



# Red Bank Borough Public Schools

*Dream BIG... We'll help you get there!*

76 Branch Avenue | Red Bank, NJ 07701  
732-758-1507 | 732-212-1356 (FAX)

[rbb.k12.nj.us](http://rbb.k12.nj.us) | @RedBankSup | [rumagej@rbb.k12.nj.us](mailto:rumagej@rbb.k12.nj.us)

Jared J. Ramage, Ed.D.  
Superintendent of Schools



## Preschool – Grade 8 Registration Packet 2024-2025

### Red Bank Primary School (Grades K-3 Questions)

222 River Street | Red Bank, NJ 07701 | (732) 758-1500 ext. 1531

### Red Bank Middle School (Grades 4-8 Questions)

101 Harding Road | Red Bank, NJ 07701 | (732) 758-1500 ext. 1516

### First Baptist Church (Preschool 3 & 4 Questions)

84 Maple Avenue | Red Bank, NJ 07701 | (732) 758-1500 ext. 1536

### United Methodist Church (Preschool 3 & 4 Questions)

247 Broad Street | Red Bank, NJ 07701 | (732) 758-1500 ext. 1536

### Monmouth Day Care Center - Partner Provider Site (Preschool 3 & 4)

9 Drs. James Parker Blvd. | Red Bank, NJ 07701

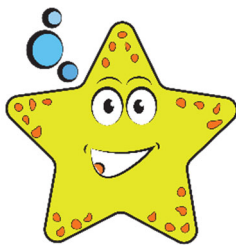
#### VISION

We believe our children  
should Dream BIG.  
We will inspire. We will  
challenge.  
They will achieve.



#### MISSION

Driven by the needs of our  
children, we provide a safe,  
nurturing, and challenging  
learning environment for  
every student, every day.



#### For office use only.

Primary  Middle  PK3  PK4  EI  Charter



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### **What Information Do I Need To Bring To Register My Child?**

- Proof of Residency** in Red Bank Borough
- Student Information Form**
- Proof of Student Date of Birth** (original birth certificate or passport) – Preschool Eligibility: Your child is eligible for preschool if they turn three years old by October 1.
- Proof of Vaccination Form** - Complete official immunization and/or vaccine record (See “Immunization Requirements for Attendance at School” for a listing of all required doses)
- Student Health History Form** - completed by parent/guardian
- Copy of Health Insurance Card**
- Proof of Mantoux** (if applicable) - You may ask our nurse if you have a question.
- Custody Alert** - Only the legal parent/guardian can register students.
- Proof of Custody** (if applicable)
- Home Language Survey**
- Universal Child Health Record** - With proof of medical exam verification within the last year (to be completed by Health Care Provider)
- School Records** (if applicable) - Transfer Card, Report Card, Attendance Record, Test Scores, 504 and IEP

# Registration Information

## 1.0 RESIDENCY VERIFICATION

1.1 All persons registering pupils in the Red Bank Borough Public Schools must establish that they are legal residents of the Borough. The district shall accept a combination of any of the following forms of documentation from persons attempting to demonstrate a pupil's eligibility for enrollment. To establish residency, you must provide, **1 document from item "a" and 3 documents from "b-h" as listed below:**

a. Property tax bills, deeds, contracts of sale, leases, mortgages <u>or</u> Affidavit of Support (2.0) or Oral Lease Affidavit (3.0)
b. Voter registrations, licenses, permits, financial account information, utility bills, delivery receipts, and other evidence of personal attachment to a particular location;
c. Court orders, State agency agreements and other evidence of court or agency placements or directives;
d. Receipts, bills, cancelled checks, insurance claims or payments, and other evidence of expenditures demonstrating personal attachment to a particular location, or, where applicable, to support of the pupil;
e. Medical reports, counselor or social worker assessments, employment documents, unemployment claims, benefit statements, and other evidence of circumstances demonstrating, where applicable, family or economic hardship, or temporary residency;
f. Affidavits, certifications and sworn attestations pertaining to statutory criteria for school attendance, from the parent, legal guardian, person keeping an "affidavit pupil," adult pupil, person(s) with whom a family is living, or others as appropriate;
g. Documents pertaining to military status and assignment; and
h. Any other business record or document issued by a governmental entity.

