



# Introduction and Welcome

Welcome to Jackson's Early Learning Pre-school Inclusion Program. We are happy to announce the district has established an early childhood Pre-school Inclusion program that will prepare students for life-long learning.

The Early Learning Pre-school Inclusion Program curriculum follows the Creative Curriculum model, and is consistent with New Jersey's "Early Learning Standards: Creating the Conditions for Success." Special needs, and typically developing 3 year and 4 year old Pre-schoolers, will come together in an inclusive classroom where language, academic, and social-emotional skills will be developed in a nurturing environment. Our program encourages student leadership opportunities, supported by differentiated instruction. All children are encouraged to participate in group activities, as well as make independent choices for their learning.

The Early Learning Pre-school Inclusion Program is staffed with New Jersey State certified teachers who are assisted by teacher aides. Together these professionals provide a safe and effective learning environment, which embraces the best practices in early childhood education.

Sylvia Rosenauer Elementary school will facilitate a \*6-hour early learning inclusive classroom, and an AM/PM 2.5 hour early learning inclusive classroom.

Crawford-Rodriguez Elementary school will facilitate a \*6-hour early learning inclusive classroom, and an AM/PM 2.5 hour early learning inclusive classroom.

Elms Elementary school will facilitate a \*6-hour early learning inclusive classroom, and an AM/PM 2.5 hour early learning inclusive classroom.

Howard C. Johnson Elementary school will facilitate a \*6-hour early learning inclusive classroom.

*\*The 6 hour early learning inclusive classrooms will provide children with the opportunity for lunch and a rest period.*

**The Early Learning Pre-school Inclusion Program is a place where children's minds are challenged, their hearts are nurtured, and their childhood is cherished! We invite your family to become a part of our family.**



Sincerely,  
Tracy Decker M.Inc.Ed  
Supervisor  
Jackson Liberty High School  
125 N. Hope Chapel Road  
Jackson, NJ 08527

# Registration Information

If your child has been placed in a program, please be prepared to complete the registration process with the district registrar, as outlined below.

\*Registration forms must be completed, and handed into the registrar in person, before a child will be considered registered for the 2019/2020 Pre-School program.

To be eligible for Pre-School registration, children must be 3 years old on or before October 1, 2019, and in accordance with state law, children must have all the required immunizations and a record of physical examination.

For further information, visit the Jackson District website at [.www.jacksonsd.org](http://www.jacksonsd.org) and click on Departments & Programs and select Pre-School Program

Please Note:

- Child must be a Jackson resident
- Enrollment is open to 3 and 4 year old children
- Children must be 3 years old by October 1, 2019
- Program registration must be made in-person, by appointment, at the location listed above. No registrations will be accepted by mail.

**For registration questions and to make a registration appointment, please call the District Registrar at 732-833-4661.**

**For questions about the program, please call 732-833-4657.**

# Jackson Township School District Early Learning Pre-School Inclusion Program

## Jackson Township School District Administration

Dr. Stephen Genco, Superintendent of Schools  
Mrs. Nicole Pormilli, Assistant Superintendent  
Mr. Daniel Baginski, Assistant Superintendent  
Ms. Michelle Richardson, Business Administrator/Board Secretary

## Jackson Township Board of Education

Mr. John Burnetsky, Board President  
Mrs. Sharon E. Dey, Board Vice President  
Mr. Gus Acevedo  
Mr. Thomas Colucci  
Ms. Vicki L. Grasso  
Mrs. Tara Rivera  
Mr. Michael Walsh

## Jackson Early Learning Integrated Pre-School Staff

Dr. Robert Cerco, Director of Special Services  
Tracy Decker, Supervisor  
Denise Brueckner, Secretary  
Cheryl Dusak, Secretary

### Office Location:

Jackson Liberty High School  
Student Services Office A105  
125 N. Hope Chapel Rd.  
Jackson, NJ 08527  
732-833-4657

