

Long Beach Island Consolidated School District

**Registration**



Barnegat Light Harvey Cedars Surf City Ship Bottom Long Beach Township

**LONG BEACH ISLAND CONSOLIDATED SCHOOL DISTRICT REGISTRATION**

The following documents are required to registration:

1. Proof of Residency (4 forms)
  - A. 1 REQUIRED – tax bill, copy of rental leases, deed, mortgage statement or a notarized letter from your landlord.
  - B. 3 REQUIRED – utility bill, registration, license, medical report, bank statement, court order etc. must show name and address (please black out other personal information).

Please note: do not sign the Registration Affidavit. It must be signed and notarized after residency is verified by the district.

2. Child's immunization record – up to date record is required
3. Well child physical – must be within the last 365 days of when child starts school
4. Original birth certificate with raised seal (we will make a copy for our records)
5. Signed transfer card from the child's previous school (Grades 1-6)
6. Please print the registration packet from the school website ([www.lbischools.org](http://www.lbischools.org)) single sided

Please send documents to: [registration@lbischools.org](mailto:registration@lbischools.org) or drop them off at the Ethel A. Jacobsen School main office. Thank you!

**SECTION A (DOMICILE):** Complete this section if the student is the child of a parent or guardian, or an adult student, whose permanent home is the address given on page 1 of this application and is located in the district. If you are the student's guardian, or will be the guardian of a student from out of state following expiration of the required 6-month waiting period, you will be asked to provide official papers proving guardianship. You will not be asked to produce "affidavit student" proofs of the type requested in Section B below.

How long have you lived in this home? \_\_\_\_\_

Do you have any present intention of moving from this home? \_\_\_\_\_  
If so, when and to where? \_\_\_\_\_

Do you have residences(s) elsewhere, and, if so, where are they and when do you live there?  
\_\_\_\_\_

Please list **four (4)** forms of proof (see attached list) you will provide to demonstrate that the address given on page 1 of this application is your permanent home. You must provide **at least one** proof from **Example (a)**.

- (1) \_\_\_\_\_
- (2) \_\_\_\_\_
- (3) \_\_\_\_\_
- (4) \_\_\_\_\_

**Examples of proof of residency forms:**

- (a) Property tax bill, deeds, contracts of sale, leases, mortgages, signed & notarized letters from landlords and other evidence of property ownership, tenancy or residency.
  - (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 or State agency agreements or other evidence of court or agency placements or directives.
  - (d) Medical reports, counselor or social worker assessments, employment documents, benefit statements and other evidence of circumstances demonstrating, where applicable, family or economic hardship, or temporary residence.
  - (e) Receipts, bills, cancelled checks and other evidence of expenditures demonstrating personal attachment to a particular location, or, where applicable, to support of the student.
  - (f) Affidavits, certifications and sworn attestations pertaining to statutory criteria for school attendance, from the parent, guardian, person keeping an "affidavit student," adult student, person(s) with whom a family is living, or others as appropriate.
  - (g) Documents pertaining to military status and assignment.
  - (h) Any business record or document issued by a governmental entity.
  - (i) Any other form of documentation relevant to demonstrating entitlement.
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**SECTION A (DOMICILE) CONTINUED:**

*If the student's parents are domiciled in different districts, regardless of which parent has custody, please answer the following questions:*

Is there a court order or written agreement between the parents designating the district for school attendance, and if so, where does it require the student to attend school? (You will be asked to provide a copy of this document) \_\_\_\_\_

Does the student reside with one parent for the entire year? If so, with which parent and at what address?

