DOVER PUBLIC SCHOOLS

DOVER, NEW JERSEY

NEW STUDENT REGISTRATION

To register a student please make sure to complete the attached forms and provide the following required documents:

1. Birth Certificate (proof of child age)
2. Universal Health Form and Immunization Record (medical records)
3. School Record, Transcript, Report Card or Official Test Score (school records)
4. Transfer Card (If transferring from another school within US)
5. Parent/Guardian Valid Photo ID
6. Two Proofs of Address (Reflecting Current Address)

Options:

- Mortgage Statement
- Residence Lease
- Property Deed
- Contract of Sale
- Tax Bill
- Payment Book
- Sworn Statement of Landlord
- Affidavit
- Valid Driver's License
- Utility Bill (Water, Gas, Electric)
- Bank Statement / Canceled Check
- Voter Registration
- Medical Report
- Benefit Statements

Registration Office
Contact us for Appointment

Jose Cruz (973) 989 2000 Ext. 5023 jcruz@dover-nj.org	Doris Johanna Marulanda (973) 989 2000 Ext. 5024 dmarulanda@dover-nj.org

DOVER SCHOOL DISTRICT
21 Belmont Ave
Dover, NJ 07801

Dover Public Schools District Welcomes You!

DOVER PUBLIC SCHOOLS NDS ASE EDE DMS DHS

STUDENT REGISTRATION FORM/PERMANENT RECORD INFORMATION

Please fill out all forms with clear and legible handwriting. Please use blue or black ink pen.

STUDENT INFORMATION

Grade Entering: _____ Student's Age: _____ Gender: M ___ F ___ Today's Date: _____ / _____ / _____
Month Day Year

Student's Full Name: _____
First Name Middle Name Last Name/Names

Date of Birth: _____ / _____ / _____ Place of Birth: _____
Month Day Year Town State Country

Address: _____
Number Street Apt. Town. State Zip Code

District Dover ___ Mine Hill ___ Victory Gardens ___ Other: _____

Residential Housing Type: Room (shared housing) ___ Apt. Dweller ___ Rent/Lease Home ___ Home Owner___

Home Phone: _____ Cell Phone: _____ E-Mail: _____

Racial/Ethnic Background: Hispanic ___ White___ African American ___ American Indian ___ Asian __ Other __

Date the Student Entered the USA If Not Born Here: ____ /____ /_____ Birth Certificate #: _____
Month Day Year

Does the Student Have Siblings in a Dover Public School? YES ___ NO ___ Which School? _____

PARENT/GUARDIAN INFORMATION

Student Lives With: Both Parents ____ Mother ____ Father ____ Legal Guardian ____

Mother's Name: _____ Address: _____
Name Last Name Number Street Apt. Town Zip Code

Cell Phone: _____ Phone 2: _____ E-Mail: _____

Father's Name: _____ Address: _____
Name Last Name Number Street Apt. Town Zip Code

Cell Phone: _____ Phone 2: _____ E-Mail: _____

Legal Guardian: _____ Address: _____
Name Last Name Number Street Apt. Town Zip Code

Cell Phone: _____ Phone 2: _____ E-Mail: _____

COMPLETE ONLY IF THERE IS A CUSTODY ISSUE

Custody Issue: YES ____ NO ____ Legal Guardian: Mother ____ Father ____ Other: _____
Court Order on File: YES ____ NO ____ Court Order Document Number: _____
Custody Status: _____ Custody Start Date: _____ /_____ /_____ Custody End date: _____ /_____ /_____
Month Day Year Month Day Year