# Parent Registration Check List

**To register all forms must be completed.  
No incomplete packets will be accepted.**

## **Office Packet**

√ list

	1. Application for Admission (page OF3)
	2. Pre-School Tuition Agreement (page OF3A)
	3. Student/Parent/Family Information Sheets (pages OF4 & OF5)
	4. Pre-School Developmental History (page OF6)
	5. Carpool/Pick-up Authorization Sheet (page OF7)
	6. Health Exam signed by <u>Doctor</u> (Page OF8 & OF8A) This form is to be completed and signed by doctor and returned no later than 8/15/19. If your child has a check-up after they have been registered, submit an updated form to the office after their check-up.
	7. District Photographic Permission Form (page OF9)
	8. Registration Affidavit
	9. Home Language Survey (Available in English and Spanish)
	10. Authorization for Release of Student Records (applicable only if your child is transferring from another public school – not from private daycare or pre-school)
	11. Third Party Residency Forms (If applicable)
	12. \$75.00 registration fee (non-refundable - check made payable to Jackson Board of Education)
	13. First month's tuition (non-refundable after May 1, 2019) Check: payable to Jackson Board of Education
	14. <u>Copies</u> of 4 proofs of residence (i.e. driver license, registration, utility or credit card bill, Deed, voter registration card, Affidavit of Title) This is per district policy.
	15. <u>Copy</u> of birth certificate

# Registration Information

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

**Due at registration:**

1. \$75 registration fee (non-refundable).
2. First month's tuition (non-refundable after May 1, 2019).
3. Completed registration packet.

*Complete this block if choosing Pre-School 5 days per week – 6 hours per day*

**Pre-School-\$749.00 per month** - Tuition payments are due between the 15<sup>th</sup> and 25<sup>th</sup> day of the previous month for which services will be provided. Bills will not be mailed out. Late payments will be assessed a \$25 late fee. (September tuition payment is due at time of registration.)

5 days per week – 6 hours per day.  
Children should provide their own snacks/lunch

- Elms Elementary: Session 8:05 AM to 2:05 PM**
- Rosenauer Elementary: Session 10:00 AM to 4:00 PM**
- Crawford Rodriguez Elementary: Session 10:00 AM to 4:00 PM**
- H.C. Johnson Elementary: Session 10:00 AM to 4:00 PM**

*Complete this block if choosing Pre-School 5 days per week – 2 ½ hours per day*

**Pre-School-\$445.00 per month** - Tuition payments are due between the 15<sup>th</sup> and 25<sup>th</sup> day of the previous month for which services will be provided. Bills will not be mailed out. Late payments will be assessed a \$25 late fee. (September tuition payment is due at time of registration.)

5 days per week – 2 ½ hours per day.  
Children should provide their own snacks

Location is Rosenauer Elementary:

- Rosenauer AM 10:00 AM – 12:30 PM**
- Rosenauer PM 1:30 PM - 4:00 PM**

Location is Crawford-Rodriguez Elementary:

- Crawford AM 10:00 AM – 12:30 PM**
- Crawford PM 1:30 PM - 4:00 PM**

Location is Elms Elementary:

- Elms AM 8:05 AM – 10:35 AM**
- Elms PM 11:35 AM - 2:05 PM**

**NOTE:** Tuition rates are based on the number of scheduled school days (180) divided into ten (10) equal parts (average of 18 days per month). Therefore, the tuition for all ten months will be identical. (Please note that some months have 22 days and some have as few as 11 days, however the average for all months is 18 days for a total of 180. The monthly tuition remains the same for all months, including June and months with shortened days.)

**Parent Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

How did you learn about this program?

- |                              |                          |                          |                          |
|------------------------------|--------------------------|--------------------------|--------------------------|
| 1. Newspaper                 | <input type="checkbox"/> | 4. Flyer through schools | <input type="checkbox"/> |
| 2. Community School Brochure | <input type="checkbox"/> | 5. Other                 | <input type="checkbox"/> |
| 3. Friend/Neighbor           | <input type="checkbox"/> |                          |                          |

# Registration Information

I, (parent/guardian) certify that \_\_\_\_\_ presently resides with me  
Name of Child  
at \_\_\_\_\_, in Jackson, New Jersey 08527, and is a current Jackson Resident.  
House# / Street Address

All the regulations and provisions offered by the Jackson Township School District in connection with its Jackson Community School /Early Learning Pre-school Inclusion Programs are posted on their website and I hereby agree to abide thereto.

I further acknowledge that the Jackson Township Board of Education may terminate this agreement for any failure of the undersigned, or the child, to abide with the regulations and conditions referred to in the above documentation and for any other cause which the Jackson Township Board of Education feels, in its sole discretion, is not for the best interest of the child or the district, provided the undersigned receives five (5) days prior written notice.

