



# Public Schools of Edison Township

ENROLLMENT CENTER  
312 PIERSON AVENUE \* EDISON, NEW JERSEY 08837  
TELEPHONE (732) 452-4570 FAX (732) 452-4576

**Bernard F. Bragen, Jr., Ed.D.**  
Superintendent of Schools

**Richard Benedict**  
Manager of Enrollment/Data Systems/  
District Homeless Liaison/Stability Liaison

January 2021

## KINDERGARTEN 2021-2022 REGISTRATION

Dear Parent/Legal Guardian:

Welcome to Edison Township Public Schools! We are pleased to offer you the opportunity to begin your child's enrollment process at your convenience. Online registration is available at <https://www.edison.k12.nj.us/departments/enrollment-center/kindergarten-registration> or at the Education Center – **by appointment only (732-452-4570)**, during the designated enrollment dates for your school. If you will be making an appointment, the Kindergarten packet should be filled out **neatly and accurately in black ink**. (Packets are available at the Enrollment Center or online at <https://www.edison.k12.nj.us/departments/enrollment-center/kindergarten-registration>.) See enclosed schedule for list of schools and dates.

Due to COVID, the following procedures must be followed if you choose to make an appointment:

1. Masks must be worn.
2. Temperatures will be taken and a COVID Survey questionnaire must be completed.
3. Only the parent or legal guardian will be required at the time of enrollment. If a translator is needed, the guardian may bring that person to assist with the enrollment.
4. All forms must be completed before you arrive for your appointment.

Please note: **Your child will NOT need to be present for this special kindergarten pre-registration enrollment process.** At a later date, you and your child will report to the school to meet with the nurse and possibly the Reading Specialist.

During the designated enrollment date for your school, please complete the online registration. If you will be making an appointment, please call the Enrollment Center at 732-452-4570 to schedule an appointment. Appointments will be made according to the designated enrollment date. Please bring the completed forms and all required documents (**see enclosed list of requirements**) to the Enrollment Center at the time of your appointment. At that time, all documentation will be reviewed and the enrollment process completed.

**NOTE:** Kindergarten Registration will take place **at the Enrollment Center – not at the school – on the designated dates.** Hours are from **9:00 AM – 3:00 PM.**

## **KINDERGARTEN REGISTRATION 2021-2022**

Children **must** be 5 years of age **on or before October 1, 2021**  
to be eligible for Kindergarten

SCHOOL	REGISTRATION DATES
MENLO PARK	February 1 through February 5, 2021
LINCOLN	February 8 through February 11, 2021
LINDENEAU	February 16 through February 19, 2021
M L KING	February 16 through February 19, 2021
JAMES MADISON PRIMARY	February 22 through February 26, 2021
WASHINGTON	March 1-2 through March 4-5, 2021
JOHN MARSHALL	March 8 through March 12, 2021
JAMES MONROE	March 15 through March 19, 2021
BEN FRANKLIN	March 22 through March 26, 2021
WOODBROOK	April 5 through April 9, 2021

**Registration will be available On-line  
OR  
By appointment at the Enrollment Center  
312 Pierson Ave.  
Edison, NJ 08837**

**NOT at the school**

**Registration hours are from 9:00 AM - 3:00 PM – By Appointment Only.**

**Only the parent or legal guardian may enroll the child. The child does NOT need to be present for this special registration (February 1-April 9, 2021).**

**Please go to the district website at <https://www.edison.k12.nj.us/departments/enrollment-center/kindergarten-registration>**

**Please call the Enrollment Center at 732-452-4570 if you need any further assistance.**



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Monday through Friday 9:00 am – 3:00 pm

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District Homeless Liaison/Stability Liaison

## ENROLLMENT REQUIREMENTS

- \* PARENT OR GUARDIAN MUST ENROLL A STUDENT (UNLESS STUDENT IS AN ADULT)
- \* STUDENT MUST LIVE IN EDISON
- \* STUDENT MUST BE PRESENT IN ORDER TO ENROLL OR RE-ENROLL

**THE FOLLOWING DOCUMENTS SHOULD BE PRESENTED AT THE TIME OF ENROLLMENT:**

### PREFERRED PROOFS OF RESIDENCY:

**FOUR (4) OF THE FOLLOWING PROOFS OF RESIDENCY MAY BE SUBMITTED:**

Current property tax bill, deed, lease, lease renewal or signed letter from landlord, indicating residency  
Current utility bill with name and address  
Photo ID of parent/guardian with current address (Driver's License, Permanent Resident Card, etc.)  
Paid rent receipts or cancelled rent checks  
Current automobile registration or insurance card  
Bank or credit card statement  
Documents pertaining to military status and assignment  
Court orders, State agency agreements and other evidence of court or agency placements or directives

(Note: Alternate documentation of residency will be considered.)