EMERGENCY CONTACTS IF YOU CANNOT REACHED

Emergency 1 Name: _____ Relationship: _____
Name Last Name With the Student

Address: _____
Number Street Apt. Town. State Zip Code

Cell Phone#: _____ Phone 2: _____ Phone 3: _____

Emergency 2 Name: _____ Relationship: _____
Name Last Name With the Student

Address: _____
Number Street Apt. Town. State Zip Code

Cell Phone#: _____ Phone 2: _____ Phone 3: _____

Emergency 3 Name: _____ Relationship: _____
Name Last Name With the Student

Address: _____
Number Street Apt. Town. State Zip Code

Cell Phone#: _____ Phone 2: _____ Phone 3: _____

PREVIOUS SCHOOL INFORMATION

Has Student Ever Attended **A DOVER** Public School? YES ___ NO ___ If Yes, School Name: _____

If Student Comes from Another School Outside of Dover, Please Provide the Following Information: Grade: ____

School Name: _____ Last Date Attended School: ____ / ____ / _____
Month Day Year

Address: _____ Phone#: _____
Number Street Town State Zip Code

Fax #: _____ E-Mail: _____

SPECIAL EDUCATION

Regular Education Program: YES ___ NO ___ Special Education Program: YES ___ NO ___

Extra Classes: Speech ___ Math ___ Reading ___ Writing ___ ESL ___ Other: _____

Has the student been involved with the Child Study Team (CST) or has an IEP? YES ___ NO ___

If yes, please explain: _____

KINDERGARTEN REGISTRATION ONLY: Did the Child Attend Pre-School? YES ___ NO ___

If Yes, Pre-School Name: _____ How Long Did the Student Attend? _____

Address: _____ Phone: _____
Number Street Town State Zip Code

I, Undersigned, Do Hereby Authorize Officials of Dover Public Schools to Contact Directly the Person(s) Named on This Form and Do Authorize the Named Physicians to Render Such Treatments as May Be Deemed Necessary in An Emergency, For the Health of Said Child. In The Event That Physician, Other Person Named on This Form, Or Parent(s) / Guardian(s) Cannot Be Contacted, the School Officials Are Hereby Authorized to take Whatever Action is deemed Necessary in Their Judgment, For the Health of Aforesaid Child. I Will Not Hold the School District Financially Responsible for the Emergency Care and/or Transportation for Said Child.

Signature of Parent(s)/Guardian(s): _____ **Relationship to Student:** _____

DOVER PUBLIC SCHOOLS

Step 1: Home Language Survey (Parent/Family Version)

Purpose: The home language survey is used solely to offer appropriate educational services (U.S. ED EL Toolkit, Chapter 1). This survey is the first of three steps to identify whether or not a student is eligible to be identified as an English language learner (ELL). "Home" is defined as a student's current place of residence.

Student Information:

Student Name: _____Date of Birth (YYYYMMDD): _____

Current Address: _____

Survey Questions:

1.) List all languages used in the student's home.

_____

2.) Was the first language used by the student a language other than English?

_____ **No** _____**Yes**

3.) Does the student speak or understand a language other than English?

_____ **No** _____**Yes**

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**?

_____ **No** _____**Yes**

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**?

_____ **No** _____**Yes**

Dover Public School District
Student Residence Questionnaire

Student's Name : _____ Date of Birth _____

Person completing the form:
❑ Father /Mother/Guardian ❑ Unaccompanied Student (Not living with father/mother/guardian)
❑ Student ❑ Other

Name: _____

Email Address: _____

Answer these questions about the student's residency. The information that you are giving us is confidential and is protected by The Family Educational Rights and Privacy Act. We use this information to decide which schools students should attend. We also use this information to ensure that the rights of a child, an unaccompanied young person, are in compliance with the Mckinney-Vento Homeless Assistance Act.

