Red Bank Borough Public Schools

Dream BIG...We'll Help You Get There!

76 Branch Avenue | Red Bank, NJ 07701
732-758-1507 | 732-212-1356 (FAX)
rbb.k12.nj.us | @RedBankSup | rumagej@rbb.k12.nj.us

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

DREAM BIGGER
2024-2029
A Five Year Roadmap

Preschool – Grade 8 Registration Packet
2026-2027

Red Bank Primary School (Grades K-3 Questions)
222 River Street | Red Bank, NJ 07701 | (732) 758-1500 ext. 1531

Red Bank Middle School (Grades 4-8 Questions)
101 Harding Road | Red Bank, NJ 07701 | (732) 758-1500 ext. 1516

United Methodist Church (Preschool 3 & 4 Questions)
247 Broad Street | Red Bank, NJ 07701 | (732) 758-1500 ext. 1536

VISION We believe our children should Dream BIG. We will inspire. We will challenge. They will achieve.		**MISSION** Driven by the needs of our children, we provide a safe, nurturing, and challenging learning environment for every student, every day.
		

For office use only.
____ Primary ____ Middle ____ PK3 ____ PK4 ____ EI ____ Charter

Red Bank Borough Public Schools

Dream BIG...We'll Help You Get There!

76 Branch Avenue | Red Bank, NJ 07701
732-758-1507 | 732-212-1356 (FAX)
rbb.k12.nj.us | @RedBankSup | rumagej@rbb.k12.nj.us

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

DREAM BIGGER
2024-2029
A Five Year Roadmap

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

☐ **Proof of Residency** in Red Bank Borough

☐ **Student Information Form**

☐ **Proof of Student Date of Birth** (original birth certificate or passport) – Preschool Eligibility: Your child is eligible for preschool if they turn three years old by October 1.

☐ **Proof of Vaccination Form** - Complete official immunization and/or vaccine record (See "Immunization Requirements for Attendance at School" for a listing of all required doses)

☐ **Student Health History Form** - completed by parent/guardian

☐ **Copy of Health Insurance Card**

☐ **Proof of Mantoux** (if applicable) - You may ask our nurse if you have a question.

☐ **Custody Alert** - Only the legal parent/guardian can register students.

☐ **Proof of Custody** (if applicable)

☐ **Home Language Survey**

☐ **Universal Child Health Record** - With proof of medical exam verification within the last year (to be completed by Health Care Provider)

☐ **School Records** (if applicable) - Transfer Card, Report Card, Attendance Record, Test Scores, 504 and IEP

*Initial placement shall be made based on the records and Department of Education DOE guidelines. Adjustments may be made at the discretion of the administration when assessment indicates that such adjustments would be beneficial to the child.

Registration Information

1.0 RESIDENCY VERIFICATION

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

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

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

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

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

Occasionally, circumstances arise whereby a student is domiciled in the home of a Red Bank Borough resident and is receiving ***total financial support from that Red Bank Borough resident.*** Before any such student can be registered, the Red Bank Borough resident must complete an Affidavit of Support, which documents the total financial support of the student. **All affidavits are valid for one school year only and must be renewed annually by August 1.** (Example: September 2026-June 2027 is considered one school year.)

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

2.2 The Red Bank Borough resident is willing to:

- Show proof the child is domiciled within the district.
- Show proof the child is being supported gratis, in accordance with N.J.S.A. 18A:38-1.
- Assume all personal obligations for the child relative to school requirements.
- Provide proofs of residency as stated in Section 1.1
- The student must live with the Red Bank Borough resident free of charge throughout the school and calendar year.
- The resident **must sign** the Affidavit of Support and Residency.