### PROOF OF STUDENT'S DATE OF BIRTH

Birth Certificate / Passport / Other Official Document Indicating Age

### UPDATED IMMUNIZATION RECORD

Document in English, with student's name, doctor or clinic name, and month, date & year of shots

SCHOOL RECORDS (if available) – Transfer Card / Withdrawal or Leaving Certificate / Report Card / Letter from previous school, confirming attendance and grade level / Test Scores / IEP

PROOF OF CUSTODY, if applicable, may be requested.

**FOR MORE INFORMATION, VISIT US ON THE WEB AT: <http://www.edison.k12.nj.us/enrollment>**

2/14  
RB/kk

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## STUDENT ENROLLMENT FORM

Enrolled by: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ OFFICE USE ONLY (Rev. 2/17) Input By: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

NEW ENROLLMENT: YES | NO RE-ENROLLMENT: YES | NO CHANGE OF ADDRESS: YES | NO

SSID# \_\_\_\_\_ LOCAL ID# \_\_\_\_\_ PCC CODE \_\_\_\_\_ FAMILY CODE \_\_\_\_\_

Affidavit of Residency: \_\_\_\_\_ Affidavit of Domicile: \_\_\_\_\_ Change of Custody: \_\_\_\_\_ Homeless: \_\_\_\_\_

Edison School: \_\_\_\_\_ Grade: \_\_\_\_\_ Previous School: \_\_\_\_\_ Grade: \_\_\_\_\_

Previous School Address \_\_\_\_\_ School Records Submitted: YES | NO

Custody Document Submitted: YES \_\_\_\_\_ NO \_\_\_\_\_ Basic Skills: \_\_\_\_\_ Speech: \_\_\_\_\_ ESL: \_\_\_\_\_

SPECIAL EDUCATION: YES | NO [IEP Submitted: YES | NO] Copy sent to Special Services: YES \_\_\_\_\_ NO \_\_\_\_\_

\_\_\_\_\_ Does Qualify under McKinney-Vento Act \_\_\_\_\_ Does NOT Qualify under McKinney-Vento Act

### Student Information (PLEASE PRINT CLEARLY)

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Middle Name \_\_\_\_\_ Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender: Male | Female  
MM DD YYYY (Circle one)

Ethnicity  Hispanic  Non-Hispanic

Race  White  Black  American Indian / Alaskan  Asian  Hawaiian native/other Pacific Islander

Birth City: \_\_\_\_\_  
Birth State: \_\_\_\_\_  
Birth Country: \_\_\_\_\_

If born outside of the U.S., \_\_\_\_\_ (Country of Origin)

Original Entry in U.S.: \_\_\_\_/\_\_\_\_/\_\_\_\_ First Entry in U.S. School: \_\_\_\_/\_\_\_\_/\_\_\_\_  
MM DD YYYY MM DD YYYY

Student's Primary Language: \_\_\_\_\_ Home Language: \_\_\_\_\_

Which language did your child learn first? \_\_\_\_\_

In which language do you prefer to receive information from the school? \_\_\_\_\_

SPECIAL EDUCATION: YES | NO [IEP Submitted: YES | NO] Basic Skills: \_\_\_\_\_ Speech: \_\_\_\_\_ ESL: \_\_\_\_\_

Current Legal Home Address in Edison \_\_\_\_\_ Apt #: \_\_\_\_\_  
Street Address /City/ Zip Code

Home Phone Number (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Email: \_\_\_\_\_

Mother/ Guardian 1 Mobile: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Father/Guardian 2 Mobile: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

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Previous Legal Address: \_\_\_\_\_ Apt #: \_\_\_\_\_  
 Street Address /City/ Zip Code

CHECK HERE IF CURRENT ADDRESS IS THE SAME AS THE STUDENT ADDRESS: \_\_\_\_\_

*Note: If the parents are divorced or separated, or someone other than the parents has legal custody of the child, you are required to submit legal proof of residential custody.*

