



Welcome to
MARGATE CITY SCHOOL DISTRICT

PUPIL REGISTRATION CHECKLIST AND COVER SHEET

Date initiating registration in the district: _____

Are you the legal parent/guardian of the child being registered? _____ Y _____ N

PARENT/GUARDIAN STATUS – (Please check the appropriate line)

- _____ Parent(s) (not divorced or separated)
- _____ Parent(s) (divorced or separated without a custody agreement)
- _____ Custody documentation if divorced or separated
- _____ Court documentation of guardianship
- _____ State agency placement documentation of guardianship (DCP&P)
- _____ Legal guardianship affidavit
- _____ Other: Please explain _____

Student's Name: _____ Date: _____

Previous School: _____ Grade while there: _____

NOTE: If student is involved with the Child Study Team and has an IEP, the student's placement may be altered upon receipt of this document.

IMPORTANT NOTICE – PLEASE READ CAREFULLY

The Margate City School District is proud to offer a high-quality public education to our residents. The School District also has a very strict residency verification program to protect our community resources. This program can include, but is not limited to, complete documentation verification, independent investigation by school officials and law enforcement officials, and surveillance.

It is the intent of the Margate City School District to prosecute, to the fullest extent of the law, any individual furnishing false information in the accompanying registration forms for the purpose of enrolling non-resident students.

If the student registered is found to be a non-resident, even if initially accepted and enrolled in the district, the individual registering said student will be financially responsible for all tuition costs.

.....
I certify that I have read and understand the above notice. Additionally, I agree to pay the school district full tuition cost if the student being enrolled is found to be a non-resident.

Signature of Parent/Guardian _____
Date

Sworn to and Subscribed before me this _____ day of _____, 20_____

A Notary Public of New Jersey

ENROLLMENT INFORMATION

NOTE: In order to facilitate your child's enrollment, please have the following information available when you register the child.

- _____ Proof of Residency – see below
- _____ Proof of Custody – see first page
- _____ Withdrawal Form (Pertains to students enrolled in another school during the current school year. Must include grades at time of withdraw. New Jersey transfer students must present a transfer card with the NJ STATE ID# for the student.)
- _____ Birth Certificate (Preferably a state-certified birth certificate, not hospital copy)
- _____ Immunization Records (Proof of immunization is required at the time of enrollment and must include the name of the person, the birth date, the type of vaccine administered and the month, day, and year of each immunization.)
- _____ Physical Form – see last page
- _____ Special Services (A copy of the current Individual Education Plan or 504 Plan for students presently receiving a specialized education.)

NOTE: Many of the above documents may be sent to our school after your previous school receives the request for records. However, unofficial copies of the above may greatly expedite enrollment and placement. In addition to the above, parents/guardians may want to present any standardized test scores, past report cards/transcripts and the student's current schedule.

Residency Documentation:

Margate City/Longport residents: Four forms of residency requested. Acceptable examples include the following:

- _____ Lease Agreement (must include name, address and telephone number of property owner for verification. It must be original copy, and no altered copies will be accepted.)
- _____ Property Deed
- _____ Tax Bill
- _____ Mortgage Settlement Papers
- _____ Utility bill in parent/guardian name at stated address
- _____ Photo identification
- _____ Voter registration card
- _____ U.S. Passport with address
- _____ Medicaid, Welfare, or food stamp identification card with address
- _____ Automobile insurance identification card or registration card
- _____ Other documents associating the guardian with the address will be considered individually.

How long have you lived in this home? _____

Do you have any intention of moving from this home? _____ Yes _____ No

If yes, when and where? _____



MARGATE CITY SCHOOL DISTRICT

PUPIL REGISTRATION FORM

Student enrolling in: _____ William A. Ross Elementary (K-4) _____ Eugene A. Tighe Middle (5-8)

Student Information: (please print) – ***NOTE: Name must match birth certificate.***

Last Name: _____ First Name: _____

Middle Name: _____ Gen. Code (Jr., 2nd, etc) _____ Gender: _____ Male _____ Female

Birth Date: _____ Place of Birth _____
(city) (state) (country)

Student enrolling in grade: _____ Today's Date: _____ Is student a US Citizen? ___ Yes ___ No