The undersigned agrees to pay all tuition payments in accordance with the Jackson Community School, Pre-School Program between the 15<sup>th</sup> and 25<sup>th</sup> day of the previous month for which services will be provided. I understand that the child shall not be permitted to participate in this program if the tuition and any late charges are not received in full on the date set forth above.

As per Jackson School District policy there will be no credit or refund of fees given for unused time, i.e. cancellation, vacation, illness, absences, snow day interruptions including delayed openings and early closings, etc.

Due to limited program space, any delinquent account will result in cancellation of services and loss of program placement due to active waiting list. Any default in the payment of tuition or other related charges shall result in the undersigned being responsible for the same, plus interest, as well as any cost, including reasonable attorney fees that may be necessary for the Board to expend in collecting the same.

✓ Please check applicable online monthly tuition payment method below for Oct 2019 - June 2020 Pre-School Program Payments.

\_\_\_\_\_ **EXISTING PRE-SCHOOL ACCOUNT:** I already have an online payment account set up for the current 2018/2019 school year with the Pre-School Program. This email address (listed below) will be used for the upcoming 2019/2020 Pre-School registration.

\_\_\_\_\_ **EXISTING ELEMENTARY/MIDDLE SCHOOL ACCOUNT:** I already have a 2018/2019 online payment account with Jackson Child Care Academy for an Elementary or Middle School Account. We can link this new 2019/2020 Pre-School account to your current Child Care Academy Program Parent Portal (The next time you sign-in to your already set up school year account you will see that the Pre-School program has automatically been added and you can now select "Pre-School Program" from the drop down menu in order to make your monthly tuition payments for this new program.)

\_\_\_\_\_ **NEW PRE-SCHOOL REGISTRANT:** I do not have an online payment account set up for the current 2018/2019 school year with the Jackson Child Care Academy or Pre-School Programs. Please use my email address to send me the "Program Parent Portal" payment invitation so that I can register and make my monthly tuition payments.

Email address: \_\_\_\_\_ @ \_\_\_\_\_

**PLEASE NOTE:** Any Childcare Academy accounts must be up to date in order to participate in the Pre-School program. ALL 2018/19 accounts must be fully paid by June 30, 2019 in order to secure your Pre-School registration in the 2019-2020 Early Learning Pre-school Inclusion Program.

**In acknowledgment of the terms of this agreement, please sign and date below:**

X \_\_\_\_\_  
Parent/Guardian's Signature Date

Payments by check or money order must be made payable to the **Jackson Board of Education** and sent to:

Jackson Community School  
Pre School Program  
P.O. Box 666  
Jackson, NJ 08527

Cash payments must be made in person at  
Jackson Community School  
Goetz Bldg. - Trailer I  
835 Patterson Rd.  
Jackson, NJ 08527

Please share the following information about your child for our records:

\_\_\_\_\_  
Jackson Township Early Learning Pre-school Inclusion Program\* 2019-2020 School Year

# Registration Information

Child's Full Name:		Nickname:	
Date of Birth:                    /                    /		Male <input type="checkbox"/> Female <input type="checkbox"/>	
<small>Month                    Day                    Year            (child must be 3 on or before October 1,2019)</small>			
Address:		Jackson, NJ 08527	Home Phone:
Email: _____			
<small>(Your email address will be used for all correspondence from our office as well as your invite to our automated online payment program. Please note that If you also have children in the Child Care program you will need to use a <b>separate email for each program if you plan on using the online payment system.</b>)</small>			
		If yes, please list allergies, reactions, etc.	
Is your child taking any medication?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
*	Does your child have any allergies?		<input type="checkbox"/> <input type="checkbox"/>
<b>Mother/Guardian Name:</b>		Work Phone:	Cell:
Employer:		Occupation:	
Address:			
<b>Father/Guardian Name:</b>		Work Phone:	Cell:
Employer:		Occupation:	
Address:			
<b>Insurance Information:</b>			
Company		Policy#	
Name of Insured:			
<b>Emergency Information</b>			
Contact Name:		Phone:	Cell:
Contact Name:		Phone:	Cell:
Child's Doctor:		Phone:	
Hospital Preference:			

# Registration Information

## Siblings

Name	Age	Name	Age

Please name all pets: \_\_\_\_\_

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

If any home condition exists that should be taken into consideration in planning for your child's successful education (i.e. single parent head of household, chronic illness of member of the family, other relatives living with the family, child custody orders of Family Court, etc.) please indicate in this space.