**Parent/Legal Guardian Information (PLEASE PRINT CLEARLY)**

Mother/Legal Guardian 1 Name \_\_\_\_\_ Relation to Student: \_\_\_\_\_

\_\_\_\_\_ Apt #: \_\_\_\_\_  
 Street Address / Zip Code

Home Phone Number (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Mobile (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Work Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Email: \_\_\_\_\_

Language Spoken: \_\_\_\_\_ This parent/legal guardian has residential custody: \_\_\_ YES \_\_\_ NO

Father/Legal Guardian 2 Name \_\_\_\_\_ Relation to Student: \_\_\_\_\_

\_\_\_\_\_ Apt #: \_\_\_\_\_  
 Street Address / Zip Code

Home Phone Number (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Mobile (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Work Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Email: \_\_\_\_\_

Language Spoken: \_\_\_\_\_ This parent/legal guardian has residential custody: \_\_\_ YES \_\_\_ NO

**Emergency Contact (NOT parent/legal guardian)**

Name \_\_\_\_\_ Name \_\_\_\_\_

Relation to Student \_\_\_\_\_ Relation to Student \_\_\_\_\_

Phone Number (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Phone Number (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

PLEASE LIST ANY CHILD RESIDING AT THIS ADDRESS ELIGIBLE TO ATTEND SCHOOL

NAME	GENDER	BIRTHDATE	CURRENT SCHOOL	GRADE

*I/we fully understand that the Edison School District retains the full right to verify any information contained in this application at any time during the period for which enrollment is pending or after enrollment has actually taken place. If at any time the pupil registered no longer qualifies as an Edison pupil, I/we shall forthwith advise the office of the Superintendent of Schools, 312 Plerson Avenue, Edison, NJ 08837. I/we fully understand that failure to do so shall hold me/us legally responsible for all tuition costs, legal costs, and any other expenses incurred by the Edison School District during that period of time for which the pupil was not so qualified for enrollment. I/we understand that no documents or pupil records, awards, or diplomas shall be issued to the pupil or to his parent/guardian or be forwarded to any other school district or school until such costs have been settled with the Edison School District. I/we swear that the information contained herein is true. Any false information concerning residency shall be penalized according to N.J. Statute 18A:38-1.*

\_\_\_\_\_  
 Parent/Legal Guardian Signature Date

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PUBLIC SCHOOLS OF EDISON TOWNSHIP  
EDISON, NEW JERSEY 08837  
HEALTH SERVICES

REGISTRATION HEALTH HISTORY

Student's Name: \_\_\_\_\_

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

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

Grade: \_\_\_\_\_

IMMUNIZATION RECORD

Immunization Document Received Date \_\_\_\_\_

Requested from parents/guardian Date \_\_\_\_\_

**CHILDHOOD ILLNESSES, INJURIES, OPERATIONS, ORTHOPEDIC CONDITIONS:**  
Please give age of child when illness, injury, occurred explain:

Asthma _____	Measles _____
Chicken Pox _____	Mononucleosis _____
Diabetes _____	Ear Infections _____
Heart Condition _____	Pneumonia/Bronchitis _____
Kidney/Bladder Condition _____	Rheumatic Fever _____
Strep Infection _____	Seizure(s) _____

Other

Any known speech/hearing problem: \_\_\_\_\_

Any known Visual Problem: \_\_\_\_\_

Allergies or Eczema: \_\_\_\_\_

Behavioral Difficulties: \_\_\_\_\_

Gastrointestinal Problem: \_\_\_\_\_

Toileting Difficulties: \_\_\_\_\_

Neurological Disorders: \_\_\_\_\_

Muscle or Bone Problems: \_\_\_\_\_

Other Medical Conditions: \_\_\_\_\_

Previous Injuries/Accident: \_\_\_\_\_

Sleeping Problems: \_\_\_\_\_

Significant or Frequent Illness: \_\_\_\_\_

Surgery: \_\_\_\_\_

Breathing Difficulties: \_\_\_\_\_

Nutritional/Eating Problems: \_\_\_\_\_

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

Has the child ever had prolonged use of medication, or is any medication or therapy being given at this time? If so, please explain: \_\_\_\_\_

Physical Limitations:

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Has your child ever been confined to a hospital? If so, please explain:

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Has your child ever been advised not to participate in a sport or to reduce activity? If so, please explain:

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Has your child had a loss of, or serious impairment of a paired organ such as a kidney, eye, lung, etc. If so, please explain:

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List additional health information.