**If not**, for what portion of time does the student reside with each parent and at what addresses?

If the student lives with both parents on an equal-time, alternating week/month or other similar basis, with which parent did the student reside on the last school day prior to October 16 preceding the date of this application? \_\_\_\_\_

**Please note:** *No district is required, as a result of being the district of domicile for school attendance purposes where a student lives with more than one parent, to provide transportation for a student residing outside the district for part of the school year, other than transportation based upon the home of the parent domiciled within the district to the extent required by law.*

If you are claiming to be emancipated student, are you living independently in your own permanent home in the district? If yes, please describe the proofs you will provide, in addition to those demonstrating domicile, to demonstrate that you are not in the care and custody of a parent or guardian. \_\_\_\_\_

**Please note:** *Under New Jersey law, where a dwelling is located within two or more local school districts, or bears a mailing address that does not reflect the dwelling's physical location within a municipality, the district of domicile for school attendance purposes is that of the municipality to which the resident pays the majority of his or her property tax, or to which the majority of property tax for the dwelling in question is paid by the owner of a multi-unit dwelling.*

**END OF SECTION A**



**SECTION B (“AFFIDAVIT” STUDENT):** Complete this section if the student is living with a person domiciled in the district, other than the parent or guardian.

Is the person domiciled in the district supporting the student without remuneration as if the student were his or her own child, keeping the student for a longer time than the school term and assuming all personal obligations for the student relative to school requirements? Please explain. (You will be asked to file a sworn statement, along with a copy of the person’s lease if a tenant, or a sworn landlord’s statement if a tenant without written lease.)

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Students are not eligible to attend school as “affidavit” students unless the student’s parent or guardian is not capable of supporting or providing care for the student due to family or economic hardship, and unless it is clear that the student is not living in the district solely for purposes of receiving a public education there. Please explain the circumstances applicable in this case, with special attention to the parent/guardian’s family and/or economic hardship. (The parent/guardian will be required to file a sworn statement with documentation to support the claims made.)

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*Please note: A student will not be considered ineligible because required sworn statements(s) cannot be obtained, so long as evidence is presented that the underlying requirements of the law are being met.*

*A student will not be considered ineligible when evidence is presented that the student has no home or possibility of school attendance other than with a non-parent district resident who is acting as the sole caretaker and supporter of the student.*

*A student will not be considered ineligible solely because a parent or guardian provides gifts or limited contributions, financial or otherwise, toward the welfare of the student, provided that the resident keeping the student receives no payment or other remuneration from the parent or guardian for the student’s actual housing and support. Receipt by the resident of social security or other similar benefits on behalf of the student do not render a student ineligible.*

*It is not necessary that guardianship or custody be obtained before a student will be considered for enrollment on an “affidavit” basis.*

**END OF SECTION B**

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**SECTION C (TEMPORARY RESIDENT):** Complete this section if the student is living with a parent or guardian temporarily residing within the district, even if the parent has a domicile elsewhere.

How long have you lived in this residence? \_\_\_\_\_

Do you have a domicile or residences(s) elsewhere, and, if so, where are they and when do you live there?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please list **four** forms of proof (see attached list in **Section A**) you will provide to demonstrate that you are residing at the address given on page 1 of this application, and that such residence is not solely for the purpose of the student attending the school in the district.

(1) \_\_\_\_\_

(2) \_\_\_\_\_

(3) \_\_\_\_\_

(4) \_\_\_\_\_

**Please note:** Under New Jersey law, where a dwelling is located within two or more local school districts, or bears a mailing address that does not reflect the dwelling's physical location within a municipality the district of domicile for school attendance purposes is that of the municipality to which the resident pays the majority of his or her property tax, or to which the majority of property tax for the dwelling in question is paid by the owner of a multi-unit dwelling.

*If the student's parents are domiciled in different districts, regardless of which parent has custody, please answer the following questions.:*

Is there a court order or written agreement between the parents designating the district for school attendance, and if so, where does it require the student to attend school? (You will be asked to provide a copy of this document.). \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Does the student reside with one parent for the entire year? If so, with which parent and at what address?

\_\_\_\_\_  
\_\_\_\_\_

(Continued on Next Page)

**SECTION C (TEMPORARY RESIDENT) CONTINUED:**

If not, for what portion of time does the student reside with each parent and at what addresses?