1.2 Special Circumstances for Registration - Tentative proof of residency may be established by supplying any of the following documents, if currently dated, for **a period of 20 days only (K-8):**

- Car registration and insurance identification card
- Utility bill
- Verification of address from the Post Office
- Any other business record or document issued by a governmental entity
- As otherwise permitted by N.J.A.C. 6A:22-3.

## 2.0 AFFIDAVIT OF SUPPORT (N.J.A.C. 6A:22-3.2)

Occasionally, circumstances arise whereby a student is domiciled in the home of a Red Bank Borough resident and is receiving **total financial support from that Red Bank Borough resident.** Before any such student can be registered, the Red Bank Borough resident must complete an Affidavit of Support, which documents the total financial support of the student. **All affidavits are valid for one school year only and must be renewed annually by August 1.** (Example: September 2024-June 2025 is considered one school year.)

2.1 Affidavits of Support are given only when a clear **hardship** can be shown. This is when a child is living with neither parent nor legal guardian.

- 2.2 The Red Bank Borough resident is willing to:
- Show proof the child is domiciled within the district.
  - Show proof the child is being supported gratis, in accordance with N.J.S.A. 18A:38-1.
  - Assume all personal obligations for the child relative to school requirements.
  - Provide proofs of residency as stated in Section 1.1
  - The student must live with the Red Bank Borough resident free of charge throughout the school and calendar year.
  - The resident **must sign** the Affidavit of Support and Residency.
- 2.3 The natural parent or legal guardian must do the following:
- Sign a **Parental Release of Residency and Support**.
  - Show documentation of the claim of non-support.
  - In the absence of a sworn statement from the parent, the custodial guardian of the child must sign the sworn statement stating the unknown whereabouts of said child's parents (Absence of Parental Consent).
  - **NOTE: Parent/Guardian has no rights or personal obligations for the child relative to school.**
- 2.4 The Board of Education shall apply N.J.A.C. 6A:22-3.2 in the event sworn statements are not obtained.

### **3.0 ORAL LEASE AFFIDAVIT**

Any person seeking to register a child or children, where the name of the child's parent or court-appointed guardian does not appear on the deed to the property or the lease, must complete an Oral Lease Affidavit. **All affidavits are valid for one school year only and must be renewed annually by August 1.** (Example: September 2024-June 2025 is considered one school year.)

- 3.1 Oral Lease Affidavits are given when a resident permanently resides in Red Bank Borough but does not have a written lease.
- 3.2 A parent/guardian **must sign** the affidavit and have it notarized.

#### **In addition to the notarized Oral Lease Affidavit**

- The **registering parent/guardian** must provide 2 documents proving residency status as stated in Section 1.1 "b-h".
- The **Red Bank Borough resident** must provide 1 document proving residency status as stated in Section 1.1.

**Failure to comply legally with Affidavits of Residency or Support will result in billing for payment of the tuition cost.**

The district shall randomly check the residency status of students currently enrolled in the school system. If the district finds non-resident students attending our schools, the Board of Education is obliged to charge the appropriate tuition fee which, as of 2023, computes to approximately \$20,000 per student in grades K-8 per school year. Tuition for students receiving special education services may be significantly higher.

#### **Verification**

The Board of Education reserves the right to verify the residency of any pupil and the validity of any affidavit of guardianship at any point during the year. Affidavits of Residency and Support are renewed annually and/or completed at the time of registration. Change of residence during the school year also must be verified. Residency Verification Guidelines must be followed.