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I/we give permission for the nurse to share any health-related information with principal, guidance counselors & teachers on a "need to know" basis for as long as my child is a student in Edison Public Schools.

My child is covered by health insurance \_\_\_ yes \_\_\_ no

My child receives his/her health care at: \_\_\_\_\_  
Name of health care provider or clinic

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

\_\_\_\_\_  
Date



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## **KINDERGARTEN PHYSICAL EXAM FORM (#16)**

The front of the next form is to be completed by your child's doctor, following a physical exam.

Exam date must be within 365 days of the child's first day of school in September, 2021.

The back of the form is to be completed and signed by the parent.

If the Physical Exam Form is completed before your kindergarten enrollment date, please bring the form with you to the Enrollment Center.

If the Physical Exam Form is completed by the first week of June, please return it to the nurse at your child's school as soon as possible so that your child's file may be completed before schools close for the summer.

## **DENTAL HEALTH FORM (#15)**

This form should be completed by the child's dentist, and returned to school in September, 2021.



HEALTH CARE PROVIDER EXAMINATION (Grades Pre K-12, Excluding Sports or Intramurals)  
RETURN TO THE SCHOOL NURSE

N.J.A.C. 6A:16-2.2 requires all medical examinations must be done by the student's family physician or clinic where the student receives his/her healthcare.  
If you do not have a family physician or clinic who provides medical care for your child, please contact the school nurse for a school physician exam request form.

Student: \_\_\_\_\_ Grade: \_\_\_\_\_ School: \_\_\_\_\_

Male/Female (circle one)

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

IMMUNIZATIONS ADMINISTERED

LABORATORY TESTS DONE

T.B. Mantoux Test: (date) \_\_\_\_\_ Result: \_\_\_\_\_ mm.

RECORD OF PHYSICAL EXAMINATION:

Hearing R: \_\_\_\_\_ L \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ BMI Percentile: \_\_\_\_\_ Blood Pressure: \_\_\_\_\_ Pulse: \_\_\_\_\_

Vision R: \_\_\_\_\_ L \_\_\_\_\_ Vision correction (glasses/contacts): \_\_\_\_\_

Hearing/Ears (tubes/hearing aides): \_\_\_\_\_

Skin and scalp: \_\_\_\_\_ Abdomen: \_\_\_\_\_

Rashes \_\_\_\_\_ Jaundice \_\_\_\_\_ Infection \_\_\_\_\_ Hepatomegaly \_\_\_\_\_ Splenomegaly \_\_\_\_\_ Mass \_\_\_\_\_

Head and neck: \_\_\_\_\_ Lymph nodes: \_\_\_\_\_

Nose and throat: \_\_\_\_\_ Teeth: \_\_\_\_\_

Extremities: \_\_\_\_\_ Inguinal area (hernia): \_\_\_\_\_

Mobility \_\_\_\_\_ Deformity \_\_\_\_\_ Joint Instability \_\_\_\_\_

Lungs: \_\_\_\_\_ Spine (scoliosis, etc.): \_\_\_\_\_

Neurological: \_\_\_\_\_ Reflexes \_\_\_\_\_ Balance \_\_\_\_\_ Coordination \_\_\_\_\_

Females: Normal Menstruation \_\_\_\_\_ Males: \_\_\_\_\_ Hernia: \_\_\_\_\_ Testes Descended \_\_\_\_\_

Heart (any irregularity? If yes, please explain): Murmurs \_\_\_\_\_ Rhythm/Rate \_\_\_\_\_

Injuries, operations? Explain: \_\_\_\_\_

Chronic Illness Condition or Disease: \_\_\_\_\_

Orthopedic defects: Yes \_\_\_\_\_ No \_\_\_\_\_ Accommodations necessary? \_\_\_\_\_

Mobility \_\_\_\_\_ Instability \_\_\_\_\_ Deformity \_\_\_\_\_

Medications being taken by the student? No \_\_\_\_\_ Yes \_\_\_\_\_ If yes, please list: \_\_\_\_\_

\*\*\*\*\*  
Assessment of Physiologic Maturation:

General condition of student: \_\_\_\_\_

Are there any health findings which might have an effect on the educational management of the student? If yes, please explain: \_\_\_\_\_