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If the student lives with both parents on an equal-time, alternating week/month or other similar basis, with which parent did the student reside on the last school day prior to October 16 preceding the date of this application? \_\_\_\_\_

**Please note:** *No district is required, as a result of being the district of temporary residence for school attendance purposes where a student lives with more than one parent, to provide transportation for a student residing outside the district for part of the school year, other than transportation based upon the home of the parent residing within the district to the extent required by law.*

**END OF SECTION C**

**SECTION D (SPECIAL CIRCUMSTANCES):** *Please indicate if any of the following apply.*

\_\_\_\_\_ The student is the child of a parent or guardian who has moved to another district as the result of being homeless.

\_\_\_\_\_ The student has been placed in the home of a district resident other than the parent or guardian by court order. (You will be required to provide a copy of the order.)

\_\_\_\_\_ The student has been placed in the district by the Department of Children and Families Acting as the student's guardian.

\_\_\_\_\_ The student is a child of a parent or guardian who previously resided in the district and is a member of the New Jersey National Guard or the United States reserves ordered to active service in time of war or national emergency, resulting in relocation of the student.

\_\_\_\_\_ The student is kept in the home of a person domiciled in the district, other than the parent or guardian, and the parent/guardian a member of the New Jersey National guard or the reserve component of the United States armed forces and has been ordered into active military service in the United States armed forces in time of war or national emergency. If this applies, when is the parent or guardian expected to return from active military duty? \_\_\_\_\_

\_\_\_\_\_ The student resides on federal property? Where? \_\_\_\_\_

\_\_\_\_\_ The student's circumstances do not appear to be addressed anywhere in this application. I understand that I will be contacted by Karen T. McKeon, Superintendent, for further information.

**END OF SECTION D**

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**REGISTRATION AFFIDAVIT FOR THE  
LONG BEACH ISLAND SCHOOL DISTRICT**

**FOR:** \_\_\_\_\_  
(Name of Pupil)

**STATE OF NEW JERSEY:**

:SS

**COUNTY OF OCEAN:**

\_\_\_\_\_, being duly sworn according to law, alleges and states:

1. I am the parent or the legal guardian of the pupil named above.
2. The child named above resides with me at the following address located within the Long Beach Island School District:

\_\_\_\_\_  
\_\_\_\_\_

3. Attached to this Affidavit are copies of documentation to corroborate my statement of residency provided herein.
4. I am aware that if it is later determined that the child that I am registering for school is not eligible for a free public education in the Long Beach Island School District, I will be liable to the Long Beach Island Board of Education for tuition charges for this child pursuant to law.
5. I am also aware that making a false affidavit is a third degree crime in the State of New Jersey and is punishable by a fine of up to \$7,500.00, or a term of imprisonment of between 5 and 10 years, or both.

**Signed:** \_\_\_\_\_

Sworn to and subscribed  
before me this \_\_\_\_ day  
of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
(Signature and Title of Official Administering Oath)



# Long Beach Island Consolidated School District



Barnegat Light

Harvey Cedars

Surf City

Ship Bottom

Long Beach Township

## *Riding the Waves of Excellence*

ETHEL A. JACOBSEN SCHOOL  
200 S. Barnegat Avenue  
Surf City, New Jersey 08008  
Phone: (609) 494-2341  
Fax: (609) 494-0362  
Frank Birney, Principal  
Email: [fbirney@lbi.k12.nj.us](mailto:fbirney@lbi.k12.nj.us)

LONG BEACH ISLAND GRADE SCHOOL  
201 20th Street  
Ship Bottom, New Jersey 08008  
Phone: (609) 494-8851  
Fax: (609) 494-8035  
Peter J. Kopack, Ed.D., Superintendent  
Email: [pkopack@lbi.k12.nj.us](mailto:pkopack@lbi.k12.nj.us)

## REGISTRATION OF STUDENT

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

SCHOOL: \_\_\_\_\_

FULL NAME OF STUDENT: \_\_\_\_\_

LAST NAME

FIRST NAME

MIDDLE INITIAL

Nickname or Call Name: ( \_\_\_\_\_ )

