



JACKSON TOWNSHIP SCHOOL DISTRICT Preschool Disabilities Registration Form

Central Registration Office Use Only!

School to Attend:	<input type="checkbox"/> CRS	<input type="checkbox"/> EES	<input type="checkbox"/> SRS			Year of Graduation:
	<input type="checkbox"/> AM	<input type="checkbox"/> PM	<input type="checkbox"/> FD			
<input type="checkbox"/> Affidavit of Guardianship attached			Letter of Request/Approval Attached:		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Present Grade:				Enrollment Date:		
Student ID#			SID#			Family Code:
Registration Date:			Registrar:			PCC Code:

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

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

Student Residential Address Information:

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

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

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

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

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

Previous School Information (If applicable):

Was the student previously enrolled in the Jackson Township School District? <i>Either way please complete the box below.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	If so, which school and when?	
Please complete lines below whether or not your child(ren) attended the Jackson Township School District			
Name and address of previous school attended:			
My child was receiving the following assistance in his/her previous school: (check all that apply)			
<input type="checkbox"/> Student seen by the CST	<input type="checkbox"/> Speech Therapy	<input type="checkbox"/> Basic Skills	<input type="checkbox"/> 504 Plan
<input type="checkbox"/> Student referred to the CST	<input type="checkbox"/> ELL/Bilingual Education	<input type="checkbox"/> Math <input type="checkbox"/> Reading <input type="checkbox"/> Language Arts	<input type="checkbox"/> IEP
<input type="checkbox"/> Student classified by the CST	<input type="checkbox"/> Gifted & Talented	<input type="checkbox"/> Free or Reduced Lunch	<input type="checkbox"/> Student Retained If so, what grade?

Health Information:

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

Name of Parent/Legal Guardian (Please Print)

Signature of Parent/Legal Guardian

Date

**JACKSON SCHOOL DISTRICT
PRESCHOOL DEVELOPMENTAL HISTORY**

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

A. BIRTH HISTORY Please check Comments

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

B. DEVELOPMENTAL HISTORY

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

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

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

8. Indicate at what age your child:

- Walked _____ Talked _____ Toilet Trained _____

9. Other:

Did your child attend Nursery School? Yes ___ No ___ Number of years _____

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

Preschool Developmental History (continued):

C. HEALTH HISTORY

1. Illnesses and Diseases (list dates):

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

2. Operations/Injuries (list dates):

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

Vision ___ Hearing ___ Speech ___ Physical Handicap ___

4. Is your child taking any medication? Yes ___ No ___

If so, please list: _____

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

If so, please list: _____

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.



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.

**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

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
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]

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