In your opinion, is the student capable of carrying a full program in physical education, and field trips? \_\_\_\_\_

Yes \_\_\_\_\_ No \_\_\_\_ Explain: \_\_\_\_\_

Restrictions of Activity Recommended: \_\_\_\_\_

Name of Healthcare Provider (please print) \_\_\_\_\_

Signature of Healthcare Provider \_\_\_\_\_

Telephone Number \_\_\_\_\_

Address \_\_\_\_\_

Date of Exam \_\_\_\_\_

PUBLIC SCHOOLS OF EDISON TOWNSHIP  
EDISON, NEW JERSEY 08337

**HEALTH HISTORY**  
**(TO BE COMPLETED BY PARENT OR GUARDIAN)**

Student's Name: \_\_\_\_\_ Grade/Section: \_\_\_\_\_ School: \_\_\_\_\_

- |      |  |   |   |
|------|--|---|---|
| 1.   | Has student ever been hospitalized or had surgery?   | Y | N |
| 1a   | Significant illness or injury in past year or less? (sprain, mononucleosis, etc.)  | Y | N |
| 2.   | Is student presently taking any medication? (daily or occasionally)  | Y | N |
| 3.   | Does student have any <b>severe allergies</b> to (medicines, foods, or insects)?   | Y | N |
| 3a.  | Does student have an Epi-Pen for severe allergic reaction?   | Y | N |
| 4.   | Has student ever passed out during or after exercise ?   | Y | N |
|      | Has student ever been dizzy during exercise?   | Y | N |
|      | Has student ever had chest pain during or after exercise?  | Y | N |
|      | Has student ever had high blood pressure?  | Y | N |
|      | Has student ever been told you had a heart murmur?   | Y | N |
|      | Has student ever had racing of your heart or skipped beats?  | Y | N |
|      | Has anyone in your family died of heart problems or sudden death before the age of 50?   | Y | N |
|      |  | Y | N |
| 5.   | Does student have any skin problems under treatment (itching, rashes, acne)?   | Y | N |
| 6.   | Has student ever had a head injury or concussion?  | Y | N |
| 7.   | Has student ever been dizzy or passed out in the heat?   | Y | N |
| 8    | Does student have any problems with hearing loss?  | Y | N |
| 9    | Does student have trouble breathing during or after exercise?  | Y | N |
| 9a.  | Does student have asthma?  | Y | N |
| 9b.  | Does student use asthma inhaler(s)?  | Y | N |
| 10.  | Has student had any problems with eyes or vision?  | Y | N |
| 10a. | Does student wear contact lenses or glasses during sports?   | Y | N |
| 11.  | Does student have any medical conditions (diabetes, seizure disorder, severe headaches, etc.)  | Y | N |
| 12.  | Has student ever fractured or dislocated any of the following?<br>Skull Neck Shoulder Arm Elbow Wrist Hand Thigh Leg Knee Ankle Foot | Y | N |
| 13.  | Does student wear orthodontic braces or retainer?  |   |   |
| 14.  | Explain any YES answers (include dates): _____   |   |   |

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





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## FRAUDULENT STATEMENTS

\_\_\_\_\_ Any false statements, answers, or declarations provided during the enrollment process may be subject to criminal prosecution for the crime of false swearing in violation N.J.S.A. 2C:28-2. If convicted of such crime, you may be punished by a fine of up to \$10,000.00 and/or be imprisoned for up to eighteen (18) months.

\_\_\_\_\_ Pursuant to N.J.S.A. 18:A:38-1 if you fraudulently allow a student to use your residence and you are not the primary financial supporter of the student, you will have committed a disorderly persons offense. If you are convicted of such offense, you may be fined up to \$1,000.00 and/or be imprisoned for up to six (6) months.

**The Edison Township Board of Education will prosecute to the fullest extent of the law.**

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

\_\_\_\_\_  
**Date**

RB/ml  
12/9/19

**Nothing Less Than Excellence**

OFFICE USE ONLY:

GE: \_\_\_\_\_ SE: \_\_\_\_\_



# Public Schools of Edison Township

312 PIERSON AVENUE \* EDISON, NEW JERSEY 08837

TELEPHONE (732) 452-4948 FAX (732) 452-4992

ID#:

## SPECIAL EDUCATION MEDICAID INITIATIVE (SEMI) PARENTAL CONSENT FORM

Our school district is participating in the Special Education Medicaid Initiative (SEMI) program that allows school districts to bill Medicaid for services that are provided to students.