Other children in Margate School District (names and grade levels):

Previous School Name: _____ State _____ Public / Private (circle)

Is student involved with the Child Study Team and has an IEP? ___ Yes ___ No 504 plan? ___ Yes ___ No

Student Permanent Address:

Street: _____ City: _____

State: _____ Zip: _____ Home Phone: _____

Parental/Guardian Information:

Student lives with: () Father () Mother () Both () Other _____

Parent / Guardian #1 (circle one): Name: _____

Address: _____ City: _____

State: _____ Zip: _____ Home Phone: _____ Cell: _____

Employer: _____ Work Phone: _____

Parent / Guardian #1 email: _____

Parental/Guardian Information (cont.):

Parent / Guardian #2 (circle one): Name: _____

Address: _____ City: _____

State: _____ Zip: _____ Home Phone: _____ Cell: _____

Employer: _____ Work Phone: _____

Parent / Guardian #2 email: _____

Is there a custody agreement regarding this child? ___ Y ___ N If Yes, copy must be forwarded.

If there is a custody agreement, is it joint custody? ___ Y ___ N

Do any legal restrictions exist that prevent **the parent listed below** from having access to student information? ___ Y ___ N - If yes, we need documentation.

Information for Parents/Guardians who live at a DIFFERENT address than the student: NOTE: Only complete if this applies to your situation!

Parent / Guardian #3 (circle one): Name: _____

Address: _____ City: _____

State: _____ Zip: _____ Home Phone: _____ Cell: _____

Employer: _____ Work Phone: _____

Parent / Guardian #3 email: _____

Parent / Guardian #4 (circle one): Name: _____

Address: _____ City: _____

State: _____ Zip: _____ Home Phone: _____ Cell: _____

Employer: _____ Work Phone: _____

Parent / Guardian #4 email: _____

Emergency Contact Information (other than parents who can be contacted if parent is unavailable):

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

Health Insurance Information:

Is the student covered by Health Insurance? ___ Y ___ N

If no, do you give permission to share your health insurance status with NJ Family Care? ___ Y ___ N

If yes, what is the name of the Health Insurance Provider? _____

Policy #: _____ ID#: _____

Physician's Name: _____

Additional information required by State of New Jersey:

Ethnicity Questions – please indicate **one** of the following regarding this student's ethnicity.

_____ Hispanic or Latino – A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

_____ Not Hispanic or Latino

Race/Ethnicity of Student. Place an "X" next to all that qualify.

_____ Alaskan Native

_____ American Indian

_____ Asian

_____ Black

_____ Hispanic

_____ Pacific Islander

_____ White

Home Language of Student – please answer **each** item below.

List all languages used in the student's home: _____

Was the first language used by the student a language other than English? ___ Y ___ N

Does the student speak or understand a language other than English? ___ Y ___ N

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? ___ Y ___ N

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? ___ Y ___ N

Migrant – Student is eligible for migrant education services and is enrolled in a migrant subgrantee program. (1) The child is younger than 22 and has not graduated from high school or does not hold a high school equivalency certificate; (2) and the child is a migrant agricultural worker or a migrant fisher or has a parent, spouse, or guardian who is a migrant agricultural worker or a migrant fisher; (3) and the child has moved within the preceding 36 months in order to obtain (or seek) or to accompany (or join) a parent, spouse, or guardian to obtain (or seek), temporary or seasonal employment in qualifying agricultural or fishing work; and (4) such employment is a principal means of livelihood and (5) the child has moved from one school district to another.

Is the student eligible for migrant services? ___ Y ___ N

Immigrant – An immigrant is a student who is 3 to 21 and was NOT born in the U.S and has not been attending one or more schools in any one or more states for more than three full academic years.

Does the student qualify to receive federal support as an immigrant? ___ Y ___ N

McKinney Vento Eligibility – A student shall be considered eligible if he or she resides in any of the following: 1. A supervised publicly or privately operated shelter designed to provide temporary living accommodations, including welfare hotels, congregate shelters, transitional housing for families, and transitional housing for the mentally ill; 2. An institution that provides a temporary residence for individuals intended to be institutionalized; or 3. A public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings.