Language spoken in home (if other than English) \_\_\_\_\_

Special Needs – Any involvement with Pre-school Handicapped Program or Early- Intervention Program? \_\_\_\_\_

Previous group and school experience (i.e. - nursery school, daycare, Playing Pals, gymnastics, etc.) \_\_\_\_\_

Other: \_\_\_\_\_



# Pre-School Developmental History

## (To be completed by parent)

Child's Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Male  Female   
Month/ Day / Year

### A. BIRTH HISTORY

Were there any birth complications? 

Yes	No
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Comments
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What was your child's birth weight? \_\_\_\_\_

### B. DEVELOPMENTAL HISTORY

Does your child get along well with other children his/her age?

Yes	No
-----	----

Comments
----------

Has your child attended nursery school?

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Please check if any of these apply to your child:

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

Indicate at what age your child:

Walked  Talked  Toilet Trained

Hand Dominance:

Left Hand  Right Hand  No Preference

### C. HEALTH HISTORY

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	Lyme Disease	Other:	

Operations/Injuries (List Dates) \_\_\_\_\_

Please check if your child has difficulty with any of the following: 

Vision	Hearing	Speech	Physical Handicap <input type="checkbox"/>
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	Yes	No	If yes, list allergies, reactions, etc.
Is your child taking any medication?	<input type="checkbox"/>	<input type="checkbox"/>	
Does your child have any allergies?	<input type="checkbox"/>	<input type="checkbox"/>	

# Student Information

## To be completed by parent for Teacher

Please share the following information about your child for the teacher's records:

Child's Full Name:	Nickname:
Date of Birth:                    /   /	Male <input type="checkbox"/> Female <input type="checkbox"/>
Month/ Day / Year (child must be 4 on or before October 1, 2015)	
Address:	Jackson, NJ 08527      Home Phone:
If yes, please list allergies, reactions, etc.	
Is your child taking any medication?	Yes <input type="checkbox"/> No <input type="checkbox"/>
* Does your child have any allergies?	<input type="checkbox"/> <input type="checkbox"/>

<b>Mother/Guardian Name:</b>	Work Phone:	Cell:
Employer:	Email:	
Address:	Occupation:	

<b>Father/Guardian Name:</b>	Work Phone:	Cell:
Employer:	Email:	
Address:	Occupation:	

<b>Insurance Information:</b>	Company	Policy#
Name of Insured:		

<b>Emergency Information</b>		
Contact Name:	Phone:	Cell:
Contact Name:	Phone:	Cell:
Child's Doctor:	Phone:	
Hospital Preference:		

# Carpool and Authorized Pick-Up Information

Names and phone numbers of those authorized to pick up your child, including carpool partners. Please inform all persons that you list below that they must have a photo I.D. with them when picking up your child.

Please note: For your child's safety, he or she will be released **only to those individuals specified on this document**. Please notify both the office and your child's teacher immediately of any additions or deletions to this list.

Name	Relationship to child	Phone
		Home:  Cell:  Other:
		Home:  Cell:  Other:
		Home:  Cell:  Other:
		Home:  Cell:  Other:
		Home:  Cell:  Other:
		Home:  Cell:  Other:

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

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

\_\_\_\_\_  
Date

# Pre-School Entrance Physical Examination 2019/2020

**JACKSON SCHOOL DISTRICT**  
**Early Learning Pre-School Inclusion Program**  
**Office of Health Services**  
*(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>DPT</b> (Diphtheria, Tetanus, 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 Pre-school)					
<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 Pre-schoolers)					
<b>Mantoux</b> (Check current NJ State Requirements)					

# Pre-School Entrance Physical Examination 2019/2020

**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		

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

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



**Jackson School District Media and Television Publicity Permission Form and  
New Jersey Parental/Guardian Consent Form for Internet Publication of Student Information/Images**

**February 15, 2019**

We are sending you this parental consent form to inform you and to request permission for your student's photo/image and personally identifiable information to be published on the district and/or school web sites. It also seeks permission to publish this information for publicity, promotional or informational purposes in newsletters, presentations, flyers, press releases, videos and to broadcast/publish this information on the Jackson School District television station (JTV on Cablevision's Channel 77) and any social media websites or services run by the district. We are also requesting permission to release this information to outside media such as newspapers, news magazines, broadcast news and media outlets and online news outlets/magazines. Please be advised that the majority of newspapers today archive/publish their print editions on their own websites.

