Northfield Community School
New Student Registration

_____ Preschool ___Age 3 ___Age 4

_____ Elementary School K-4

_____ Middle School 5-8

PRELIMINARY INFORMATION: PLEASE READ BEFORE PROCEEDING

The questions asked in the following pages will enable us to determine your student's eligibility to attend school in this district in accordance with New Jersey law. *Please be aware that N.J.S.A. 18A:38-1 and N.J.A.C. 6A:22 require that a free public education be provided to students between the ages of 5 and 20, and to certain students under 5 and over 20 as specified in other applicable law, who are:*

- Domiciled in the district, i.e., the child of a parent or guardian, or an adult student, whose permanent home is located within the district. A home is permanent when the parent, guardian or adult student intends to return to it when absent and has no present intent of moving from it, notwithstanding the existence of homes or residences elsewhere
- Living with a person, other than the parent or guardian, who is domiciled in the district and is supporting the student without compensation, as if the student were his or her own child, because the parent cannot support the child due to family or economic hardship
- Living with a person domiciled in the district, other than the parent or guardian, where the parent/guardian is a member of the New Jersey National Guard or the reserve component of the U.S. armed forces and has been ordered into active military service in the U.S. armed forces in time of war or national emergency
- Living with a parent or guardian who is temporarily residing in the district
- The child of a parent or guardian who moves to another district as the result of being homeless
- Placed in the home of a district resident by court order pursuant to N.J.S.A. 18A:38-2
- The child of a parent or guardian who previously resided in the district but is a member of the New Jersey National Guard or the United States reserves and has been ordered to active service in time of war or national emergency, resulting in relocation of the student, pursuant to N.J.S.A. 18A:38-3(b)
- Residing on federal property within the State pursuant to N.J.S.A. 18A:38-7.7 et seq.

Note that "guardian" means a person to whom a court of competent jurisdiction has awarded guardianship or custody of a child, provided that a residential custody order shall entitle a child to attend school in the residential custodian's school district subject to a rebuttable presumption that the child is actually living with such custodian; it also means the Department of Children and Families for purposes of N.J.S.A. 18A:38-1(e). Also note that a student is entitled to attend school in the district of domicile notwithstanding that the student is qualified to attend school in a different district as an "affidavit" student or temporary resident.

Note that the following do ***not*** *affect a student's eligibility to enroll in school:*

- Physical condition of housing or compliance with local housing ordinances or terms of lease
- Immigration/visa status, except for students holding or seeking a visa (F-1) issued specifically for the purpose of limited study on a tuition basis in a United States public secondary school
- Absence of a certified copy of birth certificate or other proof of a student's identity, although these must be provided within 30 days of initial enrollment pursuant to N.J.S.A. 18A: 36-25.1
- Absence of student medical information, although actual attendance at school may be deferred as necessary in compliance with rules regarding immunization of students, N.J.A.C. 8:57-4.1 et seq.
- Absence of a student's prior educational record, although the initial educational placement of the student may be subject to revision upon receipt of records or further assessment by the district

The following forms of documentation may demonstrate a student's eligibility for enrollment in the district. Particular documentation necessary to demonstrate eligibility under specific provisions in law will be indicated in the appropriate section of the registration form.

- Property tax bills, deeds, contracts of sale, leases, mortgages, signed letters from landlords and other evidence of property ownership, tenancy or residency
- Voter registrations, licenses, permits, financial account information, utility bills, delivery receipts, and other evidence of personal attachment to a particular location
- Court orders, State agency agreements and other evidence of court or agency placements or directives
- Receipts, bills, cancelled checks and other evidence of expenditures demonstrating personal attachment to a particular location, or, where applicable, to support of the student
- 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 residency
- 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
- Documents pertaining to military status and assignment
- Any business record or document issued by a governmental entity
- Any other form of documentation relevant to demonstrating entitlement to attend school

The totality of information and documentation you offer will be considered in evaluating an application, and, unless expressly required by law, the student will not be denied enrollment based on your inability to provide certain form(s) of documentation where other acceptable evidence is presented.