1. The student's address is a temporary address? ❑ Yes ❑ No
2. The student lives in this address due to the loss of a home or financial difficulties? ❑ Yes ❑ No

If the answer to any of the above questions is yes, complete the following:
Where does the student identified above live? (Check one answer)

- ❑ In a hotel or motel due to loss of home or financial difficulties.
- ❑ In a Homeless Shelter, temporary shelter, or is a abandoned in a hospital.
- ❑ Shares residency with another family.
- ❑ In a car, parking lot, mobile home parking lot, mobile home, camper, street, public space, a house with below standard living conditions, an abandoned building.
- ❑ A train or bus station.
- ❑ Moves from one place to another (uses the hospitality of acquaintances).
- ❑ In a public or private space that is not equipped as a regular place where you can sleep.
- ❑ Other : _____

Last school that the student attended:
School _____ District _____
City _____ State _____
Name of the father/mother/tutor or person responsible for the educational decisions:
Name _____ Signature _____
Name _____ Signature _____
Address: _____
City: _____ Signature _____
Home Phone Number _____ Work Phone Number _____
Cellular Phone _____ Email Address _____
OR
Student (If is an unaccompanied student or homeless):
Name _____ Signature _____
Address: _____
Email address _____ Telephone Number _____

If the child or unaccompanied student DOES NOT live in a permanent residence, he/she DOES NOT require proof of residency or any other documents which normally are requested for registration (health information, school records, etc.) The child or unaccompanied young person must register immediately at their original school, the school that other students attend and that they are in, the area where they currently live, in or another school that they can attend according to their convenience.

OFFICE USE ONLY			
Date completed:	Eligible: ❑ yes ❑ no	District Representative:	Comments:

Parent Occupational Survey

In order to better serve your child, our school district wants to identify students who may qualify to receive additional educational services, such as tutoring, school supplies, free or reduced-price lunch, summer camps, and other services. **The information provided below will be kept confidential.** Please answer the following questions and return this form to your child's school.

Today's Date _____ **Parent/Guardian First & Last Name** _____

Student First Name _____ **Student Last Name** _____

School Name _____ **Student Grade** _____

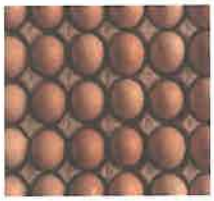
1. Have you or an immediate family member performed any of the jobs listed below temporarily or seasonally, in any part of the United States, in the past three years?

☐ No

☐ Yes. **Check all that apply and list the total number of months worked:**

☐ **Agriculture/Field Work** (planting, picking, sorting crops; soil preparation; irrigation; fumigation)

Total Months Worked:_____



☐ **Processing & Packaging** (fruit, vegetables, chicken, eggs, pork, beef)

Total Months Worked:_____

☐ **Dairy/Cattle Raising** (feeding, milking, rounding up)

Total Months Worked:_____

☐ **Nursery/Greenhouse** (planting, potting, pruning, watering, harvesting)

Total Months Worked:_____

☐ **Forestry** (soil preparation, planting, cutting trees; landscaping not included)

Total Months Worked:_____

☐ **Commercial Fishing & Processing** (catching, sorting, packing, transporting)

Total Months Worked:_____

2. In the past three years, has your family moved to another state, city, school district, and/or county?

☐ No

☐ Yes. **How long have you resided in your current address?**

_____ Years _____ Months _____ Weeks

If you answered "Yes" to questions 1 and 2, please complete the information below.

Home Street Address _____ **Apt #** _____

City **State** **Zip Code**

Telephone Number **Best Day of Week & Time of Day to Call**

For School Use Only: Please send survey with two **YES** responses to your district migrant liaison.		
Student State ID:	**Enrollment Date:**	**District ID:**

Dover Public Schools
21 Belmont Ave Dover, NJ 07801

HEALTH INFORMATION FORM: COMPLETE THE INFORMATION BELOW. If new to the Dover Public School District, please provide your child's health, medical, and immunization records and school entrance physical to the school nurse.

Student Name - please write name as it appears on the student's birth certificate.