In accordance with the Family Educational Rights and Privacy Act, 34 CFR §99.30 and Section 617 of the IDEA Part B, consent requirements in 34 CFR §300.622 require a one-time consent before accessing public benefits.

This consent establishes that your child's personally identifiable information, such as student records or information about services provided to your child, including evaluations and services as specified in my child's Individualized Education Program (IEP) (occupational therapy, physical therapy, speech therapy, psychological counseling, audiology, nursing and specialized transportation,) may be disclosed to Medicaid and the Department of the Treasury for the purpose of receiving Medicaid reimbursement at the school district.

As parent/guardian of the child named below, I give permission to disclose information as described above and I understand and agree that Medicaid may access my child's or my public benefits or public insurance to pay for special education or related services under Part 300 (services under the IDEA). I understand that the school district is still required to provide services to my child pursuant to his or her IEP, regardless of my Medicaid eligibility status or willingness to consent for SEMI billing

I understand that billing for these services by the district **does not** impact my ability to access these services for my child outside of the school setting, nor will any cost be incurred by my family including co-pays, deductibles, loss of eligibility or impact on lifetime benefits.

Child's Name: \_\_\_\_\_ (please print)

Child's Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

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

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

I give consent to bill for SEMI: Yes  No

This consent can be revoked at any time by contacting your child's Case Manager, or the administrator at your child's school, in writing.



CHRIS CHRISTIE  
*Governor*

KIM GUADAGNO  
*Lt. Governor*

**State of New Jersey**  
DEPARTMENT OF HUMAN SERVICES  
DIVISION OF MEDICAL ASSISTANCE AND HEALTH SERVICES  
PO. Box 712  
TRENTON, NJ 08625-0712

JENNIFER VELEZ  
*Commissioner*

VALERIE HARR  
*Director*

August 25, 2014

Dear Parent/Caregiver:

The purpose of this letter is to let you know about the **Special Education Medicaid Initiative (SEMI)** program. Your child may be receiving special education services in school such as speech therapy, occupational therapy or physical therapy under SEMI.

Here are three things you should know about SEMI:

1. Your school district may be eligible to receive federal money through the SEMI program which helps to pay for special education services.
2. A school district may receive SEMI money only if a consent form is signed by the parent.
3. Signing the consent form will have no effect on your child's Medicaid health coverage for services outside of school.

If you do not sign the consent form, it will not affect the services your child receives in school since the district is required to provide a free and appropriate public education, including all services listed in your child's Individualized Education Plan (IEP).

The SEMI program is an important source of funding for the school districts. We appreciate your assistance in this program and hope that you will consider the importance of signing the parent consent form and submitting it to your district.

Please feel free to contact your district's special education department if you have any questions.

Sincerely,

Valerie Harr  
Director

## 5112 ENTRANCE AGE

The Board of Education will admit to this district children otherwise eligible by law or Board policy who have attained the age requirements set by law and this Board of Education. The Board requires documentary verification of the age and birthdate of any child for whom admission to this district is sought.

### Preschool Disabled

A child is eligible for entrance into a program of special education who has attained his/her third birthday and has been found by the Child Study Team to be eligible for a program for the preschool disabled in accordance with rules of the State Board of Education.

### Kindergarten

Any child residing in the district will be admitted to the Kindergarten provided:

1. The child will have attained the age of five years on or before October 1 of the school year for which entrance is required; or
2. The child has been enrolled in and attended Kindergarten in another public school for a period of at least five months. The final decision for admission of a transfer pupil will be based upon an in-district assessment of pupil readiness for Kindergarten.

### Grade One

Any child residing in the district will be admitted to grade one provided:

1. The child will have attained the age of six years on or before October 1 of the school year for which entrance is requested; or
2. The child has been in the first grade in another school in New Jersey (or another State or country).

The district will evaluate the pupil and determine final placement.