## STUDENT INFORMATION FORM

Student's Legal First Name:	Middle Name:	Last Name:
Student's Address:		Date of Birth:
City, State, Zip:		Gender: Male / Female
Primary Phone: (School Automated Calls Number):		
Country of Birth:		Language you prefer to receive school communications in:
Date of Entry if other than United States:		
City/State of Birth:		
Is parent/guardian in United States Active Duty, National Guard or the Reserves? YES or NO		
Ethnicity (Please circle one.): Hispanic or Latino      Non-Hispanic or Latino		
Race (Please circle at least one.):		
White      Black      Amer. Indian/Alaskan      Asian      Pacific Islander		

### PARENT/GUARDIAN INFORMATION

Name:	Relationship:
Address:	Legal Guardian: YES or NO
City, State, Zip:	Email:
Employer:	Home Phone:
Work Phone:	Cell Phone:
Name:	Relationship:
Address:	Legal Guardian: YES or NO
City, State, Zip:	Email:
Employer:	Home Phone:
Work Phone:	Cell Phone:

### EMERGENCY CONTACT INFORMATION – OTHER THAN PARENT/GUARDIAN

Name:	Name:
Relationship:	Relationship:
Cell Phone:	Cell Phone:
Home Phone:	Home Phone:
Work Phone:	Work Phone:
Has permission to pick up from school: YES or NO	Has permission to pick up from school: YES or NO

Please circle one option in each box below.

Is student taking English as a Second Language? YES or NO	Does student have an IEP? YES or NO
Does student receive speech services at school? YES or NO	Does student have a 504 Plan? YES or NO
Has student received Early Intervention? YES or NO	Has student ever been retained? YES or NO
Does student receive counseling? YES or NO	

Was the student ever enrolled in the Red Bank Borough Public Schools before? YES or NO

School Name: \_\_\_\_\_ When Attended: \_\_\_\_\_

Previous School Name (Includes Preschool) \_\_\_\_\_

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



**New Jersey Department of Health**  
**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
<b>DTaP//DTP</b>	<p><b>Age 1-6 years:</b> 4 doses, with one dose given on or after the 4<sup>th</sup> birthday, OR any 5 doses.  <b>Age 7-9 years:</b> 3 doses of Td or any previously administered combination of DTP, DTaP, and DT to equal 3 doses</p>	<p>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.</p>
<b>Tdap</b>	<p><b>Grade 6</b> (or comparable age level for special education programs): 1 dose</p>	<p>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.</p>
<b>Polio</b>	<p><b>Age 1-6 years:</b> 3 doses, with one dose given on or after the 4<sup>th</sup> birthday, OR any 4 doses.  <b>Age 7 or Older:</b> Any 3 doses</p>	<p>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.*</p>
<b>Measles</b>	<p>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.</p>	<p>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.**</p>
<b>Rubella and Mumps</b>	<p>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</p>	<p>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.**</p>
<b>Varicella</b>	<p>1 dose on or after the first birthday</p>	<p>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.</p>
<b>Haemophilus influenzae B (Hib)</b>	<p><b>Age 2-11 Months:</b> 2 doses  <b>Age 12-59 Months:</b> 1 dose</p>	<p>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.***</p>
<b>Hepatitis B</b>	<p><b>K-Grade 12:</b> 3 doses or  <b>Age 11-15 years:</b> 2 doses</p>	<p>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.</p>
<b>Pneumococcal</b>	<p><b>Age 2-11 months:</b> 2 doses  <b>Age 12-59 months:</b> 1 dose</p>	<p>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.***</p>
<b>Meningococcal</b>	<p>Entering Grade 6 (or comparable age level for Special Ed programs): 1 dose</p>	<p>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.</p>
<b>Influenza</b>	<p><b>Ages 6-59 Months:</b> 1 dose annually</p>	<p>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.</p>

## New Jersey Department of Health

### MINIMUM IMMUNIZATION REQUIREMENTS FOR SCHOOL ATTENDANCE IN NEW JERSEY N.J.A.C. 8:57-4: IMMUNIZATION OF PUPILS IN SCHOOL

**\* Footnote:** The requirement to receive a school entry booster dose of DTP or DTaP after the child's 4th birthday shall not apply to children while in child care centers, preschool or pre-kindergarten classes or programs.

