

## Jackson Township School District Early Learning Preschool Inclusion Program 2021-2022

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

The Early Learning Preschool 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 Preschoolers, 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 Preschool 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.

Our program will feature an early learning inclusive classroom at each Elementary School:

- Crawford-Rodriguez Elementary
- Elms Elementary
- Holman Elementary
- Howard C. Johnson Elementary
- Switlik Elementary
- Sylvia Rosenauer Elementary

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

The Early Learning Preschool 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

Sincerely,  
Jennifer Kinsella  
Community Services Coordinator  
Administration Trailer  
151 Don Connor Boulevard  
Jackson, NJ 08527

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Jackson Township School District  
Early Learning Preschool Inclusion Program 2021-2022

**Jackson Township Board of Education**

Mrs. Tara Rivera, Board President  
Mr. Michael Walsh, Board Vice President  
Mr. Gus Acevedo  
Mr. John J. Burnetsky  
Mr. Tzvi Herman  
Mr. Scott Sargent

**Jackson Township School District Administration**

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

**Jackson Special Services Staff, Preschool**

Dr. Teresa Taylor, Director  
Tracey Decker, Supervisor

**Community Services Office**

Jennifer Kinsella, Coordinator  
Michele Shpak, Secretary

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Jackson Township School District  
Early Learning Preschool Inclusion Program 2021-2022



## Registration Checklist

	1. Fill out and print online pre-registration form on <a href="http://www.jacksonsd.org/preschool">www.jacksonsd.org/preschool</a>
	2. Registration Affidavit (must be notarized prior to appointment) (Page 5)
	3. Copies of 4 Proofs of residence (driver license, registration, voter registration card, utility or credit card bill, Deed, Affidavit of Title)
	4. Third Party Residency Forms (ONLY IF APPLICABLE TO YOU) (Pages 7,9)
	5. Complete Home Language Survey (Page 10)
	6. Copy of Birth Certificate
	7. Preschool Tuition Agreement (Pages 11 & 12)
	8. \$75.00 registration fee paid at registration appointment (non-refundable, check made payable to Jackson Board of Education)
	9. First Month's Tuition (non-refundable after May 1, 2021, check made payable to Jackson Board of Education)
	10. Student/Parent/Family Information Sheets (Pages 13 & 14)
	11. Carpool/Pick Up Authorization Sheet (Page 15)
	12. Preschool Developmental History (Page 16)
	13. Health Exam signed by Doctor (Pages 17 & 18) This form must be completed and signed by a doctor and returned no later than 8/13/2021. If your child has a check-up after they have been registered, submit an updated form to the office after their check-up.
	14. District Photographic and Publicity Permission Form (Page 19)

## 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.**

**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**  
**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 Township School District  
Early Learning Preschool Inclusion Program 2021-2022  
**Tuition Agreement**

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

**Due at registration:**

1. \$75 registration fee (non-refundable)
2. First month's tuition (non-refundable after May 1, 2021)

*Full Day Preschool Program\*6 hour program\*5 days a week*

**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.)

Parents can chose to send in lunch and snack.  
Also send in blanket for rest time.

- Crawford Rodriguez Elementary:** Session 8:45 AM to 2:55 PM
  - Elms Elementary:** Session 9:05 AM to 3:15 PM
  - Holman Elementary:** Session 8:45 AM to 2:55 PM
  - H.C. Johnson Elementary:** Session 9:25 AM to 3:35 PM
  - Rosenauer Elementary:** Session 9:25 AM to 3:35 PM
  - Switlik Elementary:** Session 9:05 AM to 3:15 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 \_\_\_\_\_

Jackson Township School District  
Early Learning Preschool Inclusion Program 2021-2022

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 2021 - June 2022 Pre-School Program Payments.

\_\_\_\_\_ **EXISTING PRE-SCHOOL ACCOUNT:** I already have an online payment account set up for the current 2020/2021 school year with the Pre-School Program. This email address (listed below) will be used for the upcoming 2021/2022 Pre-School registration.