Additionally, a child or youth shall be considered eligible if he or she is: 1. A child or youth living with a parent in a domestic violence shelter; 2. A runaway living in a shelter; 3. A school-aged mother residing in a home for adolescent mothers; 4. A sick or abandoned child or youth who is residing in a hospital and would otherwise be released if he or she had a permanent residence; 5. a child or youth who is abandoned and therefore has no permanent residence; 6. A child of a homeless family, which out of necessity, is living with relatives or friends; or 7. A child of a migrant family which lacks adequate housing.

Finally, a child shall be considered eligible when a dispute occurs between two school districts regarding the determination of residency. The involved districts shall immediately notify the county superintendent of schools, who shall decide the status of the child within 48 hours.

Do any of the above scenarios apply to the student? ___ Y ___ N

Parent/Guardian Signature _____ Date: _____

Return this form to the appropriate school listed below:

William H. Ross Elementary School Elementary School Office Phone # - (609) 822-2080, x 300
101 North Haverford Avenue
Margate, NJ 08402

Eugene A. Tighe Middle School Middle School Office Phone# - (609) 822-2353, x100
7804 Amherst Avenue
Margate, NJ 08402



MARGATE CITY SCHOOL DISTRICT

Date _____

REQUEST FOR STUDENT RECORDS

To School/Organization/Agency: _____

Address: _____

City, State, Zip: _____

Phone: _____ Fax: _____

The following student is transferring to the (select school)

_____ Eugene A. Tighe Middle School

_____ William H. Ross Elementary School

Name _____ D.O.B. _____ Grade _____

Please forward the records listed below:

Cumulative Record Folder
Standardized Test Results
Disciplinary Record
*Child Study Team and/or 504 Records

School Records /Transcript
Health Record
Attendance Records

* We recognize that Special Service evaluations may not be a part of the student's educational file. Please make sure that you forward a copy of this release to all appropriate personnel so that we will receive the records necessary to serve this student. Such records may include, but not be limited to: Psychological/Psychiatric, Speech/Language, Neurological, Social History, Learning Disabilities, and Medical/Health Assessment Reports. These, along with Classification Conference Reports and IEPs should be forwarded to:

_____ Mr. Ryan Gaskill, Principal
Eugene A. Tighe Middle School
7804 Amherst Avenue
Margate, NJ 08402

_____ Mrs. Bonnie Marino, Principal
William H. Ross Elementary School
101 N. Haverford Avenue
Margate, NJ 08402

Your cooperation in this matter is greatly appreciated.

.....
I hereby authorize the school/agency/organization listed above to release all confidential records concerning my child to the Margate School listed above.

Signature of Parent/Guardian

Date

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 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. <input type="checkbox"/> Yes <input type="checkbox"/> No	

SECTION II - TO BE COMPLETED BY HEALTH CARE PROVIDER	
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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	<input type="checkbox"/> Immunization Record Attached <input type="checkbox"/> Date Next Immunization Due: _____
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MEDICAL CONDITIONS		
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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					
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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	

**Margate City School District
8103 Winchester Avenue
Margate City, NJ 08402**

Notice of Mantoux (TB) Test Requirements

In accordance with state law, students born in a country that is not listed on page 3 and entering school in the U.S. for the first time, regardless of age or grade, or transferring into a New Jersey school directly from a county not listed on page 3 must receive an IGRA or Mantoux tuberculin skin test unless they meet an exemption criterion.

Exceptions for both groups of students listed above:

1. Entering at preschool through grade 5: TB testing is not required if the student has documentation of IGRA or Mantoux tuberculin skin test at the age of three years or older, regardless of the result of that test.
2. Entering at grades 6 through 12: TB testing is not required if the student has documentation of a negative tuberculosis test in the last six months or a positive test, regardless when this test was done.
3. Any student with parents claiming religious exemption (TB-8 Form) cannot be compelled to submit to tuberculosis testing. In these instances, a symptom assessment must be done (TB-8 Form). If TB-like symptoms are reported, a physician must document that the student does not have active disease.