The requirement to receive a school entry dose of OPV or IPV after the child's 4th birthday shall not apply to children while in child care centers, preschool or pre-kindergarten classes or programs.

**\*\* Footnote:** Antibody Titer Law (Holly's Law)—This law specifies that a titer test demonstrating immunity be accepted in lieu of receiving the second dose of measles-containing vaccine. The tests used to document immunity must be approved by the U.S. Food and Drug Administration (FDA) for this purpose and performed by a laboratory that is CLIA certified.

**\*\*\* Footnote:** No acceptable immunity tests currently exist for Haemophilus Influenzae type B, Pneumococcal, and Meningococcal.

#### **Please Note The Following:**

The specific vaccines and the number of doses required are intended to establish the minimum vaccine requirements for child-care center, preschool, or school entry and attendance in New Jersey. These intervals are not based on the allotted time to receive vaccinations. The intervals indicate the vaccine doses needed at earliest age at school entry. Additional vaccines, vaccine doses, and proper spacing between vaccine doses are recommended by the Department in accordance with the guidelines of the American Academy of Pediatrics (AAP) and Advisory Committee on Immunization Practices (ACIP), as periodically revised, for optimal protection and additional vaccines or vaccine doses may be administered, although they are not required for school attendance unless otherwise specified.

Serologic evidence of immunity (titer testing) is only accepted as proof of immunity when no vaccination documentation can be provided or prior history is questionable. It cannot be used in lieu of receiving the full recommended vaccinations.

#### **Provisional Admission:**

Provisional admission allows a child to enter/attend school after having received a minimum of one dose of each of the required vaccines. Pupils must be actively in the process of completing the series. Pupils <5 years of age, must receive the required vaccines within 17 months in accordance with the ACIP recommended minimum vaccination interval schedule. Pupils 5 years of age and older, must receive the required vaccines within 12 months in accordance with the ACIP recommended minimum vaccination interval schedule.

#### **Grace Periods:**

- **4-day grace period:** All vaccine doses administered less than or equal to four days before either the specified minimum age or dose spacing interval shall be counted as valid and shall not require revaccination in order to enter or remain in a school, pre-school, or child care facility.
- **30-day grace period:** Those children transferring into a New Jersey school, pre-school, or child care center from out of state/out of country may be allowed a 30-day grace period in order to obtain past immunization documentation before provisional status shall begin.



## STUDENT HEALTH HISTORY

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

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

QUESTION	YES	NO
Was the child born premature?		
Did the child have any difficulty before, during or after delivery?		
Did the child have any delays in sitting?		
Did the child have any delays in walking?		
Did the child have any delays in starting to speak?		
Does the child have any speech problems?		
Does the child have any difficulty seeing?		
Does the child wear eyeglasses?		
Does the child have any hearing difficulty?		
Does the child take any medication, besides vitamins, daily?		
Has the child ever had a serious illness or injury?		
Has the child ever had an operation?		
Has the child ever needed to repeat a grade?		
Does the child require Special Education or other services in school?		

Explain all YES answers –

### CIRCLE ALL THAT APPLY

Bladder Problems	Bowel Problems	Cancer	Chest Pains	Chicken Pox	Dental Problems
Diabetes	Epilepsy/ Seizure	Eating Problems	Heart Condition	Head Injury – Serious	Lyme Disease
Hepatitis	Nose Bleeds	Mononucleosis	Sleeping Problems	Skin Rashes	Tuberculosis
Allergies	Allergies – Bee Stings	Allergies - Food	Allergies - Medications	Allergies - Other	Asthma
Strep Infections	Bone or Joint Problems	Neuromuscular Disease	OTHER:		

Physician's Name:

Telephone Number:

Address:

Explain all CIRCLED answers –

I will comply with the requirements of the New Jersey State Department of Health for immunizations.

