



BLAIRSTOWN TOWNSHIP SCHOOL DISTRICT

1 Sunset Hill Road Post Office Box E
Blairstown, New Jersey 07825
908-362-6111 - Fax:908-362-5989 www.blairstownelem.net

Dr. Patrick Ketch, *Superintendent*

Colleen Silvestri, *Principal*

Donna Williams, *Business Administrator*

Dr. Alyssa Emili, *Supervisor of Special Services*

Student Registration Information

N.J.A.C. 18A:38-1 and N.J.A.C 6A:22 require that free public education be provided to students between the ages of 5 and 20 and sure students under the age of 5 as specified in other applicable laws.

School registration in New Jersey public schools requires that students be domiciled in the town where the school district is located. This means the student(s) must live with a parent or guardian whose permanent home is in the district. A home is considered permanent when the parent or guardian intends to return to it when absent and has no present intention of moving from it, notwithstanding the existence of homes or residences elsewhere.

If students are living with someone other than their parent or guardian, this person must be domiciled in the district and support the student without compensation as if the student were his or her child. This may happen when a parent cannot support the child due to family economic hardship.

Students may live with a person domiciled in the district, other than their parent or guardian when their parent or guardian is a member of the New Jersey National Guard or the reserve component of the U.S. armed forces and has been ordered into military service in the U.S. armed forces in time of war. This would also apply to the child of a parent who previously resided in the district but is a member of the New Jersey National Guard or the United States Reserves and has been ordered to active service in times of war or national emergency, according to N.J.S.A 18A:38-3(b)

Students may live with a parent or guardian temporarily residing in the district. Students may continue to attend school in the district if their parent or guardian has moved to another district due to being homeless or if the student has been placed in the home of a district resident by court order, according to N.J.S.A.18A:38-2.

Students who reside on federal property within the State, according to N.J.S.A. 18A:38-7.7, may also attend the district school.



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Kindergarten Registration

The Blairstown Elementary School Kindergarten registration will begin the second week of February from 9:00 a.m. to 3:00 p.m. Children must be five years of age by October 1st. To register your child, please download the registration forms from our website. At the time of your registration, you will need to present completed registration forms, immunization records, and proof of residency, and bring the original birth certificate with a raised seal. The district will make a copy. Also, proof of a completed physical is required before the child's first day of school. Please call the main office at (908) 362-6111 if you have any questions.

This packet includes the following:

- **A Registration Form:** The registration form lets us determine your child's eligibility to attend school in the Blairstown School District following New Jersey law. It also contains a listing of documentation we may request to demonstrate eligibility.
- **An Immunization Form & A Universal Medical History Form:** The Immunization Form is attached and is to be completed by your pediatrician and returned by August 31st. The Universal Medical History Form provides information regarding allergies, medical updates, and medical history to be placed in your child's records. A physical is completed within 365 days of the first day of school. Completion of both forms is required.
- **A Developmental History Form:** The Developmental History Form must be completed by the parent/guardian. It also includes a health history to be placed in your child's records.
- **A Current Medical History Form:** The Current Medical History Form is to be completed by the parent/guardian and provides information regarding allergies and medical updates to be placed in your child's records.
- **An Internet Access Agreement:** The Internet Access Form indicates your awareness of the Board of Education Policy on Computer Use by Students and your permission to use the Internet as a classroom research and learning instrument.
- **A Photo Release Form:** The Release Form grants the school district permission to use your child's name and photograph in publications for publicity or recognition.



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Proof of Residency Requirements

Consistent with the Board of Education Policy 511 and N.J.S.A. 6A:22-3.4, any person submitting registration paperwork must submit the appropriate proof of residency, as outlined in this document, unless policy, regulation, or statute provides an exception.

Documents presented must be received/applicable within the past 60 days (for example, a utility bill must have been for a service period within the past 60 days).

