

**LAWNSIDE SCHOOL DISTRICT
BOARD OF EDUCATION
426 Charleston Avenue
Lawnside, New Jersey 08045**

RONN H. JOHNSON, ED. D.
SUPERINTENDENT
856-546-4850
FAX: 856-310-0901
ronnjohnson@lawnside.k12.nj.us



Jennifer Johnson
BUSINESS ADMINISTRATOR
856-547-2585
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jjohnson@lawnside.k12.nj.us

Pre-K Registration Packet

Dear Parents/Guardians:

The following documents must be submitted by the Parent/Guardian to Lawnside School District 426 East Charleston Avenue, Lawnside, New Jersey.

1. *Proof of Residency:*

- Property Tax Bill, Mortgage Bill, Signed Deed or Lease
And
- Utility Bill ~ PSEG, Sewer, CCMUA, Cable (Current)
- Lawnside Driver's License, U.S. Passport

2. *Credentials for families who reside with another family: Affidavit 2*

- Homeowners must provide proof of residency listed **above**.
- Parent and Homeowner must complete ***Affidavit 2*** have it signed and notarized.
- Parent must complete the McKinney-Vento **Questionnaire**
- Parent must have mail with your address (car insurance, health insurance, credit card, bank statement, paystub, vehicle registration)

(If you cannot provide the following proof of address your child will be placed on the waiting list)

3. *Documentation of Relationship to Student:*

- Original Birth Certificate of the student with the raised seal
- State-issued ID/Driver License with Lawnside address, U.S. Passport of the parent or legal guardian
- Legal custody, Court Order or Guardianship Document issued by the Court or by the State (if applicable.)

4. *Student Medical Records: If you cannot provide the following documents your child will be placed on the waiting list:*

- Universal Child Health Record
- Immunizations Record
- Physical Examination Record

If you have a doctor's appointment date please attach: Date of appointment _____

5. *Other:*

- Home Language Survey
- Emergency Form

Pre K Check List

- ☐ **Tax Bill, Mortgage Bill or Lease**
- ☐ **Utility Bill**
- ☐ **Credentials for families who reside with a family member**
- ☐ **Notarized Documents**
- ☐ **Birth Certificate**
- ☐ **Divers License**
- ☐ **Immunization Record**
- ☐ **Physical Exam PK & K**
- ☐ **Report Card/Transfer Card**
- ☐ **Home Language Survey**
- ☐ **Emergency Form**
- ☐

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Pre-K Registration Packet

Date: _____

Child's Name: _____ Age: _____ Grade: _____ Sex: M _____ F _____

Date of Birth: _____ Place of Birth: _____ (City, State)

Home Address: _____

Race: _____ Am. Indian/Alaskan _____ Asian _____ Black _____ Hawaiian Native/Pacific Islander
_____ Hispanic _____ White _____ Other _____ (*choose all that apply*)

Active Military Connected ☐ Yes or ☐ No What Branch _____

Legal Mother/Guardian: _____ Legal /Father: _____

Address: _____ Address: _____

Cell Number: _____ Cell Number: _____

Home Number: _____ Home Number: _____

Work Number: _____ Work Number: _____

Email Address (Mother): _____

Email Address (Father): _____

Other children who attends Lawnside School if (applicable): _____

Was your child receiving services listed below? ☐ Yes ☐ No

- ☐ IEP
- ☐ Speech
- ☐ 504
- ☐ Other _____

For office use only

Assigned to grade: _____ Student Number: _____

Starting date: _____ Teacher: _____

AFFIDAVITS

- ☐ Affidavit of Residency 1 (*Complete to prove you are a resident of Lawnside*)
- ☐ Affidavit of Residency 2 (*Only complete if you are living with a family member/or friend*)

Affidavits must be notarized.

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Affidavit 1
RESIDENCY for Parent and Student
Please have this Notarized.

Name of Student _____ Date of Birth _____

Your Name (s) _____ Relationship to student _____

Your Previous Address _____

I, _____, will be residing at _____
Parent/Guardian Address

on a permanent basis with the above mentioned student, for whom (I/We) (am/are) the legal parent/guardian.

In order to document the validity of this living arrangement, I am providing the Lawnside Board of Education with the following proofs of my residency.

NO OTHER PROOF OF RESIDENCY WILL BE ACCEPTED

- ☐ Signed Lease Papers
- ☐ Mortgage/Settlement Papers
- ☐ Tax bill from the Borough of Lawnside
- ☐ Utility Bill with a Lawnside Address (PSEG, Sewer, CCMUA)
- ☐ NJ Driver's License, NJ Photo I.D., U.S. Passport

I have initialed here _____ to acknowledge receiving a copy of N.J.S.A. 18A:38-1.