2.3 The natural parent or legal guardian must do the following:

- Sign a **Parental Release of Residency and Support.**
- Show documentation of the claim of non-support.
- In the absence of a sworn statement from the parent, the custodial guardian of the child must sign the sworn statement stating the unknown whereabouts of said child's parents (Absence of Parental Consent).
- **NOTE: Parent/Guardian has no rights or personal obligations for the child relative to school.**

2.4 The Board of Education shall apply N.J.A.C. 6A:22-3.2 in the event sworn statements are not obtained.

3.0 ORAL LEASE AFFIDAVIT

Any person seeking to register a child or children, where the name of the child's parent or court-appointed guardian does not appear on the deed to the property or the lease, must complete an Oral Lease Affidavit. **All affidavits are valid for one school year only and must be renewed annually by August 1.** (Example: September 2026-June 2027 is considered one school year.)

3.1 Oral Lease Affidavits are given when a resident permanently resides in Red Bank Borough but does not have a written lease.

3.2 A parent/guardian **must sign** the affidavit and have it notarized.

In addition to the notarized Oral Lease Affidavit

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

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

The district shall randomly check the residency status of students currently enrolled in the school system. If the district finds non-resident students attending our schools, the Board of Education is obliged to charge the appropriate tuition fee which, as of 2025, computes to approximately $23,000 per student in grades K-8 per school year. Tuition for students receiving special education services may be significantly higher.

Verification

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

STUDENT INFORMATION FORM

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

PARENT/GUARDIAN INFORMATION

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

EMERGENCY CONTACT INFORMATION – OTHER THAN PARENT/GUARDIAN

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

Please circle one option in each box below.

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

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

School Name: _____ When Attended: _____

Previous School Name (Includes Preschool) _____

Previous School Address: _____

FOR CHILD CARE/PRESCHOOL DIRECTORS AND PARENTS: IMMUNIZATION REQUIREMENTS

NJ Department of Health (NJDOH)
Vaccine Preventable Disease Program

Summary of NJ Child Care/Preschool Immunization Requirements

Listed in the chart below are the minimum required number of doses your child must have to attend a NJ child care/preschool.* This is strictly a summary document. Exceptions to these requirements (i.e. provisional admission, grace periods, and exemptions) are specified in the Immunization of Pupils in School rules, New Jersey Administrative Code (N.J.A.C. 8:57-4). Please reference the administrative rules for more details https://www.nj.gov/health/cd/imm_requirements/acode/. Additional vaccines are recommended by Advisory Committee on Immunization Practices (ACIP) for optimal protection. For the complete ACIP Recommended Immunization Schedule, please visit http://www.cdc.gov/vaccines/schedules/index.html.

At this age the child should have received the following vaccines:	**2 months**	**4 months**	**6 months**	**12 months**	**15 months**	**18 months**	**19 months**	**20-59 months**
Diphtheria, tetanus & acellular pertussis (DTaP)	Dose #1	Dose #2	Dose #3			Dose #4		
Inactivated Poliovirus (Polio)	Dose #1	Dose #2				Dose#3		
Haemophilus influenzae type b (Hib)	Dose #1	Dose #2		1-4 doses† (see footnote)	.	At least 1 dose given on or after the first birthday		
Pneumococcal conjugate (PCV 13)	Dose #1	Dose #2		1-4 doses† (see footnote)	At least 1 dose given on or after the first birthday			
Measles, mumps, rubella (MMR)					Dose #1‡			
Varicella (VAR)							Dose #1 §	
Influenza (IIV; LAIV)			One dose due each year‖					

***Interpretation:** **Children need to receive the minimum number of age-appropriate vaccines prior to entering child care/preschool. For example, a child 2 months of age, must have 1 dose each of DTaP, Polio, Hib, and PCV before being permitted to enter child care/preschool. A child entering at a younger age range than listed above must have proof of receiving vaccines in the previous age bracket. Example: A child entering child care/preschool at 11 months of age, would need at least the following: 3 DTaP, 2 Polio, 2 Hib, and 2 PCV. If a child has not received any vaccines, he/she would need at least one dose of each required vaccine to enter school provisionally and be in the process of receiving the remaining doses as rapidly and as medically feasible. The current seasonal flu vaccine is required every year by December 31 for children 6-59 months of age.**