You will *not* be asked for any information or document protected from disclosure by law, or pertaining to criteria which are not legitimate bases for determining eligibility to attend school. You may *voluntarily* disclose any document or information you believe will help establish that the student meets the requirements of law for entitlement to attend school in the district, but *we may not, directly or indirectly, require or request*:

- Income tax returns
- Documentation/information relating to citizenship or immigration/visa status, unless the student holds or is applying for an F-1 visa
- Documentation/information relating to compliance with local housing ordinances or conditions of tenancy
- Social security numbers

Please be aware that any initial determination of the student's eligibility to attend school in this district is subject to more thorough review and subsequent re-evaluation, and that tuition may be assessed in the event that an initially admitted student is later found ineligible. If your student is found ineligible, now or later, you will be provided the reasons for our decision and instructions on how to appeal.

[Optional note if district permits attendance by nonresidents on a tuition basis: State law allows school districts to admit nonresident students, through policies adopted at Board discretion, on a tuition basis. If your student is not eligible to attend school in this district free of charge, he or she may enroll on a tuition basis by … (*instructions on how to obtain more information, or register for enrollment as a nonresident student.*)]

Northfield Community School New Student Registration
2000 New Road, Northfield NJ 08225
1-609-407-4000

(As it appears on their Birth Certificate)

Student's Last Name: _____ First: _____ Middle: _____

Street Address: _____

City/State/Zip: _____

Date of Birth: _____ _____ _____ Age: ____ Gender: ____ Grade: ____
Month Day Year

Place of Birth - City: _____ State: _____ Country: _____

Child's Age on September 30th of Registration Year: _____

US Citizen: Yes___ No___ Date child became US Citizen: _____ _____ _____
Month Day Year

Language spoken at home: #1_____ #2 _____

Parents are: ____ Married ____ Separated ____ Divorced ____ Single

Child resides with: _____ Custodial Parent is: _____

Are there any restraining orders <u>OR</u> custody papers? _____(Please provide copies)

Former School: _____

Former School Address: _____

_____

Former School Telephone Number: _____Fax Number: _____

Specific Educational Needs and/or Health Concerns:

_____

_____

PLEASE PRINT CLEARLY OR TYPE

Mother's Name: _____

Mother's Street Address: _____

City/State/Zip: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

Work Phone: _____ Employer: _____

Place of Employment: _____ Position: _____

Father's Name: _____

Father's Street Address: _____

City/State/Zip: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

Work Phone: _____ Employer: _____

Place of Employment: _____ Position: _____

Step-Parent(s) or Guardian's Name(s): _____

Street Address: _____

City/State/Zip:_____

Home Phone: _____ Cell Phone: _____

Email Address: _____

Work Phone: _____ Employer: _____

Place of Employment: _____ Position: _____

Step-Parent(s) or Guardian's Name(s): _____

Street Address: _____

City/State/Zip: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

Work Phone: _____ Employer: _____

Place of Employment: _____ Position: _____

Children's Racial and Ethnic Identities:

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

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

Military Status: (check one): NJ State required

- ☐ Student's parent or guardian is military connected
- ☐ Student's parent or guardian is NOT military connected

<u>Emergency Contacts</u>: (**Persons other than parent's/step parents)**
<u>You must provide 3!</u>

1.Name: _____ Relationship: _____
Cell Phone: _____ Email Address: _____

2 Name: _____ Relationship: _____
Cell Phone: _____ Email Address: _____

3. Name: _____ Relationship: _____
Cell Phone: _____ Email Address: _____

Signature of Parent/Guardian: _____ Date: _____

I acknowledge that the information provided is true. I also understand that residency violation will result in a transfer and/or fine.