Last Name:	First Name:	Middle Initial:
Date of Birth: (month/day/year) ____/____/____	Gender _____ M _____ F	Grade Level:

Is the student currently on medication? _____Y ____N	If yes, list any medications and condition:
Does the student have any allergies? _____ Y _____N Has there been an allergic reaction in the past year? _____ Y _____ N	If yes, list any allergies: Date of last allergic reaction:
Has the student ever been hospitalized? ____Y _____N	If yes, list hospital, date, and condition:
Does the student have any chronic illness? (example: Diabetes, Asthma, seizures) ____Y _____N	If yes, explain
Have there been any updates to the student's immunizations/tetanus? _____ Y _____N	If yes, list date and type of immunization:
Does the student have (check all that apply): _____ Braces _____ Glasses _____ Contact lenses	
Any other medical information you would like the school to be aware of ? _____Y _____N	If yes, explain:
Does this student have any health insurance including NJ Family Care? Medicaid, Medicare, private or other? _____ No, my child does not have health insurance. You may release my name and address to the NJ Family Care Program to contact me about health insurance _____ Yes, my child has health insurance.	Written consent required pursuant to 20 U.S.C 1232 g(b)(1) and 34 C.F.R. 99.30 (b). NJ Family Care provides free or low cost health insurance for uninsured children and certain low income parents. For more information visit www.njfamilycare.org to apply online or call 1-800-701-0710.

Primary Doctor Name:	Phone:	Date of last exam:
Dentist Name:	Phone:	Date of last exam:
Eye Doctor Name:	Phone:	Date of last exam:

I, the undersigned, hereby give permission for my child to receive the following medical attention as part of the school health program in Dover Public Schools for the duration that my child is enrolled in the Dover Public School District: receive first aid; receive blood pressure, height and weight, vision and hearing screenings by the school nurse; and receive a scoliosis screening examination by the school nurse if my child is ages10 to 18.

I also hereby authorize officials of the Dover Public School District to contact directly the person(s) named on the Parent/Guardian Emergency Contact form and do authorize the School Nurse to render such treatment as may be deemed necessary in an emergency, for the health of said child. In the event that physicians, other persons named on this form, or parents/guardians cannot be contacted, the school officials are hereby authorized to take whatever action is deemed necessary in their judgment for the health of the aforesaid child, including transporting the child to the hospital. I will not hold the school district financially responsible for the emergency care and/or transportation for the said child.

Parent/Guardian Name (Print): _____

Signature: _____ Date: _____/_____/_____

For school use only: Received by (name/date): _____

Entered in Genesis by(name/date):_____

APPENDIX H

UNIVERSAL CHILD HEALTH RECORD

Endorsed by: *American Academy of Pediatrics, New Jersey Chapter*
New Jersey Academy of Family Physicians
New Jersey Department of Health

SECTION I - TO BE COMPLETED BY PARENT(S)

Child's Name *(Last)* *(First)*	Gender ☐ Male ☐ Female	Date of Birth / /
Does Child Have Health Insurance? ☐Yes ☐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 ( ) -

I give my consent for my child's Health Care Provider and Child Care Provider/School Nurse to discuss the information on this form.

Signature/Date	This form may be released to WIC. ☐Yes ☐No

SECTION II - TO BE COMPLETED BY HEALTH CARE PROVIDER

Date of Physical Examination:	Results of physical examination normal? ☐Yes ☐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)*	

IMMUNIZATIONS	☐ Immunization Record Attached ☐ Date Next Immunization Due: ____

MEDICAL CONDITIONS

Chronic Medical Conditions/Related Surgeries • List medical conditions/ongoing surgical concerns:	☐ None ☐ Special Care Plan Attached	Comments
Medications/Treatments • List medications/treatments:	☐ None ☐ Special Care Plan Attached	Comments
Limitations to Physical Activity • List limitations/special considerations:	☐ None ☐ Special Care Plan Attached	Comments
Special Equipment Needs • List items necessary for daily activities	☐ None ☐ Special Care Plan Attached	Comments
Allergies/Sensitivities • List allergies:	☐ None ☐ Special Care Plan Attached	Comments
Special Diet/Vitamin & Mineral Supplements • List dietary specifications:	☐ None ☐ Special Care Plan Attached	Comments
Behavioral Issues/Mental Health Diagnosis • List behavioral/mental health issues/concerns:	☐ None ☐ Special Care Plan Attached	Comments
Emergency Plans • List emergency plan that might be needed and the sign/symptoms to watch for:	☐ None ☐ 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: ☐ Capillary ☐ Venous			Vision		
TB (mm of Induration)			Dental		
Other:			Developmental		
Other:			Scoliosis		