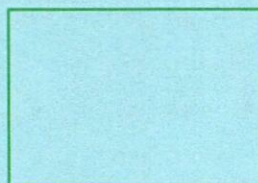
I have read, or had read to me, this affidavit of residency that I have completed, and it's true and correct to the best of my knowledge. I understand that I can be held legally responsible for my involvement in any violations of N.J.S.A. 18A:38-1 for fraudulently completing this legal/notarized statement which I have signed below.

Print Your Name

Your Signature

Sworn to and subscribed before me
this _____ day of _____ 20__

Signature of Notary



Seal

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This questionnaire is intended to address the McKinney-Vento Act 11435.

In accordance with New Jersey State Law (N.J.S.A. 18A:38-1 and 18A: 7B-12), it is necessary to determine the residence of students entering the school district by answering the following question:

1. Does the student reside in any of the following facilities (Please check where applicable)

- ☐ A home the parent/guardian owns or is renting
- ☐ Family* or friend's home by choice (*grandparent, aunt, uncle, etc.)
- ☐ Family or friend's home *out of necessity*
- ☐ home for adolescent school-age mothers
- ☐ motel
- ☐ migrant family dwelling
- ☐ shelter
- ☐ transitional housing facility
- ☐ other (identify)

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

Parent's Name: _____ Signature: _____ Date: _____

Presenting a false record or falsifying records is an offense under section 37.10 of the Penal Code, and enrollment of the child under false documents is subject to liability for tuition or other costs. TEC Sec. 25.002(3) (d)

Ronn H. Johnson, Ed. D
Superintendent
426 E Charleston Ave
Lawnside, NJ 08045

Lawnside School District
426 E Charleston Ave
Lawnside, NJ 08045

Jennifer Johnson
Business Administrator
426 E Charleston Ave
Lawnside, NJ 08045

Affidavit 2
Parents without a lease or mortgage.

If you're a parent/guardian residing with a family member/friend's home, please have homeowner/lessee complete this form and have it notarized.

Family member/friend must be present at time of registration.

I, the home owner/lessee _____ currently reside at the following

Address: _____ City: _____ State: _____ Zip: _____

Email Address: _____ Phone: _____

Please list the following person(s) who will be residing at the above address:

1. Parent/Guardian: _____ Parent/Guardian: _____

2. Student: _____ Student: _____

The homeowner my provide all of the following documentation:

- ☐ Notarized Residency Affidavit 2
- ☐ Lease, Mortgage Deed/Statement, or Tax Bill from Lawnside Boro Hall
- ☐ Proof of Residency ~ water bill, gas bill, pseg bill, bank statement, etc.

Please have the Residency Affidavit signed by both parties in front of a notary.

Property Owner's Signature: _____ Date: _____

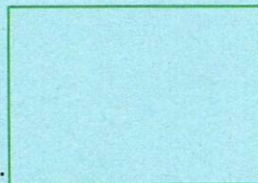
Parent Signature: _____ Date: _____

(Person living with the property owner)

The above individuals appeared before me on the _____ day of _____, 20____

Notary Public Name _____ Notary Public Signature _____

Seal:



Submission of false statements or false participation in this process violates the law and offenders may be prosecuted and/or charged tuition for illegal days of attendance. Lawnside's District Investigator reserves the right to verify the residency of any pupil and the validity of any affidavit concerning residency.

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DECLARATION OF RESIDENCY FORM for Homeless Students

This is to inform the Lawnside Board of Education that my child:

Name of Student: _____ DOB: _____ Grade: _____

and I, _____ (parent/Guardian) are temporarily residing at
the following address: _____
(street address, city, state & zip code)

We are living with _____ telephone: _____
(Name & Relationship)

My last address that I rented/owned was: _____
(street address, city, state & zip code)

The school district that my child attended while living at that address was:
_____ (City & State)

My child attended _____ School.

The causes of my becoming homeless are: _____

☐ I request to register my child in the Lawnside School District.
☐ I prefer for my child to attend school in the former school district

Parent/Guardian Name: _____

Parent/Guardian Signature: _____

Date: _____

Presenting a false record or falsifying records is an offense under section 37.10 of the Penal Code, and enrollment of the child under false documents is subject to liability for tuition or other costs. TEC Sec. 25.002(3) (d)

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Dear Resident,

It has come to my attention of the Lawnside Board of Education that residents are allowing children who do not live within the Borough to use their address to attend Lawnside Public School and Haddon Heights High School, or to collect reimbursement for private school transportation. The use of your address for this purpose is illegal, and could subject a person to be prosecuted as a disorderly person. Secondly, a resident who improperly allows an address to be used can be forced to reimburse the School board the cost of the non-resident child's education.