The District shall only provide a free public education to those students who are domiciled within the District or who otherwise qualify for a free public education pursuant to the statutory and regulatory guidelines set forth in N.J.S.A. 18A:38-1 et seq. and N.J.A.C. 6A22-1.1 et seq. A student shall be domiciled in the District "when he or she is living with a parent or guardian whose domicile is located within the District." N.J.A.C. 6A:22-3.1. If the District discovers that a student is attending school whose parents are not domiciled within the District and who is not otherwise eligible for a free public education, the District may apply for the student's removal and seek tuition reimbursement for the period of ineligible attendance in accordance with the provisions of N.J.S.A. 18A:38-1(b)(2).
Applicants who fraudulently allow a child of another to use his/her residence, or who fraudulently claim to have custody of a child, may be charged with a disorderly person's offense. N.J.S.A 18A:38-1 (c). If the applicant is convicted of such an offense, the applicant may be fined up to $1,000.00 and/or be imprisoned for up to 6 months.
Any false statements, answers, or declarations contained in the Affidavit or in an application for admission may subject the applicant to criminal prosecution for the crime of false swearing, in violation of N.J.S.A. 2C:43-3. If convicted of such a crime, the applicant may be punished by a fine of $10,000.00 and/or be imprisoned for up to 18 months.

Student Name (please print): _____ Grade: _____

Parent/Guardian Name (please print): _____

Parent/Guardian Signature: _____Date: _____

Address: _____

_____

Home Phone: _____ Cell Phone: _____

School Use Only:

Registered by: _____ Date: _____

Start Date: _____ Entered in OnCourse by: _____

Date Previous school was contacted for records _____

Date Student Records received from previous school _____

SCHOOL YEAR _____ RESIDENT_____ LEASE-EXP. DATE_____ AFFADAVIT _____

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

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

Student Information:

Student Name: _____Date of Birth (YYYYMMDD): _____

Current Address: _____

Survey Questions:

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

_____

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

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

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

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

4.) When interacting with others at home (example: parents, guardians, siblings), does the student understand or use a language other than English **most of the time**?

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

5.) When interacting with others outside the home (example: friends, caregivers), does the student understand or use a language other than English **most of the time**?

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

Paso 1: Encuesta sobre el idioma del hogar (versión para padres / familia)

Propósito: La encuesta sobre el idioma del hogar se usa únicamente para ofrecer servicios educativos apropiados (U.S. ED EL Toolkit, Capítulo 1). Esta encuesta es el primero de tres pasos para identificar si un estudiante es elegible para ser identificado como un aprendiz del idioma inglés (ELL). "Hogar" se define como el lugar de residencia actual del estudiante.

Información del estudiante:

Nombre del estudiante: _____ Fecha de nacimiento (AAAAMMDD): _____

Direccion actual: _____

Preguntas de la encuesta:

1.) Enumere todos los idiomas utilizados en el hogar del estudiante.

_____ _____

2.) ¿El primer idioma utilizado por el estudiante fue otro que no sea el inglés?

_____ No _____ si

3.) ¿El estudiante habla o comprende un idioma que no sea el inglés?

_____ No _____ si

4.) Al interactuar con otras personas en el hogar (por ejemplo: padres, tutores, hermanos), ¿el estudiante comprende o usa un idioma que no sea el inglés la mayor parte del tiempo?

_____ No _____si

5.) Al interactuar con otras personas fuera del hogar (ejemplo: amigos, cuidadores), ¿el estudiante comprende o usa un idioma que no sea el inglés la mayor parte del tiempo?

_____ No _____si

Northfield Community School District

`

2000 New Road, Northfield, New Jersey 08225
District Website: www.ncs-nj.org
609-407-4012

Authorization to Release and/or Obtain Records or Information

Date: _____

Student: _____ DOB: _____

I hereby authorize: Northfield Community School
2000 New Road
Northfield, NJ 08225

To: ☐ Obtain Information / Records from
☐ Release Information / Records to
☐ Discuss Treatment with

From/To Person or Organization:

_____

_____

_____

<u>I understand the information to be exchanged may include:</u>
Child Study Team Reports and/or evaluations
School Records
History and Diagnosis and Treatment Records
Reports and Consultations
Diagnostic Tests, Results and Interpretations
Medical Records
Other: _____

Purpose of the Disclosure:

_____

The authorization shall become effective on the date signed and remain in effect for the duration of services or until revoked by me. I may void this authorization, except for action already taken, at any time by providing notice in writing.