AGE: \_\_\_\_\_ M/F: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

City of Child's Birth: \_\_\_\_\_

State of Child's Birth: \_\_\_\_\_

Country of Child's Birth: \_\_\_\_\_

LANGUAGES:

English: \_\_\_\_\_ Yes \_\_\_\_\_ No

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

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

Home Language: \_\_\_\_\_

Native Language of Parent Enrolling Student: \_\_\_\_\_

If English is not the native language, please check here \_\_\_\_\_ if English is spoken and understood (by the parent/guardian/person enrolling student.)

Race: (Please circle one)

White Hispanic Black Pacific Isl. Asian Multi-racial American Indian

Name of Parent(s)/Guardian: \_\_\_\_\_

Relationship to student if other than Parent: \_\_\_\_\_

STUDENT'S PHYSICAL ADDRESS: \_\_\_\_\_

\_\_\_\_\_

MAILING ADDRESS (if different) \_\_\_\_\_

\_\_\_\_\_

HOME PHONE # \_\_\_\_\_ CELL #: \_\_\_\_\_

Names/Ages of Brothers/Sisters: \_\_\_\_\_

**PARENT/GUARDIAN'S PHYSICAL ADDRESS IF DIFFERENT FROM STUDENT:**  
**MAILING ADDRESS (if different)**

\_\_\_\_\_  
\_\_\_\_\_

**Parent/Guardians Name:**

Mother: \_\_\_\_\_ Father: \_\_\_\_\_ Guardian: \_\_\_\_\_

Cell# \_\_\_\_\_ Cell#: \_\_\_\_\_ Cell#: \_\_\_\_\_

Business: \_\_\_\_\_ Business: \_\_\_\_\_ Business: \_\_\_\_\_

Email address: \_\_\_\_\_ Email address: \_\_\_\_\_

The school district publishes examples of outstanding student projects and photographs on the Internet.  
As a parent or Guardian:

I give my permission for my child to appear in a **group picture** \_\_\_\_\_ Yes \_\_\_\_\_ No

I give permission for my child to have **his/her work displayed** \_\_\_\_\_ Yes \_\_\_\_\_ No

I give my permission for my child to have his/her **first name posted** \_\_\_\_\_ Yes \_\_\_\_\_ No

Tuition Student \_\_\_\_\_ Yes

Choice Student \_\_\_\_\_ Yes

**Transferred from:**

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

Phone# \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

**Special Needs:**

Does child have an **I.E.P.?** \_\_\_\_\_ Yes/No \_\_\_\_\_

Does child attend: **Speech** \_\_\_\_\_ Yes/No \_\_\_\_\_

**Basic Skills** \_\_\_\_\_ Yes/No \_\_\_\_\_

**Pre-School:**

Did your child attend Pre-School? \_\_\_\_ Yes \_\_\_\_ No

How many years? \_\_\_\_\_

**To the Person Enrolling the Student:** Please complete the appropriate Section A, B, C or D, according to the situation best matching the student's circumstances:

1. Complete **SECTION A (DOMICILE)** if the student is the child of a parent or guardian, or an adult student, whose permanent home is the address given above and is located in the district.
  2. Complete **SECTION B (AFFIDAVIT)** if the student is living with a person domiciled in the district, other than the parent or guardian .
  3. Complete **SECTION C (TEMPORARY RESIDENT)** if the student is living with a parent or guardian temporarily residing within the district.
  4. Complete **SECTION D (SPECIAL CIRCUMSTANCES)** if the student's situation is not addressed by Section A, B or C or if any of the circumstances in Section D apply.
-