**As you are aware, there are potential dangers associated with the posting of personally identifiable information on a web site since global access to the Internet does not allow us to control who may access such information. These dangers have always existed; however, we as schools do want to celebrate your child and his/her work. The law requires that we ask for your permission to use information about your child.**

Pursuant to law, we will not release any personally identifiable information without prior written consent from you as parent or guardian, which is granted through this form. Personally identifiable information *as described by the state* includes student names, photo or image, residential addresses, e-mail address, phone numbers and locations and times of class trips.

Please be aware that the *Jackson School District's practices in publishing/releasing student information are actually more restrictive than the state law.* **The Jackson School District only publishes and/or releases to the media your child's name, image and school/grade/age.** Student work (e.g. art, writing, concert/drama performances, athletic events) and interviews may also be published/broadcast/released in the methods described above. The other state-designated personally identifiable information described above are not released.

If you, as the parent or guardian, wish to rescind this agreement, you may do so at any time in writing by sending a letter to the principal of your child's school and such rescission will take effect upon receipt by the school. *Questions? Contact the Jackson School District Communications Office at 732-833-4618*

**RETURN THIS FORM TO YOUR CHILD'S HOMEROOM TEACHER**

**Check ONE of the following boxes/choices:**

*Please keep in mind that if you want your child to be featured on the district/ school/social media websites, in the news media or on JTV, you will need to select the first option below. Also, to deny permission you must return the form.*

**NOTICE: FAILURE TO SUBMIT FORM BY Sept. 13, 2019  
WILL RESULT IN YOUR GRANTING PERMISSION FOR PUBLICATION.**

I/We **GRANT** permission for this student's name, photo/image and all other personal identifiers described above to be published on the school and/or district's public Internet site and any social media websites/services run by the district. This permission also allows for the same name, photo/image and personal identifiers to be used in newsletters, presentations, flyers and press releases, videos, on Jackson Television, and in outside news publications and broadcasts as described above.

OR

I/We **DO NOT GRANT** permission for this child's name, photo/image that includes this student to be published on the school and/or district's public Internet site/social media websites/services run by the district or to be used in newsletters, presentations, flyers and press releases, videos, on Jackson Television, and in outside news publications and broadcasts as described above.

Student Name: (print) \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_ Phone #: \_\_\_\_\_

Homeroom Teacher: \_\_\_\_\_ Date: \_\_\_\_\_

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

**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)

**Jackson School District**  
**Jackson, New Jersey**

**Home Language Survey**

**Parent/Guardian Language Questionnaire**

This information is essential in order for schools to provide meaningful instruction for all students.

Student Name: \_\_\_\_\_ Age: \_\_\_\_\_  
(first) (middle) (last)

Date of School Entrance: \_\_\_\_\_ Name of School Attending: \_\_\_\_\_

Person completing the survey:  Mother  Father  Grandparent  
 Guardian  Other \_\_\_\_\_

**Directions:** Check or write in the correct response for each of the following questions about your child.

1. What language did the child learn when he/she first began to talk?  
English \_\_\_\_\_ Other [specify] \_\_\_\_\_
  
2. What language does the family speak at home most of the time?  
English \_\_\_\_\_ Other [specify] \_\_\_\_\_
  
3. What language does the parent [guardian] speak to the child most of the time?  
English \_\_\_\_\_ Other [specify] \_\_\_\_\_
  
4. What language does the child speak to his/her parent [guardian] most of the time?  
English \_\_\_\_\_ Other [specify] \_\_\_\_\_
  
5. What language does the child speak to her/her brothers and sisters most of the time?  
English \_\_\_\_\_ Other [specify] \_\_\_\_\_
  
6. What language does the child speak to his/her friends most of the time?  
English \_\_\_\_\_ Other [specify] \_\_\_\_\_
  
7. In which language do you wish to receive school communication?  
English \_\_\_\_\_ Other [specify] \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
[person completing the survey]



**Jackson School District  
Jackson, New Jersey**

**Encuesta del Idioma usado en el Hogar**

**Idioma de Padres/Guardianes**

Esta información es esencial en orden a las escuelas la instrucción significativa para todos los estudiantes.