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

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





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## CUSTODY ALERT

*This form **must** be completed for **ALL** students.*

THE SCHOOL MUST BE NOTIFIED IF ANY CHANGES OCCUR TO THE INFORMATION ON THIS FORM.

\_\_\_\_\_ Check here if there are NO custody concerns concerning your child and sign below.

**This section is to be completed if one or both natural parents do not have equal custody of the student.  
(Copy of custody papers must be given to the school.)**

The legal custodian, parent or court-appointed guardian for \_\_\_\_\_ is  
Student's Name

\_\_\_\_\_  
Parent's Name

The following people MAY NOT have legal access to the child or the child's records without written permission from the custodial person:

Name	Relationship to Student	Address	Phone Number

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

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

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

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



## Home Language Survey

*This form **must** be completed for **ALL** students.*



Student Information
<b>Last Name:</b>
<b>First Name:</b>
<b>Date of Birth:</b>

The home language survey is used solely to offer appropriate educational services. This survey is the first of three steps to identify whether a student is eligible to be identified as a Multilingual Learner (ML). “Home” is defined as a student’s current place of residence.

1: List all languages used in the student’s home.			
<b>Circle YES or NO for the questions below.</b>			
2: Was the first language used by the student a language other than English?	<table style="margin: auto;"> <tr> <td style="padding: 0 20px;">YES</td> <td>NO</td> </tr> </table>	YES	NO
YES	NO		
3: Does the student speak or understand a language other than English?	<table style="margin: auto;"> <tr> <td style="padding: 0 20px;">YES</td> <td>NO</td> </tr> </table> <p style="margin-top: 5px;"><b>If you answered NO, do not complete #4 &amp; #5.</b></p>	YES	NO
YES	NO		
4: When interacting with others at home (example: parents, guardians, siblings), does the student understand or use a language other than English most of the time?	<table style="margin: auto;"> <tr> <td style="padding: 0 20px;">YES</td> <td>NO</td> </tr> </table>	YES	NO
YES	NO		
5: When interacting with others outside the home (example: friends, caregivers), does the student understand or use a language other than English most of the time?	<table style="margin: auto;"> <tr> <td style="padding: 0 20px;">YES</td> <td>NO</td> </tr> </table>	YES	NO
YES	NO		
<b>OFFICE USE ONLY</b>			
_____ <b>Records Review Required by ESL Supervisor</b>	_____ <b>Student Not A ML</b>		



# UNIVERSAL CHILD HEALTH RECORD

Endorsed by: American Academy of Pediatrics, New Jersey Chapter  
New Jersey Academy of Family Physicians  
New Jersey Department of Health and Senior Services

SECTION I - TO BE COMPLETED BY PARENT(S)			
Child's Name (Last)	(First)	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth / /
Does Child Have Health Insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, Name of Child's Health Insurance Carrier		
Parent/Guardian Name	Home Telephone Number	Work Telephone/Cell Phone Number	
Parent/Guardian Name	Home Telephone Number	Work Telephone/Cell Phone Number	
<b>I give my consent for my child's Health Care Provider and Child Care Provider/School Nurse to discuss the information on this form.</b>			
Signature/Date		This form may be released to WIC. <input type="checkbox"/> Yes <input type="checkbox"/> No	

SECTION II - TO BE COMPLETED BY HEALTH CARE PROVIDER			
Date of Physical Examination:	Results of physical examination normal?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Abnormalities Noted:	Weight (must be taken within 30 days for WIC)		
	Height (must be taken within 30 days for WIC)		
	Head Circumference (if <2 Years)		
	Blood Pressure (if ≥3 Years)		