This policy of the taxpayers only paying for the education of bona fide Lawnside children will be strictly enforced. If you have any questions about this policy or know of a student who you think is improperly attending the elementary school or attending Haddon Heights, please call the Superintendent at 856-546-4850.

Grades

*Pre-K - K @ \$24,668.00
1st - 5th @ \$17,742.00
6th - 8th @ \$18,263.00
9th - 12th @ \$14,713.90.00*

Sincerely,

Ronn H. Johnson, Ed.D

*Ronn H. Johnson, Ed. D.
Superintendent*

ANY PERSON WHO FRAUDULENTLY ALLOWS A CHILD OR ANOTHER PERSON TO USE HIS/HER RESIDENCE AND IS NOT THE PRIMARY FINANCIAL SUPPORTER OF THAT CHILD, AND ANY PERSON WHO FRAUDULENTLY CLAIMS TO HAVE GIVEN UP CUSTODY OF HIS/HER CHILD TO A PERSON IN ANOTHER DISTRICT COMMITS A DISORDERLY PERSONS OFFENSE. New Jersey State Law – 18A-38-1

In order that the Board, Township, State and Federal laws requiring mandatory school attendance be met, the following information is necessary before a student can be registered in the Lawnside School system.

Parent/Guardian Signature _____ Date _____

Please complete the enclosed Medical Information Packet:

- ☐ Universal Child Health Record (To be completed by Health Care Provider)
- ☐ Permission to give medication. (Ex. cough drops)
- ☐ Medical History Form
- ☐ Health Screening Permission Form
- ☐ Emergency Information Form

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

IMMUNIZATIONS

- ☐ Immunization Record Attached
☐ Date Next Immunization Due: _____

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		

☐ 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

Student's Name: _____ Date of Birth: _____ Grade: _____

Medication Allergies/sensitivities: _____

Long-term medications your child receives: _____

I give my permission for the School Nurse to give my child any of the medications I have checked below (which have been approved by the school's physician) as deemed necessary. I understand that the generic equivalent medication may be used. It will cover your child from Pre-Kindergarten through 8th grade.

_____ for abrasions, minor lacerations, brush burns
(Neosporin, polysporin, bactine, mediquick)

_____ for first- and second-degree burns (burn gel)

_____ for cold sore/fever blister (blistex, camphophenique/carmex)

_____ for eye irritation (eye wash, collyrium sol., saline eye wash, visine)

_____ for insect bites, itchy skin, minor skin irritations
(sting kill/itch X, caladryl, or hydrocortisone cream)

_____ for mouth ulcers/tooth pain (anbesol, oil of clove, glyoxide)

_____ for cough/sore throat (chloroseptic throat spray, cough drops/lozenges)

_____ for headache, pain, cramps (Tylenol)

Parent/Guardian's Signature

Date

MEDICAL HISTORY FORM

Student's Name: _____ Date of Birth: _____ Grade: _____

Instructions to Parent/Guardian:

Please provide the following information concerning your child and return this form to the health office. If you have specific health conditions, please call me to discuss your concerns at 856-546-1473.

1. Please check any of the following that your child has had.

- | | |
|---|---|
| <input type="checkbox"/> Seizures/convulsions | <input type="checkbox"/> Diabetes |
| <input type="checkbox"/> Head Injury | <input type="checkbox"/> Asthma |
| <input type="checkbox"/> Orthopedic Problems/Injuries | <input type="checkbox"/> Scarlet Fever |
| <input type="checkbox"/> Sickle Cell | <input type="checkbox"/> Heart Problems |
| <input type="checkbox"/> allergies | <input type="checkbox"/> chicken pox |

2. Please check all of the following areas in which your child has problems

- | | |
|--|---|
| <input type="checkbox"/> Speech | <input type="checkbox"/> Playing with other children |
| <input type="checkbox"/> Hearing | <input type="checkbox"/> Attention |
| <input type="checkbox"/> Vision | <input type="checkbox"/> Behavior |
| <input type="checkbox"/> Following verbal directions | <input type="checkbox"/> Walking, running, balance, holding objects, other motor skill problems |

3. Is your child frequently sick? ____ Yes ____ No If yes, what is the most common cause of the problem?

4. Is there anything about your child's health, habits, or behaviors that you would like to tell us?

5. Does your child take medication regularly? ____ Yes ____ No if yes, please list

*If your child needs to take medication during school hours, please see the nurse for the appropriate forms and/or questions.