If you have had a tuberculosis test within the time frame listed above, please submit a copy of the results. If you do not meet the above criteria, please contact your physician to have the tuberculosis test administered and submit these results to the school nurse.

Please answer the following questions and bring this notice to your appointment with your physician (circle one):

Have you ever had a positive reaction to a TB test?	Yes	No
Have you ever had a chest x-ray as a result of a positive TB test?	Yes	No
Have you ever received a BCG vaccine for prevention of TB?	Yes	No
Have you received a live virus vaccine (MMR or oral polio) in the last 4 weeks?	Yes	No
Is your immune system suppressed due to medication or illness?	Yes	No

**Margate City School District
8103 Winchester Avenue
Margate City, NJ 08402**

Student Name: _____ Date of Birth: _____

The tuberculosis test was administered to:

_____ on _____ and the results were:
(student's name) (date of test)

Date read: _____ Negative: _____ Positive: _____ (measurement)

Signature of Medical Professional: _____

Physician Stamp or Address:

**THE FOLLOWING COUNTRIES HAVE A LOW INCIDENCE OF TB AND
REQUIRE NO TB TESTING**

Antigua and Barbuda	Jordan
Australia	Lebanon
Austria	Luxembourg
Barbados	Malta
Belgium	Monaco
Bermuda	Montserrat
Canada	Netherlands
Cayman Islands	Netherlands Antilles
Cuba	New Zealand
Cyprus	Norway
Czech Republic	Oman
Denmark	Puerto Rico
Finland	Saint Kitts and Nevis
France	San Marino
Germany	Sweden
Greenland	Switzerland
Grenada	Trinidad and Tobago
Iceland	United Kingdom of Great Britain and Northern Ireland
Ireland	United States of America
Israel	United States Virgin Islands
Italy	
Jamaica	

Students entering a U.S. school for the first time in New Jersey or transferring into a New Jersey school from ANY country NOT listed above must receive an IGRA or Mantoux tuberculin skin test unless they meet an exemption criterion.

Immunization Record Translation Form

To be completed if immunization records are in a language other than English.

Any adult may provide the translation, provided they print, sign, and date the below certification statement.

Name of Child: _____ Date of Birth (Mo/Day/Yr): _____

Vaccine Type	1st Dose Mo/Day/Yr	2nd Dose Mo/Day/Yr	3rd Dose Mo/Day/Yr	4th Dose Mo/Day/Yr	5th Dose Mo/Day/Yr
Diphtheria, Tetanus, Pertussis (DTaP) or any combination (if Td or DT, indicate in box)					
Tdap					
Polio- Inactivated Polio Vaccine (IPV) If oral polio (OPV) indicate in box					
Measles, Mumps, Rubella (MMR)					
Haemophilus B (HIB)					
Hepatitis B					
Varicella					
Pneumococcal Conjugate					
Meningococcal					
Hepatitis A					
HPV (Human papillomavirus)					
Other					
Other					
Other					

Certification Statement:

I certify that the translation above faithfully and accurately reproduces in English the closest natural equivalent of the attached document without embellishment, omission, or explanation. I certify that the foregoing statements made by me are true. I am aware that if any of the foregoing statements made by me are willfully false, I am subject to punishment.

Printed Name of Adult Providing Translation: _____

Signature: _____ Date: _____



New Jersey School (K-12) Vaccine Requirements

New Jersey requires children attending school to meet minimum immunization requirements. These vaccines help protect children from serious illnesses that can easily spread in group settings, where they are in close contact with one another. For the best protection, children should follow the [AAP childhood schedule](#).

The table below shows the number of vaccine doses required based on the child's grade of entry. Fewer doses may be needed than what is listed if the child is behind schedule. Talk to your child's doctor for details.