☐ ***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.***

Name of Health Care Provider (Print)	Health Care Provider Stamp:
Signature/Date	

Application #:

2022-2023 Application for Free and Reduced Price School Meals

Complete one application per household. Please type or use a pen (not a pencil). We encourage all parents to fill out a electronic application. Determination on the spot. Use lunch pin as ID.

Available online at: **payschoolscentral.com**

STEP 1 List ALL Household Members who are infants, children, and students up to and including Grade 12 (if more spaces are required for additional names, attach another sheet of paper)

Definition of Household Member: "Anyone who is living with you and shares income and expenses, even if not related."

Children in Foster care and children who meet the definition of Homeless, Migrant or Runaway are eligible for free meals. Read **How to Apply for Free and Reduced Price School Meals** for more information.

Child's First Name	MI	Child's Last Name [press spacebar to advance]	School Name (Abbr.)	Grade	Student attends this school district? Yes	No	Foster Child	Migrant Worker, Homeless, Runaway
					☐	☐	☐	☐
					☐	☐	☐	☐
					☐	☐	☐	☐
					☐	☐	☐	☐
					☐	☐	☐	☐

Check all that apply

STEP 2 Do any Household Members (including you) currently participate in one or more of the following assistance programs: SNAP, TANF, or FDPIR? YES ☐ NO ☐

If you answered NO > Complete STEP 3. **If you answered YES** > Write a case number here then go to STEP 4 (Do not complete STEP 3)

Case Number:

Write only one case number in this space.

STEP 3 Report Income for ALL Household Members (Skip this step if you answered 'Yes' to STEP 2)

Are you unsure what income to include here?

Flip the page and review the charts titled "Sources of Income" for more information.

The "Sources of Income for Children" chart will help you with the Child Income section.

The "Sources of Income for Adults" chart will help you with the All Adult Household Members section.

A. Child Income

Sometimes children in the household earn or receive income. Please include the TOTAL income received by all Household Members listed in STEP 1 here.

Child income	How often? Weekly	Bi-Weekly	2x Month	Monthly
$	○	○	○	○

B. All Adult Household Members (including yourself)

List all Household Members not listed in STEP 1 (including yourself) even if they do not receive income. For each Household Member listed, if they do receive income, report total gross income (before taxes) for each source in whole dollars (no cents) only. If they do not receive income from any source, write '0'. If you enter '0' or leave any fields blank, you are certifying (promising) that there is no income to report.

Name of Adult Household Members (First and Last)	Earnings from Work	How often? Weekly	Bi-Weekly	2x Month	Monthly	Public Assistance/ Child Support/Alimony	How often? Weekly	Bi-Weekly	2x Month	Monthly	Pensions/Retirement/ All Other Income	How often? Weekly	Bi-Weekly	2x Month	Monthly
	$	○	○	○	○	$	○	○	○	○	$	○	○	○	○
	$	○	○	○	○	$	○	○	○	○	$	○	○	○	○
	$	○	○	○	○	$	○	○	○	○	$	○	○	○	○
	$	○	○	○	○	$	○	○	○	○	$	○	○	○	○
	$	○	○	○	○	$	○	○	○	○	$	○	○	○	○

Total Household Members (Children and Adults) ☐☐

Last Four Digits of Social Security Number (SSN) of Primary Wage Earner or Other Adult Household Member X X X - X X - ☐☐☐☐ **Check if no SSN** ☐

STEP 4 Contact information and adult signature. Mail Completed Form To: Food Service Bookkeeper Rosalia Aragon 21 Belmont Ave, Dover, NJ 07801

"I certify (promise) that all information on this application is true and that all income is reported. I understand that this information is given in connection with the receipt of Federal funds, and that school officials may verify (check) the information. I am aware that if I purposely give false information, my children may lose meal benefits, and I may be prosecuted under applicable State and Federal laws."