# Long Beach Island Consolidated School District



Barnegat Light

Harvey Cedars

Surf City

Ship Bottom

Long Beach Township

*Riding the Waves of Excellence*

## EMERGENCY CONTACT INFORMATION

Student \_\_\_\_\_  
Address \_\_\_\_\_  
City, ST, Zip \_\_\_\_\_

Grade \_\_\_\_\_  
Birthdate \_\_\_\_\_  
Phone \_\_\_\_\_

### Parents/Guardians: fill in all blanks

**Mother** \_\_\_\_\_  
Address \_\_\_\_\_  
City, ST, Zip \_\_\_\_\_  
Work Place \_\_\_\_\_

Phone \_\_\_\_\_  
Cell \_\_\_\_\_  
Email \_\_\_\_\_  
Phone \_\_\_\_\_

**Father** \_\_\_\_\_  
Address \_\_\_\_\_  
City, ST, Zip \_\_\_\_\_  
Work Place \_\_\_\_\_

Phone \_\_\_\_\_  
Cell \_\_\_\_\_  
Email \_\_\_\_\_  
Phone \_\_\_\_\_

**Guardian** \_\_\_\_\_  
Address \_\_\_\_\_  
City, ST, Zip \_\_\_\_\_  
Work Place \_\_\_\_\_

Phone \_\_\_\_\_  
Cell \_\_\_\_\_  
Email \_\_\_\_\_  
Phone \_\_\_\_\_

**Emergency:** The completion of emergency contact information provides permission to our school to release your child to these persons. Emergency contacts should be able to respond within a reasonable timeframe to pick-up your child if needed. Your child can be released to other people if you write a note or email the school. All emergency contacts must have a photo I.D.

**Contact 1 Name** \_\_\_\_\_ **Relation** \_\_\_\_\_  
**Home #** \_\_\_\_\_ **Cell#** \_\_\_\_\_ **Work#** \_\_\_\_\_

**Contact 2 Name** \_\_\_\_\_ **Relation** \_\_\_\_\_  
**Home#** \_\_\_\_\_ **Cell#** \_\_\_\_\_ **Work#** \_\_\_\_\_

**Contact 3 Name** \_\_\_\_\_ **Relation** \_\_\_\_\_  
**Home#** \_\_\_\_\_ **Cell#** \_\_\_\_\_ **Work#** \_\_\_\_\_

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



# Long Beach Island Consolidated School District



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ETHEL A. JACOBSEN SCHOOL  
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Email: fbirney@lbischools.org

LONG BEACH ISLAND GRADE SCHOOL  
201 20th Street  
Ship Bottom, New Jersey 08008  
Phone: (609) 494-8851  
Fax: (609) 494-8035  
Peter J. Kopack, Ed.D, Superintendent  
Email: kmckeon@lbischools.org

### CONFIDENTIAL INFORMATION RELEASE AND REQUEST FOR SCHOOL, HEALTH AND SPECIAL EDUCATION RECORDS

\_\_\_\_\_  
Date

TO: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ recently entered Grade \_\_\_\_\_ at the Long Beach Island Grade School. Please send all **school, disciplinary, and health records** to:

**Ethel A. Jacobsen School**  
200 Barnegat Avenue  
Surf City, NJ 08008

If applicable, please send the following **Special Education records** to the Supervisor of Special Education at:

**Ethel A. Jacobsen School**  
200 Barnegat Avenue  
Surf City, NJ 08008

Consent for CST Evaluation  
IEP(s)  
Educational Assessment(s)  
Social History(s)  
Medical Information  
Neurological Exam(s)  
Pre-Referral Information

Audiological Exam(s)  
Psychiatric Evaluation(s)  
Vision/Hearing Screening(s)  
Speech/Language Evaluation(s)  
Correspondence  
Case Notes  
Other: \_\_\_\_\_

Your cooperation in sending these records promptly will be greatly appreciated.

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

Long Beach Island Consolidated School District  
Health Information



Barnegat Light Harvey Cedars Surf City Ship Bottom Long Beach Township

Student Name \_\_\_\_\_ Date: \_\_\_\_\_ Gr. \_\_\_\_\_

1. If your child has any health conditions or concerns, please explain below. Be sure to include any medical/surgical care your child has received during the past year.