Affidavit Requirement: In addition to the documents detailed in categories A and B, an affidavit is required in addition to the required documents when:

- A student residing in Blairstown with his or her parents or guardians, but the parents or legal guardian does not own or lease a residence. The landlord must certify that the family is domiciled in her or her dwelling. (Affidavit of Domicile)
- A student resides in Blairstown with someone other than his or her parent or legal guardian. (Affidavit of Domicile)

Moving to Blairstown: Where a student is not currently domiciled in Blairstown but intends to be domiciled in Blairstown within 60 days, an affidavit (Domicile Affidavit), a certified check for two months of tuition, and a copy of a signed contract will be accepted instead of other residency documentation. Upon moving to Blairstown, the new resident must provide proof of residency consistent with this document within 60 days of becoming domiciled in Blairstown.

Please see the below:

- You will need **two** documents from **Category A**
OR
- **One** document from **Category A** and **two** documents from **Category B**



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Category A

- Property Tax Bills
- Deeds
- Leases (required when residing in the district under a lease)
- Mortgages
- Bank Statements/Financial Statements
- Utility bills (electricity, oil, water, garbage, cable)
- Court orders
- State agency agreements

Category B

- Contracts of Sale
- Insurance claims or payments
- Signed letter from landlords
- Voter registration
- Licenses
- Permits
- Delivery receipts
- Receipts
- Bills or canceled checks
- Medical reports
- Counselor or Social Worker assessments
- Employment documents
- Unemployment claims
- Benefit statements
- Document about military status and assignment

Note that the following do not affect a student's eligibility to enroll in school:

- The physical condition of housing or compliance with local housing ordinances or terms of the lease.
- Immigration/visa status, except for students holding or seeking a visa (F-1) issued specifically for the limited study on a tuition basis in a United States public secondary school.



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- Absence of a certified copy of the birth certificate or other proof of a student's identity, although these must be provided within 30 days of initial enrollment according to N.J.S.A. 18A: 36-25.1
- Absence of student medical information, although actual attendance at school may be deferred as necessary in compliance with rules regarding immunization of students, N.J.A.C. 8:57-4.1 et seq.
- Absence of a student's prior educational record, although the initial educational placement of the student, may be subject to revision upon receipt of records or further assessment by the district.

Please be aware that any initial determination of the student's eligibility to attend school in this district is subject to a more thorough review and subsequent re-evaluation. Tuition may be assessed if an initially admitted student is later found ineligible. If your child is found ineligible, now or later, you will be provided the reasons for our decision and instructions on how to appeal.



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Student Registration Form

Name: _____ Grade : _____
Last Name First Name Middle Initial

Nickname: _____ Place of Birth: _____
City State Country

Date of Birth: _____ Gender: (Please check): Male ___ Female ___ Other: ___

Race: (Please check): White ___ Black ___ Asian ___ Hispanic ___ American
Indian ___ Pacific Islander ___

Languages Spoken at home other than **English**: _____

Child Resides with: _____

Mailing Address: _____
Street City State Zip

Township of Residence: ___ Blairstown ___ Hardwick Bus Student: ___ Yes ___ No

Name of **Father/Guardian**: _____ Address: _____

Work Phone: _____ Cell Phone: _____ Email: _____

Address: _____

Name of **Mother/Guardian**: _____ Address: _____

Work Phone: _____ Cell Phone: _____ Email: _____

Address: _____

Name of **Stepparent/Guardian**: _____ Address: _____

Work Phone: _____ Cell Phone: _____ Email: _____

Address: _____

Does your child have a nut allergy: Yes : ___ No: ___

Would it be a hardship if your child is placed in a peanut/nut free class? Yes: ___ No: ___



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Siblings: _____
Name(s) Age(s) Grade

Siblings: _____
Name(s) Age(s) Grade

Previous School: _____

Address: _____ Phone: _____

Proof of Residency:

Deed _____ OR Lease _____

Bank Statement _____ Phone Bill _____ Utility Bill _____

Driver's License _____

Local Emergency Contact Information:

Name:	Relationship:	Address:	Phone Number:

We/I the undersigned are bonafide residents of Blairstown Township. We/I have legal custody of the student named above. Be advised that any initial determination of the student's eligibility to attend school is subject to a more thorough review and subsequent re-evaluation. Tuition may be assessed if an initially admitted student is later found ineligible.