	Kindergarten/Grade 1 (Entry Grade)	Grades 2-6	Grades 7-12
DTaP (for children under age 7) Td/Tdap (for children 7 and older)	Primary Series: 4 or 5 doses (at least one dose on or after the 4 th birthday)	Proof of completing primary series (at least one dose on or after the 4 th birthday)	Proof of completing primary series AND at least 1 Tdap at age 10 or older.
IPV/OPV	Total of 3 or 4 doses (at least one dose given on or after the 4 th birthday)		
MMR	Total of 2 doses		
VAR	Total of 1 dose		
Hep B	Total of 3 doses (or an approved two-dose series)		
Men ACWY	None	None	Total of 1 dose which must be given at age 10 and older

Vaccine Key

DTaP: Diphtheria, Tetanus, and Pertussis (whooping cough)

Td: Tetanus and diphtheria

Tdap: Tetanus, diphtheria, pertussis

IPV/OPV: Inactivated Polio Vaccine and Oral Polio Vaccine

MMR: Measles, Mumps, and Rubella

VAR: Varicella

Hep B: Hepatitis B

MenACWY: Meningococcal ACWY

This is a summary document. New Jersey's minimum immunization requirements are based on the American Academy of Pediatrics (AAP), [AAP childhood schedule](#). Vaccines are required at the earliest age of school entry. Children who are not up to date with the required vaccines will be required to follow the catch-up immunization schedule; parents should speak to their health care provider to help their children get caught up.

Medical and religious exemptions (reasons for not receiving vaccines) are detailed in the Immunization of Children in Child Care Centers and Schools regulations. Instructions for viewing the regulations are available at nj.gov/health/cd/imm_requirements/acode/. Another resource is the "NJ Immunization Requirements Frequently Asked Questions", available at nj.gov/health/cd/imm_requirements/.

***DTaP/Td/Tdap**

Kindergarten or Grade 1: By the time children start school, they need 4 or 5 DTaP doses, depending on their age when they began the vaccination series. At least one dose must be given on or after their 4th birthday.

Grades 2–6: A primary series means completing all the beginning doses of a vaccine. Children age 7 or older who are not up to date need to either finish their Td/Tdap vaccine series or show they have already had at least 3 total doses of DTaP, Td, or Tdap with one dose on or after the 4th birthday. Your health care provider can help your child get caught up by using the catch-up schedule.

Grades 7 and higher: Students must have one Tdap dose given at age 10 or older and show proof that they completed the primary series.

Kindergarten through grade 12

IPV/OPV: OPV is not recommended for use, nor is it available in the United States. However, OPV may be utilized in other countries. Doses are only accepted if given before April 2016. Children who receive OPV doses after April 2016 must receive IPV doses instead. At least one dose must be given on or after their 4th birthday. Previously polio vaccine doses were not required for those 18 years of age and older; however, those 18 and older must now meet the requirements for school attendance.

MMR: Two doses of measles, mumps, and rubella.

Varicella: One dose of varicella is required. Two doses are recommended by AAP, but not required for school attendance.

Hep B: 3 doses or an approved two-dose series.

Meningococcal ACWY: One dose of MenACWY is required for those ages 10 and older at grade 7 and higher. Doses of MenACWY given before age 10 would need to be repeated.

Referral List for Immunizations and/or Pediatric Care

Atlantic County Division of Public Health

201 S. Shore Road, Stillwater Building
Northfield, NJ 08225
609-645-7700 x4500

*For infants and children from birth through 18 years old who have no insurance or have NJ Family Care Plan A. Appointments are required.

AtlantiCare FQHC Pediatric Clinic

7 S. Ohio Ave, Suite 3100
Atlantic City, NJ 0841
609-982-4916

Southern Jersey Family Medical Centers Multiple Locations

1125 Atlantic Ave.
Atlantic City, NJ 08401
800-486-0131 or 609-348-0066

3003 English Creek Avenue
Egg Harbor Township, NJ, 08234
(609) 481-3185

932 South Main Street
Pleasantville, NJ, 08232
(609) 383-0880

Advocare Brighton Pediatrics

3069 English Creek Ave. Suite 302
Egg Harbor Township, NJ 08234
609-383-3800

Advocare Somers Point Pediatrics

322 Shore Rd.
Somers Point, NJ 08244
609-927-1353

CHOP Pediatric Primary Care

Bayside Commons
505 Bay Ave.
Somers Point, NJ 08244
609-927-4235

Tender Care Pediatrics

2322 New Road
Northfield, NJ 08225
609-641-0200

Ventnor Pediatrics

6611 Winchester Ave.
Ventnor, NJ 08406
609-487-6507