\_\_\_\_\_ **EXISTING ELEMENTARY/MIDDLE SCHOOL ACCOUNT:** I already have a 2020/2021 online payment account with Jackson Child Care Academy for an Elementary or Middle School Account. We can link this new 2021/2022 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 2020/2021 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 Child Care Academy accounts must be up to date in order to participate in the Pre-School program. ALL 2020/2021 accounts must be paid in full by May 25, 2021 in order to secure your Pre-School registration in the 2021-2022 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** & mailed to:  
**Jackson Community Services**  
**Preschool Program**  
**P.O. Box 666**  
**Jackson, NJ 08527**

Cash payments must be made in person at  
**Jackson Community Services Office**  
**Administration Trailer**  
**151 Don Connor Blvd**  
**Jackson, NJ 08527**

Jackson Township School District  
Early Learning Preschool Inclusion Program 2021-2022

**Information Sheet**

Child's Full Name: \_\_\_\_\_ Nickname: \_\_\_\_\_

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

Address: \_\_\_\_\_ Jackson, NJ 08527

Home Phone: \_\_\_\_\_

Is your child taking medication? \_\_\_\_\_

Does your child have any allergies? \_\_\_\_\_

*\*If yes, please contact the school nurse for the appropriate action plan paperwork.*

Mother/Guardian Name: \_\_\_\_\_ Father/Guardian Name: \_\_\_\_\_

Mother Last Name: \_\_\_\_\_ Father Last Name: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Employer: \_\_\_\_\_ Employer: \_\_\_\_\_

Work Number: \_\_\_\_\_ Work Number: \_\_\_\_\_

***Insurance Information***

Company: \_\_\_\_\_ Policy #: \_\_\_\_\_

Name of Insured: \_\_\_\_\_

***Emergency Contact Information***

Name: \_\_\_\_\_ Cell: \_\_\_\_\_ Home/Work: \_\_\_\_\_

Name: \_\_\_\_\_ Cell: \_\_\_\_\_ Home/Work: \_\_\_\_\_

Name: \_\_\_\_\_ Cell: \_\_\_\_\_ Home/Work: \_\_\_\_\_

Doctor: \_\_\_\_\_ Office Number: \_\_\_\_\_

Hospital Preference: \_\_\_\_\_ Location: \_\_\_\_\_

Jackson Township School District  
Early Learning Preschool Inclusion Program 2021-2022

**Siblings**

Name	Age	School	Grade

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 Preschool Handicapped Program or Early- Intervention Program?)*

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

Previous group and school experience *(i.e. - nursery school, daycare, gymnastics, etc.)*

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

Other:

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

Jackson Township School District  
Early Learning Preschool Inclusion Program 2021-2022

**Authorized Pick-Up Information**

Names and contact phone numbers for those that are authorized to pick up your child/ren, including carpool partners. Please inform all persons that you list below that they must have their photo ID on them when picking up your child/ren. The adults listed must be over the age of 18 and their ID must match the names you provided.

Please note: Please notify both the office and your child's teacher immediately in writing of any additions or deletions to this list.

NAME	RELATIONSHIP TO CHILD	PHONE NUMBERS

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Parent/Guardian Signature(s)

Date

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# Jackson Township School District

## Early Learning Preschool Inclusion Program 2021-2022

To be completed by parent:

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

### A. BIRTH HISTORY

Were there any birth complications? 

Yes	No	Comments

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? 

Yes	No	Comments

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		Lymes Disease		Other:	

Operations/Injuries (List Dates)

\_\_\_\_\_

\_\_\_\_\_

Please check if your child has difficulty with any of the following:	Vision <input type="checkbox"/>	Hearing <input type="checkbox"/>	Speech <input type="checkbox"/>	Physical Handicap <input type="checkbox"/>
----------------------------------------------------------------------	---------------------------------	----------------------------------	---------------------------------	--------------------------------------------

Is your child taking any medication?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Please List:

Does your child have any allergies?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Please List:



# Jackson Township School District Early Learning Preschool Inclusion Program 2021-2022

## JACKSON SCHOOL DISTRICT Early Learning Preschool 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 \_\_\_\_\_ BMI \_\_\_\_\_  
 Vision \_\_\_\_\_ Hearing \_\_\_\_\_ Blood Pressure \_\_\_\_\_