Street Address (if available) ____ Apt # ____ City ____ State ____ Zip ____ Daytime Phone and Email (optional) ____

Printed name of adult signing the form ____ Signature of adult ____ Today's date ____

INSTRUCTIONS Sources of Income

Sources of Income for Children

Sources of Child Income	Example(s)
- Earnings from work	- A child has a regular full or part-time job where they earn a salary or wages
- Social Security - Disability Payments - Survivor's Benefits	- A child is blind or disabled and receives Social Security benefits - A Parent is disabled, retired, or deceased, and their child receives Social Security benefits
-Income from person outside the household	- A friend or extended family member regularly gives a child spending money
-Income from any other source	- A child receives regular income from a private pension fund, annuity, or trust

Sources of Income for Adults

Earnings from Work	Public Assistance / Alimony / Child Support	Pensions / Retirement / All Other Income
- Salary, wages, cash bonuses - Net income from self-employment (farm or business) If you are in the U.S. Military: - Basic pay and cash bonuses (do NOT include combat pay, FSSA or privatized housing allowances) - Allowances for off-base housing, food and clothing	- Unemployment benefits - Worker's compensation - Supplemental Security Income (SSI) - Cash assistance from State or local government - Alimony payments - Child support payments - Veteran's benefits - Strike benefits	- Social Security (including railroad retirement and black lung benefits) - Private pensions or disability benefits - Regular income from trusts or estates - Annuities - Investment income - Earned interest - Rental income - Regular cash payments from outside household

OPTIONAL Children's Racial and Ethnic Identities

We are required to ask for information about your children's race and ethnicity. This information is important and helps to make sure we are fully serving our community. Responding to this section is optional and does not affect your children's eligibility for free or reduced price meals.

Ethnicity (check one): Hispanic or Latino ☐ Not Hispanic or Latino ☐

Race (check one or more): American Indian or Alaskan Native ☐ Asian ☐ Black or African American ☐ Native Hawaiian or Other Pacific Islander ☐ White ☐

The **Richard B. Russell National School Lunch Act** requires the information on this application. You do not have to give the information, but if you do not, we cannot approve your child for free or reduced price meals. You must include the last four digits of the social security number of the adult household member who signs the application. The last four digits of the social security number is not required when you apply on behalf of a foster child or you list a Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF) Program or Food Distribution Program on Indian Reservations (FDPIR) case number or other FDPIR identifier for your child or when you indicate that the adult household member signing the application does not have a social security number. We will use your information to determine if your child is eligible for free or reduced price meals, and for administration and enforcement of the lunch and breakfast programs. We MAY share your eligibility information with education, health, and nutrition programs to help them evaluate, fund, or determine benefits for their programs, auditors for program reviews, and law enforcement officials to help them look into violations of program rules.

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

mail civil rights complaints only to: U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410

fax: (202) 690-7442; or
email: program.intake@usda.gov.

This institution is an equal opportunity provider.

Do not fill out For School Use Only

Annual Income Conversion: Weekly x 52, Every 2 Weeks x 26, Twice a Month x 24, Monthly x 12

Total Income

How often?

Weekly	Bi-Weekly	2x Month	Monthly	Annual
☐	☐	☐	☐	☐

Household Size

Categorical Eligibility ☐

Eligibility:

Free	Reduced	Denied
☐	☐	☐

Determining Official's Signature **Date**

Confirming Official's Signature **Date**

Verifying Official's Signature **Date**