<b>IMMUNIZATIONS</b>	<input type="checkbox"/> Immunization Record Attached <input type="checkbox"/> Date Next Immunization Due:
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MEDICAL CONDITIONS		
Chronic Medical Conditions/Related Surgeries • List medical conditions/ongoing surgical concerns:	<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached	Comments
Medications/Treatments • List medications/treatments:	<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached	Comments
Limitations to Physical Activity • List limitations/special considerations:	<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached	Comments
Special Equipment Needs • List items necessary for daily activities	<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached	Comments
Allergies/Sensitivities • List allergies:	<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached	Comments
Special Diet/Vitamin & Mineral Supplements • List dietary specifications:	<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached	Comments
Behavioral Issues/Mental Health Diagnosis • List behavioral/mental health issues/concerns:	<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached	Comments
Emergency Plans • List emergency plan that might be needed and the sign/symptoms to watch for:	<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached	Comments

PREVENTIVE HEALTH SCREENINGS					
Type Screening	Date Performed	Record Value	Type Screening	Date Performed	Note if Abnormal
Hgb/Hct			Hearing		
Lead: <input type="checkbox"/> Capillary <input type="checkbox"/> Venous			Vision		
TB (mm of Induration)			Dental		
Other:			Developmental		
Other:			Scoliosis		

<input type="checkbox"/> <b>I have examined the above student and reviewed his/her health history. It is my opinion that he/she is medically cleared to participate fully in all child care/school activities, including physical education and competitive contact sports, unless noted above.</b>	
Name of Health Care Provider (Print)	Health Care Provider Stamp:
Signature/Date	







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## Acceptable Use for Students of Computer Network/Computers and Resources

We are pleased to offer Red Bank Borough Public School students access to the school's electronic network. Parental permission is required for all students under the age of 18 prior to accessing the network. Access to the Internet will enable students to explore thousands of libraries and databases throughout the world. Families should be warned that some material accessible via the Internet might contain items that are illegal, defamatory, inaccurate or potentially offensive to some people. Our intent is to make Internet access available to further educational goals and objectives. A school-sponsored firewall has been established which is designed to block these inappropriate sites. We believe that the benefits to students from access to the Internet, in the form of information resources and opportunities for collaboration, exceed any disadvantages. But ultimately, parents and guardians of minors are responsible for setting and conveying the standards that their children should follow when using media and information sources. To that end, Red Bank Borough Public School District supports and respects each family's right to decide whether or not to apply for network access. These are the expectations for all students accessing the network:

- a. Appropriate language use while using the network
- b. Report all concerns or misuses to the teacher
- c. Follow all school rules of behavior
- d. Be responsible for keeping computers in good working condition
- e. Follow instructions given by teacher
- f. All resources used, including web sites, are given appropriate credit
- g. Respect privacy of other people's work
- h. Accessing only appropriate, educationally-related sites
- i. Obtain a teacher's permission prior to downloading anything from the Internet
- j. Never give personal information, such as name, address, age, or telephone number.

Within reason, freedom of speech and access to information will be honored. During school, teachers will guide students toward appropriate materials. Outside of school, families bear the same responsibility for such guidance as they exercise with information sources such as television, telephones, movies, radio and other potentially offensive media.

**This Acceptable Use Policy is intended to convey that all students will comply with the above expectations and that you give your child permission to access the school's network for the duration of your child's attendance in the district. If the parent/guardian chooses to modify the permissions set forth by this Acceptable Use Policy, you must contact the school directly.** Please be advised that you hereby also give permission for photographs of your child to be used for display and marketing in any/all media – print video, web, etc. unless you indicate otherwise below:

\_\_\_\_\_ YES, I **give** permission for photographs of my child to be used for display and marketing in any/all media – print, video, web, etc.

\_\_\_\_\_ NO, I **do not give** permission for photographs of my child to be used for display and marketing in any/all media – print, video, web, etc.