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

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

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

# Jackson Township School District

## Early Learning Preschool Inclusion Program 2021-2022

**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):

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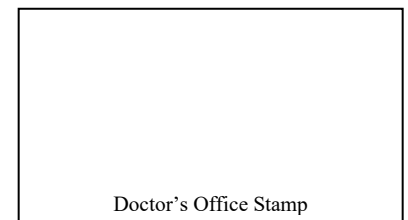


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*I have examined this child and find him/her physically fit to participate in all school activities.*

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**

**September 2021**

We are sending you this parental consent form to request permission for your student's photo/image and personally identifiable information (defined below) 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. The only personally identifiable information that would be released and/or published by the Jackson School District are:

- Your child's name, image and school/grade/age
- Any class or activity in which the student participates
- Student work (e.g. artwork, writing, concert/drama performances, athletic or club events) and interviews may also be published/broadcast/released in the methods described above.

If you, as the parent or guardian, wish to rescind this agreement after September 10, 2021, 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. 10, 2021  
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: \_\_\_\_\_

## PRUEBA ACEPTABLE DE RESIDENCIA

**Una** prueba de residencia **debe** constar de una de las siguientes: (a) Escritura original; (b) Copia de la hipoteca; (c) Acuerdo / alquiler original de arrendamiento; o (d) Firmado y declaración jurada del propietario de inquilino acredite prueba de residencia,

**y**

una prueba adicional aceptable de residencia incluye la presentación de **tres** de los siguientes en el momento en que un estudiante está matriculado:

- Los registros de votantes, licencias, permisos, información de la cuenta financiera, facturas de servicios públicos, recibos de entrega, y otras pruebas de adhesión personal a un lugar determinado.

- Las órdenes judiciales, acuerdos de agencias estatales y otras pruebas de corte o una agencia colocaciones o directivas. Recibos, facturas, cheques cancelados y otras pruebas de los gastos que demuestran accesorio personal a una ubicación particular, o, en su caso, para apoyar al estudiante.

- Los informes médicos, abogados o trabajadores sociales o evaluaciones, documentos de trabajo, declaraciones de beneficios, y otra evidencia de las circunstancias que acrediten, en su caso, la familia o las dificultades económicas, o la 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 un “estudiante declaración jurada,” estudiante adulto, persona (s) con la que una familia está viviendo, u otros, según sea apropiado.

- Los documentos relativos a la condición de militar y asignación.

- Cualquier registro de negocios o documento emitido por una entidad gubernamental.

- Cualquier otra forma de documentación relevante para demostrar el derecho a asistir a la escuela.

**NOTA: Lo anterior, lo que incluye a los padres o el nombre y la dirección física del tutor legal (no un apartado postal) en Jackson, se deben mostrar en el momento de la inscripción junto con UNA DECLARACIÓN JURADA DE REGISTRO, QUE DEBE SER NOTARIADO.**

**DECLARACIÓN DE REGISTRO PARA EL  
MUNICIPIO DISTRITO ESCOLAR JACKSON**

**POR FAVOR IMPRIMIR:**

PARA \_\_\_\_\_

(nombre del estudiante)

ESTADO DE NUEVA JERSEY COUNTY OF OCEAN :SS
-----------------------------------------------

\_\_\_\_\_ debidamente juramentado conforme a la ley, alega y declara:

(nombre del padre / tutor)

1. Soy el padre o tutor legal del alumno mencionado arriba.
2. El niño arriba mencionado reside conmigo en la siguiente dirección se encuentra dentro del distrito escolar de Jackson Township:

\_\_\_\_\_  
(La dirección física, apartados de correos no son aceptables.)

3. Se adjunta a esta declaración jurada son copias de la documentación para corroborar mi declaración de residencia proporcionado en este documento.

\_\_\_\_ 4. Para todos los contratos de arrendamiento / alquiler, el distrito escolar municipio de  
(iniciales) Jackson se proporcionará un acuerdo actualizada al vencimiento.

\_\_\_\_ 5. Soy consciente de que si más tarde se determinó que el niño que yo estoy registrando  
para (iniciales) la escuela no es elegible para una educación pública gratuita en el distrito escolar de Jackson Township, **seré responsable** al distrito escolar de Jackson Township para la matrícula cargos por este niño, de conformidad con la ley.