Signature of Parent/Guardian

Date



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Immunization Form

Please have your child's doctor fill in the form below or attach a copy of your child's immunization record. Your child's doctor must also complete the Universal Child Health.

Student's Name _____ Date of Birth: _____

Doctor's Name: _____ Doctor's Phone Number: _____

Doctor's Address: _____

**For Kindergarten Registration: Immunization Form Must Be Returned By August 31.
For all other Registrations: The immunization Form Must Be Returned with registration paperwork**



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Developmental History

Name: _____
Last Name First Name Middle Initial/Name

Address: _____
Street City State Zip

Father's Name: _____ Mother's Name: _____

Date of Birth: _____

Birth History

Length of Pregnancy: _____

Did you have any complications during the pregnancy? _____ Yes _____ No

If yes, please describe: _____

Child's birth weight: _____ length: _____

List any complications immediately after birth: _____

At what age did your child: sit alone _____ walk alone _____ first word _____

Toilet trained: bowel _____ bladder _____

List all daily medications and reason for taking: _____

List all allergies: _____

_____ My child is currently being desensitized



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Date of complete eye examination:_____

Glasses/Contacts:_____ Please check Reading_____Distance_____ Both_____

Date of complete hearing evaluation:_____

Please check all that pertain to your child and indicate age or date:

Check box:	Name:	Date or Age:	Check box:	Name:	Date or Age:
<input type="checkbox"/>	Convulsive disorder		<input type="checkbox"/>	Eczema	
<input type="checkbox"/>	Pneumonia		<input type="checkbox"/>	Bronchitis	
<input type="checkbox"/>	Wheezing Asthma/RDA		<input type="checkbox"/>	Frequent Sore Throat	
<input type="checkbox"/>	Tendency to Bleed Easily		<input type="checkbox"/>	Cardiac History	
<input type="checkbox"/>	Ear Infections		<input type="checkbox"/>	Phys. Ed Exempt	

Please list any operations/hospitalizations/serious injuries:_____

Any Additional Information:_____



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Current Medical History Form

Student's Name: _____ DOB: _____ Grade: _____

Please list any recent physical examinations, updated immunizations, medications or special considerations for your child. If your child needs any medications/inhalers at school, please contact the school nurse to obtain the appropriate paperwork for your child's physician to complete.

Many children are allergic to certain foods, environments, animals, or medications. A physician must document all true allergic reactions. If your child has reacted due to an allergy, please contact the school nurse to obtain the appropriate paperwork for your child's physician to complete.

_____ My child does not have any known allergies

_____ My child has a diagnosed life-threatening allergy to _____

_____ My child has a diagnosed severe local reaction to _____

_____ My child cannot tolerate the foods _____ and is

_____ controlled from home (moderate intake)

_____ self-limited by the child

_____ requires total abstinence from (contact school nurse)

_____ requires strict supervision (contact school nurse)

_____ there are no known special considerations

Please provide any medical information to staff/faculty as needed. This will assist us in providing a safe, wholesome environment.

Parent Signature: _____ Date: _____



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Photo/Name Release Agreement

Dear Parent or Guardian:

Blairstown Elementary School traditionally publishes student names in the local media, on our school website, and our school yearbook. In addition, photographs and videos may be included with press releases sent to local newspapers and displayed at various functions. While the intent is to be informative, there is concern about the individual right to privacy under the Family Educational Rights and Privacy Act (FERPA).

This consent form has been prepared to inform you and request permission for your child's photograph and name to be published on the school's website and sent to local media for various school-related activities. The law requires that we ask for permission to use information about your child.