\_\_\_\_\_  
\_\_\_\_\_

2. Is your child prescribed any medication for:

Asthma  Diabetes  Allergies  Seizures  Other \_\_\_\_\_

My child will need medications while at school

Please provide additional detail if your child has been diagnosed with an allergy that requires the use of an EpiPen for emergencies:

Allergies (Be Specific) \_\_\_\_\_

Type of Reaction \_\_\_\_\_

Please provide additional detail if your child has been diagnosed with asthma:

Specific Trigger/Allergen(s) \_\_\_\_\_

The district's Medication Authorization forms, Asthma Action Plan, Food Allergy Action Plan, Seizure Action Plan and Diabetes Medical Management Plan can be printed from the school's web page under the STUDENT HEALTH tab.

3. Does your child have any physical limitations or restrictions?

Heart Condition  Physical Handicap  Recent Surgeries  Glasses  Contacts  Hearing Loss

A Cardiac Condition requires physician documentation of condition and limitations detailed.

\_\_\_\_\_  
\_\_\_\_\_

4. Does this child have Health Insurance?

Yes \_\_\_\_\_ Name of Insurance Company \_\_\_\_\_

No \_\_\_\_\_ NJ Family Care provides free or low cost health insurance for uninsured children and certain low income parents. For more information call 800-701-0710 or visit [www.njfamilycare.org](http://www.njfamilycare.org) to apply.

School may release my contact information to NJ FamilyCare for health insurance material.

Signature: \_\_\_\_\_ Printed Name: \_\_\_\_\_

5. I permit necessary health records and I.E.P. reports regarding my child to be shared with certified staff members, confidential secretaries and administrators on a "need-to-know" basis.

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

Physician/Dentist Information:

Family Doctor \_\_\_\_\_ Phone # \_\_\_\_\_

Family Dentist \_\_\_\_\_ Phone # \_\_\_\_\_

If emergency treatment is required and the parents or legal guardian cannot be reached immediately, your signature in the space provided below empowers the school authorities to exercise their own judgment in calling the physician indicated above, or if not available, to transport the child to a hospital emergency room.

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

**LONG BEACH ISLAND SCHOOL DISTRICT  
HEALTH OFFICE – PHYSICAL EXAMINATION**

**PARENTS PLEASE NOTE:**

The N.J. State Department of Education guidelines for School Health state that student physical examinations are to be performed by your health care provider (N.J.A.C. 6a:16-2.2). Physical examinations are highly **recommended** for students in Grades 3 and 6. New student transfers are **required** to have had a physical during the past year, with a full report sent to the school. New student transfers are given 30 days to complete this requirement.