\_\_\_\_ 6. **YO SOY CONSCIENTE TAMBIÉN DE QUE LA TOMA DE UNA  
(iniciales) DECLARACIÓN FALSA ES UN CRIMEN GRADO TERCERA EN EL ESTADO DE NUEVA JERSEY Y SE CASTIGA CON UNA MULTA HASTA \$ 7,500.00 O PENA DE PRISIÓN DE HASTA 5 AÑOS, O AMBOS.**

\_\_\_\_ 7. Entiendo que el Oficial de Asistencia del Distrito tiene el derecho de visitar la casa para verificar la residencia.

Firmado: \_\_\_\_\_

(firma del padre / tutor)

Jurado y suscrito ante de mí este / Sworn and subscribed before me this:
--------------------------------------------------------------------------

día/day _____ de/of _____, 20____
-----------------------------------

_____ (firma y título del juramento oficial de administración/signature and title of official administering oath)
----------------------------------------------------------------------------------------------------------------------

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

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

**Si está completando un registro típico que utiliza pruebas de dirección en su propio nombre, no es necesario para completar estos próximos dos formas “Residencias de Terceros ”.**

Las siguientes dos formas para “Residencia de Terceros” se aplican sólo a aquellas personas que necesitan certificar que están viviendo en la casa de un dueño o en la casa de un miembro de la familia actuando como un “dueño”.

Por ejemplo:

- Si usted y su hijo están viviendo con sus padres y va a utilizar su contrato de arrendamiento / hipoteca como comprobante de domicilio.
- Si usted y su hijo están viviendo con un amigo y va a utilizar su contrato de alquiler / hipoteca como prueba de domicilio en Jackson.

Por favor, recuerde que usted todavía tendrá que proporcionar TRES pruebas de residencia en esta casa para completar el registro. Por ejemplo, un cambio de confirmación de la dirección del correo, banco, compañía de servicios públicos, Departamento de Vehículos Motorizados, tarjetas de crédito, documentos de seguro.

### **¿QUÉ SON LAS FORMAS?**

- En la Parte A, está certificando que USTED está viviendo con el niño que se está registrando en esa dirección en Jackson.
- En la parte B, el DUEÑO o PROPIETARIO está certificando que usted y el niño que se está registrando están viviendo en esa dirección en Jackson.

*Por favor, recuerde que estos documentos deben ser certificado por notario. Si ha hecho arreglos para utilizar el registrador del distrito para autenticar ellos, usted y el dueño / propietario deben estar presente para tener los dos certificados por notario.*

DISTRITO ESCOLAR DE JACKSON

Formulario de Residentes Terceros - PARTE A

Declaración jurada de residente

Notificación de la residencia de los padres/niño(s)

(Padres y niño(s) residen con un residente de Jackson)

Yo, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

Padre / tutor legal (letra de imprenta)

Dirección actual

Ciudad, estado, código postal

Número de teléfono del trabajo del padre

Número de teléfono celular del padre

Por la presente verifico que mi hijo y yo

Nombre completo del niño (letra de imprenta)

Fecha de nacimiento

Escuela

Estaremos residiendo en el hogar de

\_\_\_\_\_, \_\_\_\_\_  
\_\_\_\_\_

Propietario / Residente (letra de imprenta)

Dirección

Ciudad, estado, código postal

Dueño de casa/residente

Número de teléfono del residente (trabajo). Número de teléfono del residente (celular)

Prueba de residencia entregada (debe proveer uno de los siguientes):

Arrendamiento\_\_\_\_ Información de la hipoteca\_\_\_\_ Escritura\_\_\_\_ Factura de impuesto de la propiedad\_\_\_\_

- Entiendo que se puede poner la sanción de la matrícula prorrateada si mi hijo está inscrito en violación de los requisitos de residencia.
- Entiendo que hacer una declaración jurada falsa es un crimen de tercer grado en el estado de Nueva Jersey y se castiga con una multa de hasta \$ 7,500.00 o una pena de prisión de hasta 5 años, o ambos.
- Entiendo que el Oficial de Asistencia del Distrito tiene el derecho de visitar la casa para verificar la residencia.

