don't stay in your child's classroom or hallway. If you've walked your child to school, say "good-bye" at the classroom door. Don't linger. If your child takes a bus, say "good-bye" at the bus stop.</li><li>5. Don't let your child feel there is a choice about going to school. Don't engage in discussions about it. Be natural, but firm in tone. Be supportive and reassuring.</li></ol>		<ol style="list-style-type: none"><li>1. Explain to your child what you will be doing during school hours. Emphasize your customary activity, including work outside the home.</li><li>2. Explain beforehand what your child should expect to happen at school.</li><li>3. Explain what to do about going to the bathroom at school.</li><li>4. Answer all your child's questions about school honestly.</li><li>5. Explain how long the kindergarten day is.</li><li>6. Explain carefully how your child will get to and from school.</li><li>7. Tell your child where you will be when kindergarten is over.</li><li>8. Too much discussion can create anxiety. Let your child initiate conversation about kindergarten.</li></ol>