Student Name:	Grade:
Parent/Guardian Signature:	Date:



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*Superintendent of Schools*



## NEW JERSEY DEPARTMENT OF EDUCATION STUDENT PHOTO RELEASE FORM

I, *(please print full name neatly)* \_\_\_\_\_, having previously given permission to my local school district to publish photos/images of my child *(please print full name of child)* \_\_\_\_\_ on the district/school web site, additionally give permission for the New Jersey Department of Education (DOE) to display photos/images/videos of this child on the DOE Web site [www.state.nj.us/education](http://www.state.nj.us/education) and on social media (including, but not limited to, Facebook, Twitter, and Instagram).

In granting this permission, I understand that the DOE may use photos/images/videos of my child for purposes such as celebrating achievements and publicizing education events, as deemed appropriate by the Public Information Office, and that such use may include display in the DOE Photo Gallery and on social media. I further understand that, although school districts and/or schools associated with photos/images/videos will be identified, and that adults appearing in photos/images/videos may be named, my child's name or other personally identifiable information will *not* be used with any photo/image/video.

I am signing this release form with the knowledge that any photos/images/videos posted on the DOE Web site or on social media can be downloaded and reprinted by various news organizations, including print, electronic and broadcast media, and I, therefore, release the DOE from any liability arising from use of my child's photos/images/videos in DOE Web or social media postings. Additionally, as previously advised by the local school district, I understand that there are potential dangers associated with the posting of personally identifiable information on a Web site or on social media, since global access to the Internet does not allow for control of who may access such information. I further understand that if I wish to rescind this agreement, I may do so at any time by sending a letter to the principal of my child's school, who will immediately notify the DOE by fax or e-mail. The requested rescission will take effect upon DOE's receipt of the principal's notification.

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

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

\_\_\_\_\_  
*Grade*

## Medicaid Annual Notification Regarding Parental Consent

Background: The State of New Jersey has participated in a Federal program, Special Education Medicaid Initiative (SEMI), since 1994. The program assists school districts by providing partial reimbursement for medically-related services listed on a student's Individualized Educational Program (IEP).

The SEMI program is under the auspices of the New Jersey Department of the Treasury through its collaboration with the New Jersey Department of Education and New Jersey Division of Medicaid Assistance and Health Services.

In 2013, the regulations regarding Medicaid parental consent for school-based services changed. Now the regulations require that, prior to accessing a child's public benefits or insurance for the first time, and annually thereafter, school districts must provide parents/guardians written notification and obtain a one-time parental consent.

Is there a cost to you? No. IEP services are provided to students while at school at no cost to the parent/guardian.

Will SEMI claiming impact your family's Medicaid benefits? The SEMI program does not impact a family's Medicaid services, funds, or coverage limits. New Jersey operates the school-based services program differently than the family's Medicaid program. The SEMI program does not affect your family's Medicaid benefits in any way.

### What type of services does the School-Based Services program cover?

- Evaluations
- Speech Therapy
- Occupational Therapy
- Physical Therapy
- Psychological Counseling
- Audiology
- Nursing
- Specialized Transportation

What type of information about your child will be shared? In order to submit claims for SEMI reimbursement, the following types of records may be required: first name, last name, middle name, address, date of birth, student ID, Medicaid ID, disability, service dates and the type of services delivered.

Who will see this information? Information about your child's special education program may be shared with the New Jersey Division of Medicaid Assistance and Health Services and its affiliates, including the Department of the Treasury and the Department of Education for the purpose of verifying Medicaid eligibility and submitting claims.

What if you change your mind? You have the right to withdraw consent to allow for Medicaid billing at any time. If you would like to revoke consent, please contact the school in which your child is enrolled in writing.

Will your consent or refusal to consent affect your child's services? No. Your school district is still required to provide services to your child pursuant to his or her IEP, regardless of your Medicaid eligibility status or your willingness to consent for SEMI billing,

What if you have questions? Please call your school district's Special Education department with questions or concerns, or to obtain a copy of the parental consent form.