**Name:** \_\_\_\_\_

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

**Address:** \_\_\_\_\_

**DOB:** \_\_\_\_\_

\_\_\_\_\_

**Teacher/Grade** \_\_\_\_\_

**HEALTH CARE PROVIDER STATEMENT:**

1. Medications (daily or taken as needed) \_\_\_\_\_

\* **Specific documentation and permission forms are required.**

2. Does the pupil show evidence of any conditions which may currently affect his/her learning potential? \_\_\_\_\_

3. Are these conditions correctable? \_\_\_\_\_

4. a. List any physical activity restrictions \_\_\_\_\_

b. List any allergies \_\_\_\_\_

**PHYSICAL EXAMINATION:** Vision Test \_\_\_\_\_ Hearing Test \_\_\_\_\_

**Height** \_\_\_\_\_ **Weight** \_\_\_\_\_ **BP** \_\_\_\_\_ **Sex :** \_\_\_\_\_ M \_\_\_\_\_ F

**Ears (otoscopic)** \_\_\_\_\_ **Eyes** \_\_\_\_\_ **Neck/Lymph/Thyroid** \_\_\_\_\_ **Nose** \_\_\_\_\_

**Teeth/Mouth** \_\_\_\_\_ **Throat** \_\_\_\_\_ **Heart** \_\_\_\_\_ **Chest/Lungs** \_\_\_\_\_

**Abdomen (hernia)** \_\_\_\_\_ **Genito-Uninary** \_\_\_\_\_ **Neuro/Reflexes** \_\_\_\_\_ **Orthopedic** \_\_\_\_\_

**Extremities** \_\_\_\_\_ **Nutrition** \_\_\_\_\_ **Skin/Gen. Appearance** \_\_\_\_\_

**Scoliosis Screen** \_\_\_\_\_ **Comments/Recommendations** \_\_\_\_\_

**HEALTH HISTORY:** \_\_\_\_\_

**Immunizations given today:** \_\_\_\_\_

This child **can/cannot** (Circle one) participate fully in regular school activities.

**Signature of Health Care Provider** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Print Health Care Provider's name & address** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

\_\_\_\_\_



LONG BEACH ISLAND SCHOOL DISTRICT

**CUSTODY ALERT FORM  
CERTIFICATION**

According to Long Beach Island School District Policy and applicable state and federal laws, parents/guardians have equal rights and access to a child and his/her records unless a court order says otherwise. Please complete this form **ONLY** if parents/guardians **do not** have equal legal and/or physical custody of the child and one parent/guardian's rights to access a child or his/her records are limited. You **MUST** attach/submit a copy of the **official court order** or custody documentation with this completed certification.

NAME OF STUDENT: \_\_\_\_\_

Names of parents/guardians (please print): \_\_\_\_\_  
\_\_\_\_\_

**LEGAL CUSTODY ARRANGEMENTS:** (please check one)

\_\_\_\_\_ **Joint Legal Custody** (*If parents/guardians share this arrangement, both will be Granted access to child's records and information*)

\_\_\_\_\_ **Sole Legal Custody** (*If one parent/guardian has sole legal custody, the rights of The non-custodial parent/guardian to access a child's records and information May be limited*)

**Name of sole legal custodian** \_\_\_\_\_

\_\_\_\_\_ **Other**  
➔ Please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PHYSICAL/RESIDENTIAL CUSTODY ARRANGEMENTS:** (please check one)

\_\_\_\_\_ **Joint Physical/Residential Custody** (*If parents/guardians have this arrangement, Both will be granted access to the child unless Long Beach Island School District is specifically told otherwise with a written visitation/parenting time access schedule, as it relates to school purposes*)

**PHYSICAL/RESIDENTIAL CUSTODY ARRANGEMENTS:** continued... (please check one)

\_\_\_\_\_ **Physical/Residential Custody Arrangement Where One Parent/Guardian Has Primary Residential Custody and the Other Has A Visitation/Parenting Time Schedule** *(If parents/guardians have this arrangement, both will be granted access to the child unless Long Beach Island School District is specifically told otherwise with a written visitation/parenting time access schedule, as it relates to school purposes)*

→ Name of parent/guardian with primary physical/residential custody

\_\_\_\_\_

→ Name of parent/guardian with visitation/parenting time schedule

\_\_\_\_\_

\_\_\_\_\_ **Sole Physical/Residential Custody – No Visitation/Parenting Time Schedule** *(If parents/guardians have this arrangement, only the parent with sole physical/Residential custody will be granted access to the child)*

→ Name of sole physical/residential custodian \_\_\_\_\_

\_\_\_\_\_ **Other**

→ Please explain \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**I hereby certify** that the above information as well as the attached documentation is accurate and up-to-date. I am aware that if any of the above information or attached documentations changes, it is my responsibility to immediately notify the Long Beach Island School District IN WRITING.