Nombre del estudiante: \_\_\_\_\_ Edad: \_\_\_\_\_  
[Nombre] [Inicial] [Apellido]

Fecha de la entrada a la escuela: \_\_\_\_\_ Nombre de asistir a la escuela: \_\_\_\_\_

Persona que completa la Encuesta:  Madre  Padre  Abuelo(a)  
 Guardián  Otro: \_\_\_\_\_

**Direcciones:** Seleccione o escriba la respuesta correcta para cada una de las siguientes preguntas acerca de su hijo.

1. ¿Que idioma aprendió su hijo(a) cuando empezó a hablar por primera vez?  
Ingles:  Español:  Otro [Especifique cual]: \_\_\_\_\_
2. ¿Que idioma se habla en su hogar la mayoría del tiempo?  
Ingles:  Español:  Otro [Especifique cual]: \_\_\_\_\_
3. ¿Que idioma le habla ustedes al niño(a) la mayoría del tiempo?  
Ingles:  Español:  Otro [Especifique cual]: \_\_\_\_\_
4. ¿Que idioma habla el niño(a) con ustedes la mayoría del tiempo?  
Ingles:  Español:  Otro [Especifique cual]: \_\_\_\_\_
5. ¿Que idioma le habla el niño(a) a sus hermanos(as) la mayoría del tiempo?  
Ingles:  Español:  Otro [Especifique cual]: \_\_\_\_\_
6. ¿Que idioma habla el niño(a) a sus amigos la mayoría del tiempo?  
Ingles:  Español:  Otro [Especifique cual]: \_\_\_\_\_
7. ¿En que idioma desea recibir comunicados de la escuela?  
Ingles:  Español:  Otro [Especifique cual]: \_\_\_\_\_

Firma: \_\_\_\_\_ Fecha: \_\_\_\_\_  
[Persona que lleno la encuesta]



# JACKSON SCHOOL DISTRICT

151 Don Connor Boulevard  
Jackson, NJ 08527

(732) 833-4600  
FAX (732) 833-4702

*Dr. Stephen Genco, Superintendent of Schools*

<input type="checkbox"/> Jackson Liberty High School	125 North Hope Chapel Road, Jackson, NJ 08527
<input type="checkbox"/> Jackson Memorial High School	101 Don Connor Blvd., Jackson, NJ 08527
<input type="checkbox"/> Goetz Middle School	835 Patterson Road, Jackson, NJ 08527
<input type="checkbox"/> McAuliffe Middle School	35 South Hope Chapel Road, Jackson, NJ 08527
<input type="checkbox"/> Crawford-Rodriguez Elementary School	1025 Larsen Road, Jackson, NJ 08527
<input type="checkbox"/> Elms Elementary School	780 Patterson Road, Jackson, NJ 08527
<input type="checkbox"/> Holman Elementary School	125 Manhattan Street, Jackson, NJ 08527
<input type="checkbox"/> Johnson Elementary School	1021 Larsen Road, Jackson, NJ 08527
<input type="checkbox"/> Rosenauer Elementary School	60 Citadel Drive, Jackson, NJ 08527
<input type="checkbox"/> Switlik Elementary School	75 West Veterans Highway, Jackson, NJ 08527

### AUTHORIZATION FOR RELEASE OF STUDENT RECORDS

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

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

Enrolling in Grade: \_\_\_\_\_

The above student has enrolled in the Jackson Township School District. Please send the following student information to the school indicated above as soon as possible:

- **Health Records** (originals if coming from within New Jersey required).
- **Transcript of Academic Records** (including grades to date of withdrawal).
- **Standardized Test Records** (including New Jersey HSPA if applicable).
- **Special Service Records** (may be mailed directly to our Child Study Team).
- **Discipline Records** (if the student has been involved in offenses involving weapons, alcohol or drugs, or willful affliction of injury to persons or an act of violence against persons and/or property committed on school premises, at school or school sponsored activity, please forward appropriate disciplinary documentation.)

**If applicable, please check below:**

\_\_\_\_\_ This student is registered as homeless as per NJAC 6A:17-2.9(a). As the school district of origin, a tuition contract will be sent upon completion of registration if previous school is in New Jersey.