FOR SCHOOLS AND PARENTS: K-12 IMMUNIZATION REQUIREMENTS

NJ Department of Health (NJDOH)
Vaccine Preventable Disease Program

Summary of NJ School Immunization Requirements

Listed in the chart below are the minimum required number of doses your child must have to attend a NJ school.* This is strictly a summary document. Exceptions to these requirements (i.e. provisional admission, grace periods, and exemptions) are specified in the Immunization of Pupils in School rules, New Jersey Administrative Code (N.J.A.C. 8:57-4). Please reference the administrative rules for more details https://www.nj.gov/health/cd/imm_requirements/acode/. Additional vaccines are recommended by Advisory Committee on Immunization Practices (ACIP) for optimal protection. For the complete ACIP Recommended Immunization Schedule, please visit http://www.cdc.gov/vaccines/schedules/index.html.

Grade/level child enters school:		**Minimum Number of Doses for Each Vaccine**						
		DTaP Diphtheria, Tetanus, acellular Pertussis	**Polio Inactivated Polio Vaccine (IPV)**	**MMR (Measles, Mumps, Rubella)**	**Varicella (Chickenpox)**	**Hepatitis B**	**Meningococcal**	**Tdap (Tetanus, diphtheria, acellular pertussis)**
Kindergarten – 1st grade		A total of 4 doses with one of these doses on or after the 4th birthday OR any 5 doses†	A total of 3 doses with one of these doses given on or after the 4th birthday OR any 4 doses‡	2 doses§	1 dose‖	3 doses	None	None
2nd – 5th grade		3 doses *NOTE: Children 7 years of age and older, who have not been previously vaccinated with the primary DTaP series, should receive 3 doses of Td. For use of Tdap, see footnote.* †	3 doses	2 doses	1 dose	3 doses	None	See footnote†
6th grade and higher		3 doses	3 doses	2 doses	1 dose	3 doses	1 dose required for children born on or after 1/1/97 given no earlier than ten years of age¶	1 dose required for children born on or after 1/1/97¶

STUDENT HEALTH HISTORY

CHILD'S NAME: _____ **DATE OF BIRTH:** _____

CHILD DEVELOPMENT:	YES	NO	If Yes, please explain and include date:
Was your child born premature?	□	□	
Had any difficulty before, during or after delivery?	□	□	
Had any delays in milestones - sitting?	□	□	
Had any delays in milestones - walking?	□	□	
Had any delays in milestones - speech?	□	□	
HAS YOUR CHILD EVER:	**YES**	**NO**	**If Yes, please explain and include date:**
Had an ongoing medical condition	□	□	
Seen a medical specialist (pulmonologist, endocrinologist, developmental pediatrician, etc.)	□	□	
Had allergies:	□	□	□food □environmental □insect □medication □other
Been hospitalized	□	□	
Had an operation	□	□	
Had an injury requiring an Emergency Room visit	□	□	
Missed 5 days of school in a row due to illness/injury	□	□	
Had a bone/muscle injury	□	□	
Passed out, had a concussion or serious head injury	□	□	
Had a convulsion/seizure	□	□	
Had a vision problem or condition	□	□	□ glasses □ contacts
Had a hearing problem or condition	□	□	□ hearing aid □ cochlear implant
Worn dental bridge, braces or mouthpiece	□	□	
Have any family members under the age of 50 ever:	**YES**	**NO**	**If Yes, please explain and include date:**
Had a heart attack	□	□	
Had other serious health problems	□	□	

STUDENT HEALTH HISTORY

CHILD'S NAME: _____ **DATE OF BIRTH:** _____

CHECK ALL THAT APPLY TO YOUR CHILD:

- □ ADHD
- □ Asthma/trouble breathing
- □ Autism/Asperger's Syndrome
- □ Dental Injuries
- □ Diabetes
- □ Ear Infections
- □ GI Conditions (ulcer, reflux, IBS)
- □ Headaches/migraines
- □ Heart Conditions
- □ High Blood Pressure
- □ Mental Health Condition (depression, eating disorder, anxiety, OCD, ODD, etc.)
- □ Scoliosis
- □ Single Organ (□kidney □testicle)
- □ Skin Condition
- □ Speech Condition
- □ Urinary Condition

CURRENT MEDICATIONS	YES	NO	List name, dose, time(s)
Given at school	□	□	
Taken at home	□	□	
ASSISTIVE EQUIPMENT	**YES**	**NO**	**Check all that apply**
During or outside of school	□	□	□crutches □walker □wheelchair □other:
TREATMENTS	**YES**	**NO**	
During or outside of school	□	□	□insulin/blood glucose monitoring □special diet □inhaler/nebulizer/peak flow monitoring

Is there any condition that would prevent your child from participating in physical education or sports?

_____

List any additional concerns: _____

_____

_____

_____

Parent/Guardian Signature: _____ **Date:** _____

Red Bank Borough Public Schools

Dream BIG...We'll Help You Get There!

76 Branch Avenue | Red Bank, NJ 07701
732-758-1507 | 732-212-1356 (FAX)
rbb.k12.nj.us | @RedBankSup | rumagej@rbb.k12.nj.us

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

DREAM BIGGER
2024-2029
A Five Year Roadmap

CUSTODY ALERT

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

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

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

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

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

_____.
Parent's Name

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

Name	Relationship to Student	Address	Phone Number

Parent/Guardian Name: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Home Language Survey

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

Student Information
Last Name:
First Name:
Date of Birth:

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

1: List all languages used in the student's home.	
Circle YES or NO for the questions below.	
2: Was the first language used by the student a language other than English?	**YES** **NO**
3: Does the student speak or understand a language other than English?	**YES** **NO** **If you answered NO, do not complete #4 & #5.**
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?	**YES** **NO**
5: When interacting with others outside the home (example: friends, caregivers), does the student understand or use a language other than English most of the time?	**YES** **NO**
OFFICE USE ONLY **_____ Records Review Required by ESL Supervisor** **_____ Student Not A ML**	

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	

Red Bank Borough Public Schools

Dream BIG...We'll Help You Get There!

76 Branch Avenue | Red Bank, NJ 07701
732-758-1507 | 732-212-1356 (FAX)
rbb.k12.nj.us | @RedBankSup | rumagej@rbb.k12.nj.us

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

DREAM BIGGER
2024-2029
A Five Year Roadmap

Acceptable Use for Students of Computer Network/Computers and Resources

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

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

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

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

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

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

Red Bank Borough Public Schools

Dream BIG...We'll Help You Get There!

76 Branch Avenue | Red Bank, NJ 07701
732-758-1507 | 732-212-1356 (FAX)
rbb.k12.nj.us | @RedBankSup | rumagej@rbb.k12.nj.us

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

DREAM BIGGER
2024-2029
A Five Year Roadmap

NEW JERSEY DEPARTMENT OF EDUCATION
STUDENT PHOTO RELEASE FORM

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

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

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

_____ _____

Parent/Guardian Signature *Date*

_____

Grade

Medicaid Annual Notification Regarding Parental Consent

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

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

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

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

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

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

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

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

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

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

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

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

Method of Delivery: (check one) ____Mailed to parent(s) ____Emailed to parent(s) ____IEP meeting _X__ Hand Delivered

Red Bank Borough Public Schools

Dream BIG...We'll Help You Get There!