\_\_\_\_\_ Date

\_\_\_\_\_ Name of Parent/Guardian

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

# LONG BEACH ISLAND SCHOOL DISTRICT

200 Barnegat Avenue, Surf City, NJ 08008

201 W. 20<sup>th</sup> Street, Ship Bottom, NJ 08008

## McKinney-Vento Enrollment Questionnaire

Today's Date: \_\_\_\_\_

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Age: \_\_\_\_\_ Current Grade Level: \_\_\_\_\_

### Parent/Guardian

Name \_\_\_\_\_ Parent or Guardian? \_\_\_\_\_

Phone: \_\_\_\_\_ Email \_\_\_\_\_

Name: \_\_\_\_\_ Parent or Guardian? \_\_\_\_\_

Phone: \_\_\_\_\_ Email \_\_\_\_\_

Current Address:

\_\_\_\_\_  
\_\_\_\_\_

Most Recent Address:

\_\_\_\_\_  
\_\_\_\_\_

### Siblings

Name	Date of Birth	Age	Grade Level
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\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Last School Attended: \_\_\_\_\_

Name	City/Town	State
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Please answer the following questions:

- |  |     |    |
|--|-----|----|
| 1. Is this address a temporary living arrangement?                     | YES | NO |
| 2. Is this student in temporary or emergency foster care?              | YES | NO |
| 3. Are you doubled-up with another family or friend?                   | YES | NO |
| 4. Is the student living with someone other than a parent or guardian? | YES | NO |

Please bring this form with you when you enroll your student. Thank you!

McKinney-Vento Questionnaire

2023-24



Long Beach Island School District

PHOTO, VIDEO, PUBLICATION AND INTERNET USE PERMISSION FORM

Student Name \_\_\_\_\_  
(Please print)

Enrollment Year \_\_\_\_\_

**PHOTOS**

*Please check one of the following:*

\_\_\_\_\_ I grant permission to Long Beach Island School District to allow this student to be photographed, individually or with a group, for public relations activities **throughout his/her educational career in the Long Beach Island School District.\*** I recognize that this means photos may be placed in publications/documents distributed to the general public and on the school and/or district's public Internet site.

\_\_\_\_\_ I **DO NOT** grant permission for my child to be photographed for any public relations or district purpose or to be published on the school and/or district's public Internet site.

**VIDEOS**

*Please check one of the following:*

\_\_\_\_\_ I grant permission to Long Beach Island School District to allow this student to be videoed, individually or with a group, for public relations activities **throughout his/her educational career in the Long Beach Island School District\*.** I recognize that this means videos may be placed in publications/documents distributed to the general public and on the school and/or district's public Internet site.

\_\_\_\_\_ I **DO NOT** grant permission for my child to be videoed for any public relations or district purpose or to be published on the school and/or district's public Internet site.

**PUBLICATION OF STUDENT WORK**

*Please check one of the following:*

\_\_\_\_\_ I grant permission to Long Beach Island School District to publish my child's work, including articles, poetry, artwork, etc., in any Long Beach Island School District publication **throughout his/her educational career in the Long Beach Island School District\*.** I recognize that permission does not guarantee that the work will be published. I further recognize that these publications may be distributed to the general public and may be posted on the school and/or district's public Internet site.

\_\_\_\_\_ I **DO NOT** grant permission for my child's work, including article, poetry, artwork, etc., to be published in any Long Beach Island School District publication.

**ACCEPTABLE USE POLICY/INTERNET USAGE**

**I HAVE READ THE LONG BEACH ISLAND SCHOOL DISTRICT'S STUDENT ACCEPTABLE USE POLICY RULES AND PROCEDURES DOCUMENT.**

*Please check one of the following:*

\_\_\_\_\_ I grant permission for my child to have supervised access to networked computer resources such as electronic mail and the internet **throughout his/her educational career in the Long Beach Island School District\*.**

\_\_\_\_\_ I **DO NOT** permit my child to have access to networked computer resources such as electronic mail and the Internet in school.

\_\_\_\_\_  
Print Name of Parent/Guardian

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

\_\_\_\_\_  
Date

*\*Please Note: The choices on this form are applicable throughout your child's time in the Long Beach Island School District. A new form will not be given each year for completion. As such, if you wish to alter any choices made on this form, you must request and complete a brand new form.*