Firma del padre / tutor

Fecha

Firma del dueño de casa (Residente)

Fecha

Jurado y suscrito ante mí este/Sworn and subscribed before me this  
día/day \_\_\_\_\_ de/of \_\_\_\_\_, 20\_\_

Un Notario Público del Estado de Nueva Jersey Expiración de Comisión

A Notary Public of the State of New Jersey Comission Expiration



**EL DISTRITO ESCOLAR DE JACKSON**

**Formulario de residentes terceros - PARTE B**

**Declaración jurada del propietario**

\_\_\_\_\_ y \_\_\_\_\_, de ser mayor de edad y haber sido debidamente jurada conforme a la ley, bajo juramento decir:

1. Yo / Nosotros soy / somos los dueños legítimos de la propiedad residencial ubicada en la siguiente dirección:

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

2. Se detalla el número de habitaciones en esta residencia. \_\_\_\_\_

3. Esta unidad de residencia o residencia está actualmente bajo contrato de arrendamiento o está siendo ocupado por la(s) persona(s) siguiente, además de nuestros propios miembros de la familia:

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

4. La(s) persona(s) indicadas en la respuesta #3 lo anterior ha / han ocupado las premisas anteriores como su residencia principal o único, o domicilio, ya que la siguiente fecha: \_\_\_\_\_.

5. La(s) persona(s) siguiente reside / residen actualmente con la persona (s) indicadas en la respuesta # 3 anterior:

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

6. La(s) persona(s) indicadas en la respuesta #3 anterior ha / han indicado su intención de permanecer presente con domicilio en las premisas anteriores durante qué periodo de tiempo, (como mucho?) \_\_\_\_\_

**EL DISTRITO ESCOLAR DE JACKSON**

**Formulario de residentes terceros - PARTE B**

**Declaración jurada del propietario**

**CERTIFICACIÓN**

las respuestas, declaraciones y declaraciones hechas en la anterior declaración jurada del propietario son absolutamente cierto en todos los aspectos. La declaración jurada anterior del propietario, así como la certificación, se hace específicamente para inducir la Junta de municipio de Educación de Jackson de a aceptar la responsabilidad financiera por el/los niño(s) nombrado en la misma, sin el pago de la matrícula, sabiendo que la Junta de municipio de Educación de Jackson se basarán en la veracidad de las declaraciones en el mismo.

Yo / Nosotros entiendo completamente y acepto que cualquier falsas declaraciones, respuestas, o las declaraciones contenidas en lo que antecede, declaración jurada del propietario, así como el presente Certificación, yo / nosotros puedo/podemos someter a un proceso penal por el crimen de falso testimonio, en violación de NJSA 2C: 28-2. Si yo/nosotros resulten condenados por un crimen, yo / nosotros pueden ser castigado con una multa de hasta \$7,500.00 y/o ser encarcelado hasta por 18 meses.

\_\_\_\_\_  
propietario / dueño  
(nombre en letra de imprenta)

\_\_\_\_\_  
propietario / dueño  
(nombre en letra de imprenta)

\_\_\_\_\_  
propietario / dueño  
(firma)

\_\_\_\_\_  
propietario / dueño  
(firma)

Jurado y suscrito ante mí este/Sworn and subscribed before me this  
día/day \_\_\_\_\_ de/of \_\_\_\_\_, 20\_\_  
\_\_\_\_\_  
Un Notario Público del Estado de Nueva Jersey    Expiración de Comisión  
A Notary Public of the State of New Jersey    Comission Expiration

**Formulario de Permiso de Publicidad de Medios y Televisión del Distrito Escolar de Jackson y Formulario de Consentimiento para Padres/Tutores de Nueva Jersey para la Publicación por Internet de Información/Imágenes estudiantiles  
2021-2022 School Year – PreSchool Inclusion Program**