76 Branch Avenue | Red Bank, NJ 07701
732-758-1507 | 732-212-1356 (FAX)
rbb.k12.nj.us | @RedBankSup | rumagej@rbb.k12.nj.us

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

DREAM BIGGER
2024-2029
A Five Year Roadmap

Special Education Medicaid Initiative (SEMI) Parental Consent Form 2026 – 2027

The Red Bank Borough Public Schools are participating in the Special Education Medicaid Initiative (SEMI) program that allows school districts to bill Medicaid for services that are provided to students. In accordance with the Family Educational Rights and Privacy Act, 34 CFR §99.30 and Section 617 of the IDEA Part B, consent requirements in 34 CFR §300.622 require a one-time consent before accessing public benefits.

This consent establishes that your child's personally identifiable information, such as student records or information about services provided to your child, including evaluations and services as specified in my child's Individualized Education Program (IEP) (occupational therapy, physical therapy, speech therapy, psychological counseling, audiology, nursing and specialized transportation,) may be disclosed to Medicaid and the Department of the Treasury for the purpose of receiving Medicaid reimbursement at the school district.

As parent/guardian of the child named below, I give permission to disclose information as described above and I understand and agree that Medicaid may access my child's or my public benefits or public insurance to pay for special education or related services under Part 300 (services under the IDEA). I understand that the school district is still required to provide services to my child pursuant to his or her IEP, regardless of my Medicaid eligibility status or willingness to consent for SEMI billing. I understand that billing for these services by the district does not impact my ability to access these services for my child outside of the school setting, nor will any cost be incurred by my family including co-pays, deductibles, loss of eligibility or impact on lifetime benefits.

Child's Name: _____

Child's Date of Birth: _____/_____/_____

Parent/Guardian: _____ Date: ____/_____/_____

I give consent to bill for SEMI: Yes ___ No ___

This consent can be revoked at any time by contacting your child's Case Manager, or the administrator at your child's school, in writing.

Method of Delivery: (check one) _X__Mailed to parent(s) ____Emailed to parent(s) ___IEP meeting _X_ Hand Delivered

Red Bank Borough Public Schools

Dream BIG...We'll Help You Get There!

76 Branch Avenue | Red Bank, NJ 07701
732-758-1507 | 732-212-1356 (FAX)
rbb.k12.nj.us | @RedBankSup | rumagej@rbb.k12.nj.us

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

DREAM BIGGER
2024-2029
A Five Year Roadmap

Red Bank Middle School (Grades 4-8)
101 Harding Road | Red Bank, New Jersey 07701
Phone: (732) 758-1500 ext. 1516
Fax: (732) 758-1518
James Pierson, Principal

Red Bank Primary School (Grades K-3)
222 River Street | Red Bank, New Jersey 07701
Phone: (732) 758-1500 ext. 1531
Fax: (732) 758-0172
Maria Iozzi, Principal

Student Records Request Form

(Please complete and return with records.)

Student's Last Name: _____
Student's First Name: _____
Grade: _____
Date of Birth: _____
NJ State ID No.: _____

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

_____ _____
Parent/Guardian Signature **Date**

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

Records to be released (if applicable):

- Cumulative Record Folder
- Report Cards & Test Scores
- Discipline Records
- Free or Reduced Lunch Status
- Health Records
- Attendance Records
- IEP or Section 504 Plan
- Special Education Medicaid Incentive (SEMI)

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

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

_____
_____

Programs student participated in:

_____Bilingual/ESL
_____Speech
_____Gifted and Talented
_____Basic Skills

Red Bank Borough Public Schools

Dream BIG...We'll Help You Get There!

76 Branch Avenue | Red Bank, NJ 07701
732-758-1507 | 732-212-1356 (FAX)
rbb.k12.nj.us | @RedBankSup | rumagej@rbb.k12.nj.us

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

DREAM BIGGER
2024-2029
A Five Year Roadmap

CHILD FIND

ATTENTION: RED BANK PARENTS/GUARDIANS

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

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

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

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

ATENCIÓN: PADRES/TUTORES DE LA CIUDAD DE RED BANK

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

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

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

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