6. Is your child under a physician's care for an ongoing condition, asthma, or allergies? ____ Yes ____ No

If yes, please see School Nurse

7. Does your child have any special dietary allergies or needs? ____ Yes ____ No If yes, please explain and send in

documentation from your physician. _____

8. Does your child have any special toileting issues of which we should be aware? ____ Yes ____ No If yes, please explain

9. Health Insurance Provider _____

Provider ID number _____

10. If you do not have health insurance check here ☐

Health Screening Permission Form

Student's Name: _____ Date of Birth: _____ Grade: _____

I hereby give my permission to Lawnside School for my child named above, to receive the following screening and services as part of the school health program. I understand that the school nurse will be present at all times. I also understand that I can refuse any of these health assessments by submitting a written refusal to the school nurse. I understand that the school nurse will contact me if any problems are detected during the health screenings.

1. Height, weight, and blood pressure screening
2. Vision and hearing screenings
3. A scoliosis screening examination by the school physician and/or nurse will be done bi-annually on all students between 10 and 11 years old. Scoliosis is a lateral curve of the spine, most commonly found during the adolescent growth period.
4. Medical screening on selected grades by the school physician, as needed, if time permits

This medical permission for allows your child to participate in the School Health Program. It will cover your child from Pre-Kindergarten through 8th grade. It will be incorporated into your child's health records.

*Signature of Parent/Guardian

Date

*do you wish to be present for any of the above screenings? ____ Yes ____ No
If yes, please contact school nurse at 856-546-4850 x2205

Student Emergency Information Form

A. STUDENT INFORMATION

Child's Name _____ Grade _____
Date of Birth _____ Birth Place _____ Age: _____ Male or Female: _____
Race: ☐ Am. Indian/Alaskan ☐ Asian ☐ Black ☐ Hawaiian ☐ Hawaiian Native/Pacific Islander
☐ White ☐ Hispanic ☐ Multi ☐ Other _____
Address _____
Mother/Guardian _____ Father/Guardian _____
Cell Number _____ Cell Number _____
Home Number _____ Home Nun _____
E-mail Address _____ E-mail Address _____
Work Number _____ Work Number _____
Sibling Name(s) that attend LPS. _____

Any parent with whom the child resides has the right to make decisions concerning the child in the event of an emergency and to pick up the child up from school. A non-custodial parent has the right to be listed as an emergency contact unless a court order or other legal document stating otherwise has been presented to the school. If a legal custodial agreement is in place, please attach.

B. HEALTH INFORMATION

Please check appropriate boxes: (If any box is checked, please explain below)

☐ **Health Problems** ☐ **Allergies** ☐ **Restrictions**

Explanation: _____

Physician's Name: _____ Telephone #: _____

C. EMERGENCY CONTACT INFORMATION OTHER THAN PARENT OR GUARDIAN.

Only the following adults may be notified and are authorized to accept responsibility for this child in case of illness/emergency or in the event the child is dismissed before the close of school.

Name:	Relationship:	Phone#:
Name:	Relationship:	Phone#:
Name:	Relationship:	Phone#:

I give permission for the school nurse to share medical information with the appropriate school personnel, to contact my child's physician, and for school personnel to have my child transported to the nearest hospital for treatment in the event of an emergency.

Signature of Parent or Guardian _____ Date _____

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Home Language Survey

Purpose: The home language survey is used solely to offer appropriate educational services. 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 (MM/DD/YYYY): _____

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

Photograph Consent Form

The Lawnside School District is making strides to promote and bring forth academic excellence throughout the school year. One aspect of creating excellence is to promote the great achievements that your children are making on a daily basis. This year, teachers and district administrators will be photo-journaling your children's achievements. Lawnside will collect various pictures featuring students working independently and diligently, working with friends, having fun while learning, taking class trips, receiving rewards, and much more. Students may be showcased in the district's newsletters or website. These functions promote academic excellence and encourage our students to continuously persevere for academic success.

If you would **NOT** like us to showcase your child's academic excellence through the use of photography, please fill out the form at the bottom of this letter, attach a current (less than 6 months) photo of your child, and place it in an envelope. Please address envelope Attn: Technology Coordinator. Then drop it off in the main office.

.....

DO NOT INCLUDE

Please print

First Name of Student _____ Last Name of Student _____

Teachers Name _____ Age of Student _____

Grade _____

I _____ do NOT wish for my child to be photographed.

Signature of Parent or Guardian