\_\_\_\_\_ This student is registered as a tuition student. As the district of residence, a tuition contract will be sent upon completion of registration.

Previous School: \_\_\_\_\_

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

I HEREBY GIVE MY PERMISSION FOR RELEASE OF THE ABOVE RECORDS.

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

Signature of Student 18 or older: \_\_\_\_\_

The information contained in this document is private and confidential and intended only for the person(s) named above. If you are not the intended recipient, you are hereby notified that any disclosure, copying, distribution, or any other use of the information is strictly prohibited. The information contained herein also is not subject to disclosure under the New Jersey Open Public Records Act (OPRA).



# Jackson School District

151 Don Connor Blvd.  
Jackson, NJ 08527  
732-833-4600  
732-833-4609 - FAX

## HOW TO REGISTER YOUR CHILD

- Parent/guardian Driver’s License or valid photo ID
- Original Birth Certificate with raised seal
- Student Transfer Card and Health Records from previous New Jersey public school OR physician’s immunization records
- **Four** acceptable proofs of residency with parent’s name and physical Jackson address – not a PO Box as follows:
  - **One** proof of residency should preferably consist of one of the following: (a) Original Deed; (b) Copy of Mortgage or Mortgage Statement; (c) Original Lease/Rental Agreement(the District must be provided an updated/renewed agreement upon expiration for all leases/rental agreements); or (d) Signed and notarized affidavit of renter’s landlord attesting to proof of residency;

**And**

- **Three** additional documents listed on page 2 of this packet. No more than 1 document will be accepted for each type of residency proof (i.e., no more than 1 receipt).
- In the event the student and parent are residing with a third party, the third party must prove residency as listed above. A “Third Party Residency Form – Part A and Part B” must be completed and notarized by both the third party and the parent/guardian before the student will be registered. In addition, one proof of residency for the third party is required.
- Proof of Guardianship signed by a Judge or custody/divorce papers indicating residential custodial parent (if applicable).

Please contact Kim Siciliano in the Registrar’s Office (732-833-4661) to set up an appointment to register your child.

Registration forms are available at the District website: [www.jacksonsd.org](http://www.jacksonsd.org). Follow the *eBackpack* link to *Frequently Used Forms*. Please complete a Registration Form and Request for Records Form for each student.

\* \* \* \* \*

Appointment Date: \_\_\_\_\_

Time: \_\_\_\_\_

The following forms of documentation may demonstrate a student's eligibility for enrollment in the district.

- Property tax bills, deeds, contracts of sale, leases, mortgages, signed letters from landlords and other evidence of property ownership, tenancy or residency.
- 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.

You will *not* be asked for any information or document protected from disclosure by law, or pertaining to criteria which are not legitimate bases for determining eligibility to attend school. You may *voluntarily* disclose any document or information you believe will help establish that the student meets the requirements of law for entitlement to attend school in the district, but *we may not, directly or indirectly, require or request:*

- Income tax returns
- Documentation/information relating to citizenship or immigration/visa status, unless the student holds or is applying for an F-1 visa.
- Social security numbers

**Distrito Escolar de Jackson**

151 Blvd. Don Connor  
Jackson, NJ 08527  
732-833-4600  
732-833-4609 -fax

**Como registrar a su hijo/hija**

- Licencia de Conducir o una copia de identidad válida de Padres/Tutores
- Certificado del Acta de Nacimiento
- Tarjeta de Transferencia del Estudiante y de los registros de salud de la escuela publica anterior de Nueva Jersey O los registros de las inmunizaciones del médico
- **Cuatro** pruebas aceptables de residencia con el nombre de los padres y Dirección actual en Jackson - NO un apartado postal de la siguiente manera:
  - ❑ **Una** prueba de residencia debe consistir preferiblemente de una de las siguientes: (a) Escritura original; (b) Copia de la Hipoteca o Declaración de la Hipoteca; (c) Contrato original de Arrendamiento o Acuerdo de Alquiler (el Distrito debe ser previsto una versión actualizada /renovada, en el tiempo de su vencimiento, de todos los contratos de arrendamiento/acuerdos de alquiler); o (d) una Declaración firmada y notariada del propietario del inquilino en la cual le prueba la residencia;

**Y**

- ❑ **Tres** documentos adicionales que estén enumerados en la página 2 de este paquete. No más de 1 documento será aceptado para cada tipo de prueba de residencia (es decir, no más de 1 recibo).
- En el caso de que el estudiante y el padre estén residiendo con una tercera persona, la tercera persona debe demostrar su residencia como se indica anteriormente. Un "Formulario de Residencia de Terceros" -Parte A y la Parte B debe ser completado y notariado tanto por la persona tercera y el padre / tutor antes de que se registrara al estudiante. Además, se requiere una prueba de residencia para la tercera persona.
- Prueba de la tutela firmada por un juez o documentos de custodia / divorcio indicando padre de la custodia residencial (si aplica).