Le enviamos este formulario de consentimiento parental para solicitar permiso para que la foto/imagen de su estudiante y la información de identificación personal (definida a continuación) se publiquen en los sitios web del distrito y/o de la escuela. También solicitamos permiso para publicar esta información con fines de publicidad, promocionales o informativos en boletines informativos, presentaciones, folletos, comunicados de prensa, videos y para difundir/publicar esta información en la televisión del Distrito Escolar de Jackson (JTV en el Canal 77 de Cablevision) y cualquier sitio web o servicio de redes sociales dirigido según el distrito. También estamos solicitando permiso para divulgar esta información a medios externos como periódicos, revistas de noticias, noticias y medios de comunicación y medios de comunicación en línea. Tenga en cuenta que la mayoría de los periódicos de hoy archivan/publican sus ediciones impresas en sus propios sitios web.

Como usted sabe, hay peligros potenciales asociados con la publicación de información de identificación personal en un sitio web, ya que el acceso global a Internet no nos permite controlar quién puede acceder a dicha información. Estos peligros siempre han existido; sin embargo, nosotros como escuelas queremos celebrar a su hijo y su trabajo. La ley requiere que le pidamos permiso para usar información sobre su hijo.

- De conformidad con la ley, no divulgaremos ninguna información de identificación personal sin el consentimiento previo por escrito de usted como padre o tutor, que se otorga a través de este formulario. La única información de identificación personal que sería divulgada y/o publicada por el Distrito Escolar de Jackson son:
- El nombre, la imagen y la escuela/grado/edad de su hijo
- Cualquier clase o actividad en la que el estudiante participe
- El trabajo de los estudiantes (por ejemplo, obras de arte, escritura, conciertos/espectáculos, eventos deportivos o del club) y entrevistas también pueden ser publicados/transmitidos/publicados en los métodos descritos anteriormente.

*Si usted, como padre o tutor, desea rescindir este acuerdo después del 10 de septiembre de 2021, puede hacerlo en cualquier momento por escrito enviando una carta al director de la escuela de su hijo y dicha rescisión surtirá efecto a partir de la recepción por la escuela. ¿Preguntas? Comuníquese con la Oficina de Comunicaciones del Distrito Escolar de Jackson al 732-833-4618.*

**DEVUELVA ESTE FORMULARIO AL PROFESOR DE AULA CON SU HIJO/HIJA  
Marque UNA de las siguientes casillas/opciones:**

*Tenga en cuenta que si desea que su hijo aparece en los sitios web del distrito/ escuela / redes sociales, en los medios de comunicación o en JTV, tendrá que seleccionar la primera opción a continuación. Además, para denegar el permiso debe devolver el formulario.*

**AVISO: LA FALLA DE ENVIAR ESTE FORMULARIO ANTES DEL 10 de Septiembre de 2021  
RESULTARA EN SU PERMISO PARA LA PUBLICIDAD.**

**Yo/Nosotros Concedo(concedemos) el permiso** para el nombre, foto/imagen de este estudiante y todos los demás identificadores personales descritos anteriormente para ser publicados en el sitio de Internet público de la escuela y/o distrito y cualquier sitio web/servicio de redes sociales dirigido según el distrito. Este permiso también permite que el mismo nombre, foto/imagen e identificadores personales se utilicen en boletines informativos, presentaciones, folletos y comunicados de prensa, videos, en “Jackson Television”, y en publicaciones de noticias y transmisiones externas como se describió anteriormente.

O

**Yo/Nosotros Concedo(concedemos) el permiso** para que el nombre, foto/imagen que incluya a este estudiante para que sea publicado en el sitio de Internet público de la escuela y / o distrito sitio de Internet / sitios web/servicios de medios sociales dirigidos por el distrito o para ser utilizado en boletines informativos, presentaciones, folletos y comunicados de prensa, videos, en “Jackson Television”, y en publicaciones de noticias y transmisiones externas como se describió anteriormente.

Nombre de Estudiante: (print) \_\_\_\_\_ Escuela: \_\_\_\_\_ Grado: \_\_\_\_ Numero de telefono: \_\_\_\_\_

Profesor de Aula: \_\_\_\_\_ Fecha: \_\_\_\_\_

Nombre del Padre(s)/Guardián: \_\_\_\_\_ Firma de Padre(s)/Guardián: \_\_\_\_\_