Method of Delivery: (check one)  Mailed to parent(s)  Emailed to parent(s)  IEP meeting  Hand Delivered



# Red Bank Borough Public Schools

*Dream BIG... We'll help you get there!*

76 Branch Avenue | Red Bank, NJ 07701  
732-758-1520 | 732-212-1356 (FAX)  
[rbb.k12.nj.us](http://rbb.k12.nj.us) | [hurdj@rbb.k12.nj.us](mailto:hurdj@rbb.k12.nj.us)

Jenny Hurd  
*Supervisor of Pupil Personnel Services*



## Special Education Medicaid Initiative (SEMI) Parental Consent Form 2024 - 2025

The Red Bank Borough Public Schools are 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: \_\_\_\_\_

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.

Method of Delivery: (check one)  Mailed to parent(s)  Emailed to parent(s)  IEP meeting  Hand Delivered



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[rbb.k12.nj.us](http://rbb.k12.nj.us) | @RedBankSup | [rumagej@rbb.k12.nj.us](mailto:rumagej@rbb.k12.nj.us)

Jared J. Rumage, Ed.D.  
*Superintendent of Schools*



## Red Bank Middle School (Grades 4-8)

101 Harding Road | Red Bank, New Jersey 07701

Phone: (732) 758-1500 ext. 1516

Fax: (732) 758-1518

James Pierson, Principal

## Red Bank Primary School (Grades K-3)

222 River Street | Red Bank, New Jersey 07701

Phone: (732) 758-1500 ext. 1531

Fax: (732) 758-0172

Maria Iozzi, Principal

## Student Records Request Form

(Please complete and return with records.)

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

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

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

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

NJ State ID No.: \_\_\_\_\_

As the parent/guardian of the above listed student, I have been notified that my child's records and pertinent information are being requested by the Red Bank Borough Public Schools. State requirements mandate that the student's discipline file be requested.

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

\_\_\_\_\_  
Date

### **FOR SCHOOL USE ONLY** - (Please complete and return with records.)

#### **Records to be released (if applicable):**

Cumulative Record Folder  
 Report Cards & Test Scores  
 Discipline Records  
 Free or Reduced Lunch Status

Health Records  
 Attendance Records  
 IEP or Section 504 Plan  
 Special Education Medicaid Incentive (SEMI)

Child Study Team Records: Has the student ever been referred to the Child Study Team?

Yes \_\_\_\_\_ No \_\_\_\_\_

If YES, indicate the classification and any pertinent comments regarding special education services.

#### **Programs student participated in:**

\_\_\_\_\_ Bilingual/ESL  
 \_\_\_\_\_ Speech

\_\_\_\_\_ Gifted and Talented  
 \_\_\_\_\_ Basic Skills





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Jared J. Ramage, Ed.D.  
*Superintendent of Schools*



# CHILD FIND

## ATTENTION: RED BANK PARENTS/GUARDIANS

Children can experience physical, sensory, emotional, communication, cognitive, or social difficulties.

Any parent/guardian who has concerns about the development of:

- A preschool child turning age 3 within the next year
- A child between the ages 3 and 5
- A school-age child between the ages 6 – 21 should contact:

**Red Bank Borough Public Schools**  
**Office of Pupil Personnel Services 732-758-1520**

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## ATENCIÓN: PADRES/TUTORES DE LA CIUDAD DE RED BANK

Niños pueden experimentar problemas físicos, sensoriales, emocionales, de comunicación o dificultades en su adaptación social.

Cualquier padre/madre/tutor que crea que hay un **problema en el desarrollo** de su niño/a:

- de edad preescolar que cumplan 3 años el próximo año
- entre las edades de 3 a 5 años
- de edad escolar entre las edades de 6 – 21 deben comunicarse con:

**El Distrito Escolar de Red Bank**  
**Oficina de Educación Especial 732-758-1520**