N.J.S.A. 18A:36-19; 18A:38-5; 18A:38-6; 18A:44-1;  
18A:44-2; 18A:46-6; 18A:46-6.1

N.J.A.C. 6A:14-3.3

Adopted: 24 January 2011



**New Jersey Department of Health and Senior Services**  
**MINIMUM IMMUNIZATION REQUIREMENTS FOR SCHOOL ATTENDANCE IN NEW JERSEY**  
**N.J.A.C. 8:57-4: IMMUNIZATION OF PUPILS IN SCHOOL**

Disease(s)	Meets Immunization Requirements	Comments
DTaP//DTP	Age 1-6 years: 4 doses, with one dose given on or after the 4 <sup>th</sup> birthday. OR any 5 doses. Age 7-9 years: 3 doses of Td or any previously administered combination of DTP, DTaP, and DT to equal 3 doses	Any child entering pre-school, and/or pre-Kindergarten needs a minimum of 4 doses. A booster dose is needed on or after the fourth birthday, to be in compliance with Kindergarten attendance requirements. Pupils after the seventh birthday should receive adult type Td. Please note: there is no acceptable titer test for pertussis.
Tdap	Grade 6 (or comparable age level for special education programs): 1 dose	For pupils entering Grade 6 on or after 9-1-08 and born on or after 1-1-97. A child is not required to have a Tdap dose until FIVE years after the last DTP/DTaP or Td dose.
Polio	Age 1-6 years: 3 doses, with one dose given on or after the 4 <sup>th</sup> birthday, OR any 4 doses. Age 7 or Older: Any 3 doses	Any child entering pre-school, and/or pre-Kindergarten needs a minimum of 3 doses. A booster dose is needed on or after the fourth birthday to be in compliance with Kindergarten attendance requirements. Either inactivated polio vaccine (IPV) or oral polio vaccine (OPV) separately or in combination is acceptable. Polio vaccine is not required of pupils 18 years or older.*
Measles	If born before 1-1-90, 1 dose of a live measles-containing vaccine on or after the first birthday. If born on or after 1-1-90, 2 doses of a live measles-containing vaccine on or after the first birthday.	Any child over 15 months of age entering child care, pre-school, or pre-Kindergarten needs a minimum of 1 dose of measles vaccine. Any child entering Kindergarten needs 2 doses. Intervals between first and second measles-containing vaccine doses cannot be less than 1 month. Laboratory evidence of immunity is acceptable.**
Rubella and Mumps	1 dose of live mumps-containing vaccine on or after the first birthday. 1 dose of live rubella-containing vaccine on or after the first birthday	Any child over 15 months of age entering child care, pre-school, or pre-Kindergarten needs 1 dose of rubella and mumps vaccine. Any child entering Kindergarten needs 1 dose each. Laboratory evidence of immunity is acceptable.***
Varicella	1 dose on or after the first birthday	All children 19 months of age and older enrolled into a child care/pre-school center after 9-1-04 or children born on or after 1-1-98 entering the school for the first time in Kindergarten or Grade 1 need 1 dose of varicella vaccine. Laboratory evidence of immunity, physician's statement or a parental statement of previous varicella disease is acceptable.
Haemophilus Influenzae B (Hib)	Age 2-11 Months: 2 doses Age 12-59 Months: 1 dose	Mandated only for children enrolled in child care, pre-school, or pre-Kindergarten: Minimum of 2 doses of Hib-containing vaccine is needed if between the ages of 2-11 months. Minimum of 1 dose of Hib-containing vaccine is needed after the first birthday.***
Hepatitis B	K-Grade 12: 3 doses or Age 11-15 years: 2 doses	If a child is between 11-15 years of age and has not received 3 prior doses of Hepatitis B then the child is eligible to receive 2-dose Hepatitis B Adolescent formulation.
Pneumococcal	Age 2-11 months: 2 doses Age 12-59 months: 1 dose	Mandated only for children enrolled in child care, pre-school, or pre-Kindergarten: Minimum of 2 doses of pneumococcal conjugate vaccine is needed if between the ages of 2-11 months. Minimum of 1 dose of pneumococcal conjugate vaccine is needed after the first birthday.***
Meningococcal	Entering Grade 6 (or comparable age level for Special Ed programs): 1 dose	For pupils entering Grade 6 on or after 9-1-08 and born on or after 1-1-97.*** This applies to students when they turn 11 years of age and attending Grade 6.
Influenza	Ages 6-59 Months: 1 dose annually	For children enrolled in child care, pre-school, or pre-Kindergarten on or after 9-1-08. 1 dose to be given between September 1 and December 31 of each year. Students entering school after December 31 up until March 31 must receive 1 dose since it is still flu season during this time period.