According to the law, we will not release personally identifiable information without your written consent as a parent or guardian. Personally identifiable information includes student name, photographs or images, school location, and class trip information.

If you, as parent or guardian, wish to rescind this agreement, you may do so at any time in writing by sending a letter to the school office, and such change will take effect upon receipt by the school.

Please complete the form on the next page. You may check one or more of the choices. This form must be returned to school. One form must be completed for each child who attends Blairstown Elementary School. If we do not receive a completed form, we must assume that we do not have your permission to release information regarding your child.

If you have any questions, please contact the school at (908) 362-6111.

Sincerely,

Dr. Patrick Ketch, Superintendent



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Photo/Name Release Agreement

Please check all that you wish to apply

I grant permission for my child's photograph/image/video to be published on the school's public internet website and published in school publications, and released to the local media.

I grant permission for my child's name and school to be published on the school's public internet website, published in school publications, and released to the local media.

I DO NOT grant permission for my child's photograph/image or name and school to be published on the school's public Internet website, published in school publications, or released to the local media.

Student's Name (print)_____

Grade: _____

Date: _____

Signature of parent/Guardian_____

Relation to Student_____

Please return to your child's homeroom teacher.

**THIS FORM MUST BE RETURNED TO THE SCHOOL, OR WE ARE PROHIBITED FROM
RELEASING INFORMATION ABOUT YOUR CHILD.**

Thank you for your cooperation.



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Acceptable Use of Technology Agreement

Blairstown Elementary School has internet access throughout the building. Each family needs to discuss the Internet and set expectations for the kinds and types of materials acceptable to each family. Students are allowed internet access only when working with a teacher.

I agree to use technology provided by the school in the following manner:

1. I will use my school device during school hours to submit assignments and participate in lessons as assigned by my teacher.
2. I will use my school device and computer equipment with respect.
3. I will only use the programs and other computer resources my teacher has approved.
4. I will only use technology for appropriate purposes of learning.
5. I will log off my computer to protect my student work when I am done working.

I understand the following are unacceptable uses of technology:

1. Damaging computers, computer systems, or computer networks.
2. Using others' passwords.
3. Accessing chat rooms unrelated to school study or assignments.
4. Trespassing on other students' work or files.
5. Using inappropriate language or visiting any inappropriate sites.
6. Harassing, insulting, or bullying others.
7. Sending or displaying offensive messages or pictures.
8. Violating copyright laws.
9. Using any social networking apps.

I understand that I am responsible for all my network and computer actions. I understand the school utilizes GoGuardian to support students' appropriate use of technology. I understand that inappropriate internet use may result in a loss of privileges and other consequences. I understand that not returning all equipment at the end of the school year may result in financial penalties.

Student First Name: _____

Student Last Name: _____

Homeroom Teacher: _____

Grade: _____

Parent Signature: _____

Date: _____



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RESIDENCY AND EDUCATIONAL RIGHTS

Students without fixed, regular, and adequate living situations have the following rights:

- 1) Immediate enrollment in the school they last attended or the local school where they are currently staying even if they do not have all of the documents normally required at the time of enrollment without fear of being separated or treated differently due to their housing situations;
- 2) Transportation to the school of origin for the regular school day;
- 3) Access to free meals, Title I and other educational programs, and transportation to extra-curricular activities to the same extent that it is offered to other students.

Any questions about these rights can be directed to the local McKinney-Vento Liaison, Sheri Brady, at 908-362-6111 ext. 112 or the State Coordinator, Diahann De Ruggiero, at 201-343-6000 ext. 6588. Email: Diader@bergen.org and Fax: 201-996-6973.

I acknowledge that I have received and understand the above rights by signing below.

Signature of Parent/Guardian/Unattached Youth _____ Date: _____

Signature of McKinney-Vento Liasion _____ Date: _____