Por favor, póngase en contacto con Kim Siciliano en la Oficina de registro (732-833-4661) para establecer una cita para inscribir a su hijo/hija.

Los formularios de inscripción están disponibles en el sitio web del Distrito: [www.jacksonsd.org](http://www.jacksonsd.org) Siga el enlace de *eBackpack a los Formularios de uso Frecuente o "Frequently Used Forms"*. Favor de completar un Formulario de Inscripción y un Formulario de Solicitud de Archivos para cada estudiante.

\* \* \* \* \*

Fecha de la cita: \_\_\_\_\_

Hora: \_\_\_\_\_

Los siguientes formularios de documentación pueden demostrar la elegibilidad de un estudiante para la inscripción en el distrito.

- Impuestos de propiedad, escrituras, contratos de venta, arrendamientos, hipotecas, cartas firmadas de los propietarios y otros títulos de propiedad, arrendamiento o residencia.
- Registros de votantes, licencias, permisos, información financiera de cuenta, facturas de servicios de electricidad, gas, etc., recibos de entrega, y otras pruebas de adjunto personal a un lugar determinado.
- Las órdenes judiciales, acuerdos de agencias estatales y otras evidencias judiciales o colocaciones de agencias o directivas.
- Los recibos, facturas, cheques cancelados y otras pruebas de los gastos que demuestren un adjunto personal a un lugar determinado o, en casos donde aplica, en apoyo del estudiante.
- Los informes médicos, evaluaciones de consejero o trabajador social, documentos de trabajo, declaraciones de beneficios y otras pruebas de circunstancias que acrediten, en casos donde es aplicable, dificultades en la familia o problemas financieros, o de una residencia temporal.
- Declaraciones juradas, certificaciones y testimonios jurados pertenecientes a los criterios legales para la asistencia a la escuela, de los padres, tutor legal, persona que guarde una "declaración jurada de estudiante," estudiante adulto, persona (s) con la cual la familia reside, o otros, según sea apropiado.
- Los documentos perteneciente al estado y asignación militar.
- Cualquier registro de negocio o documento emitido por una entidad gubernamental.
- Cualquier otro formulario de la documentación pertinente para demostrar el derecho a asistir a la escuela.

No se le pedirá cualquier información o documento protegido a divulgación por la ley, o en relación con criterios que no son bases legítimas para determinar la elegibilidad para asistir a la escuela. Puede revelar voluntariamente cualquier documento o información que crea que va a ayudar a establecer que el estudiante cumple con los requisitos de la ley para tener derecho a asistir a la escuela en el distrito, pero no podemos, directa o indirectamente, o requerir o solicitar:

- Declaraciones de impuestos
- Documentación / información relacionada con la ciudadanía o estatus de inmigración/visa al menos que el estudiante posee o está solicitando una visa F-1.
- Los números de seguro social

## 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 must be notarized.**

**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



# ATTENTION PARENTS!!!!!!!

## Registration 5-Point Checklist

***Please be advised,*** we will have to reschedule your appointment if any of the documentation listed below is missing from your paperwork:

✓		Do you have these with you today:
	1.	Parent/Guardian driver's license or valid photo ID
	2.	Original Birth Certificate with raised seal
	3.	Four (4) proofs of residency *
	4.	Physician's immunization record
	5.	Transfer Card from previous school

\****One*** proof residency should consist of one of the following: (a) original deed; (b) copy of mortgage or mortgage statement; (c) original lease/rental agreement (d) Third Party Residency Form – Parts A and B signed and notarized affidavit of homeowner/landlord attesting to proof of residency. ***Three*** additional documents which may include financial account information, utility bills, credit card statements, cell phone bills, cancelled check, employment documents such as a pay check, benefit statements, automobile or renter's insurance.