Parent/Guardian Name: _____

Parent/Guardian Signature: _____ Date _____

NORTHFIELD COMMUNITY SCHOOL IMMUNIZATION REQUIREMENTS

Mr. Pedro Bretones
Superintendent
pbretones@ncs-nj.org

Mrs. Maureen Vaccaro
Principal (Elementary)
mvaccaro@ncs-nj.org

Mr. Kevin Morrison
Principal (Middle)
kmorrison@ncs-nj.org

Dear Parents/Guardians,

Welcome to Northfield Community School. Below is a list of immunizations that are required for school enrollment in the State of New Jersey. According to the New Jersey Minimum Immunization Requirements for Kindergarten-Grade 12 Attendance N.J.A.C. 8:57-4 Immunization of Pupils in School.

- **Pre-K Requirements: These are the minimum requirements to start school.**

DTap: 4 doses
Polio: 3 doses
MMR: 1 dose
Varicella: 1 dose
HIB: 1 dose (after 1st birthday)
Pneumococcal: 1 dose (after 1st birthday)
Influenza (FLU): **One dose YEARLY** between September 1 and November 30th.
Documentation of a physical within the last 365 days.

- **Kindergarten Requirements: (including students transferring into 1st thru 5th grade)**

DTaP: 5 doses OR 4 doses with one dose given on or after 4th birthday
Polio: 4 doses OR 3 doses with one dose given on or after 4th birthday
MMR: 2 doses
Varicella: 1 dose
Hepatitis B: 3 doses
Documentation of a physical within the last 365 days.
**** Parents/Guardians are required to provide examination documentation within 10 days for records from NJ. For students transferring from outside of NJ, the grace period is 30 days to provide documentation.**

- **6th – 8th Grade Requirements:**

Tdap: 1 dose (after the age of 11)
Meningococcal: 1 dose (after the age of 11)
DTap: 3 doses
Polio: 3 doses
MMR: 2 doses
Varicella: 1 dose
Hepatitis B: 3 doses
Documentation of a physical within the last 365 days.

If the student has not received their immunizations by the first day of school, they may be excluded from attending until they receive them. A nurse must validate that the immunizations are up to date before attending school. Any questions please contact the school nurses.

Gabrielle Oleszewski RN, MSN, CSN
Certified School Nurse
609-407-4000 ext:8513

Lisa Dutra RN, BSN, CSN
School Nurse
609-407-4000 ext:8514

NORTHFIELD COMMUNITY SCHOOL HEALTH OFFICE
EMERGENCY INFORMATION FORM

This form MUST be completed and returned to the school nurse as soon as possible

STUDENT NAME: _____ **CURRENT GRADE:** _____

MEDICAL INFORMATION: *Please provide the following student information*

Does your child have Asthma? **Yes or No** If yes, do they carry an Inhaler? **Yes or No**
Nebulizer Treatments? **Yes or No**
Any Allergies? _____ Reactions: _____

Does your child have an Epi-Pen? **Yes or No**
Do they self-carry? **Yes or No** **(**if yes, updated doctor's note MUST be on file in health office)

Has your child ever had a seizure? **Yes or No** If yes, when & how frequently? _____

Has your child experienced a head injury of concussion? **Yes or No** If yes, when? _____

Is he/she presently on any medication? **Yes or No** If yes, what kind?_____

Does your child have any other illnesses or restrictions that the Health Office should be aware of?
_____

Has your child ever been hospitalized OR had surgery? **Yes or No**
If yes, when and for what? _____

_____

Does your child have scoliosis? **Yes or No**
Do you want your child to participate in the school scoliosis screening? **Yes or No**

List any medical/surgical care your child has received *during the past year*:

Last Dental Exam: _____ Braces: **Yes or No**
Date

Last Eye Exam: _____ Contacts: **Yes or No** Glasses: **Yes or No**
Date

Recent Immunizations/Boosters _____ _____
Date Type

Doctor _____ Telephone #_____

Dentist _____ Telephone #_____

Hospital _____Telephone #_____

I, the undersigned, do hereby authorize officials of New Jersey Public Schools to contact directly the persons named on this card and do authorize the named physicians to render such treatment as may be deemed necessary in an emergency, for the health of said child. In the event that physicians, other persons named on this card, or parents cannot be contacted, the school officials are hereby authorized to take whatever action is deemed necessary in their judgment, for the health of the aforesaid child. I will not hold the school district financially responsible for the emergency care and/or transportation for said child.

_____ _____ _____
Signature of Parent/Guardian Date Cell Phone #

Northfield Community School

Health Insurance Questionnaire

Student's Name: _____ Grade: _____

Does this child have any health insurance including NJ Family Care/Medicaid, Medicare, private or other?

Please check which ONE apply:

_____ **YES-**My child has health insurance.

_____ **NO-** My child **does not** have health insurance.

If yes, what is the name of the Insurance Company? _____

NJ Family Care provides free or low cost health insurance for uninsured children and certain low income parents. For more information visit www.njfamilycare.org to apply online or call 1-800-701-0710.

By signing below you are allowing Northfield Community School to forward your information to NJ Family Care.

(Please do not sign below if you do not wish to have information forwarded)

You may release my name and address to the NJ Family Care Program to contact me about health insurance.

Written consent required pursuant to 20 U.S.C. § 123g (b)(1) and 34 C.F.R. 99.30(b).

Signature: _____

Printed Name: _____

Date: _____

For Office Use Only:

Date Received: _____

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	

CH-14 JUL 12 Distribution: Original-Child Care Provider Copy-Parent/Guardian Copy-Health Care Provider

Instructions for Completing the Universal Child Health Record (CH-14)

Section 1 - Parent

Please have the parent/guardian complete the top section and sign the consent for the child care provider/school nurse to discuss any information on this form with the health care provider.

The WIC box needs to be checked only if this form is being sent to the WIC office. WIC is a supplemental nutrition program for Women, Infants and Children that provides nutritious foods, nutrition counseling, health care referrals and breast feeding support to income eligible families. For more information about WIC in your area call 1-800-328-3838.

Section 2 - Health Care Provider

1. Please enter the date of the physical exam that is being used to complete the form. Note significant abnormalities especially if the child needs treatment for that abnormality (e.g. creams for eczema; asthma medications for wheezing etc.)
   - **Weight** - Please note pounds vs. kilograms. If the form is being used for WIC, the weight must have been taken within the last 30 days.
   - **Height** - Please note inches vs. centimeters. If the form is being used for WIC, the height must have been taken within the last 30 days.
   - **Head Circumference** - Only enter if the child is less than 2 years.
   - **Blood Pressure** - Only enter if the child is 3 years or older.
2. **Immunization** - A copy of an immunization record may be copied and attached. If you need a blank form on which to enter the immunization dates, you can request a supply of Personal Immunization Record (IMM-9) cards from the New Jersey Department of Health, Vaccine Preventable Diseases Program at 609-826-4860.
   - The Immunization record must be attached for the form to be valid.
   - "Date next immunization is due" is optional but helps child care providers to assure that children in their care are up-to-date with immunizations.
3. **Medical Conditions** - Please list any ongoing medical conditions that might impact the child's health and well being in the child care or school setting.

   a. Note any significant medical conditions or major surgical history. **If the child has a complex medical condition, a special care plan should be completed and attached for any of the medical issue blocks that follow.** A generic care plan (CH-15) can be downloaded at www.nj.gov/health/forms/ch-15.dot or pdf. Hard copies of the CH-15 can be requested from the Division of Family Health Services at 609-292-5666.

   b. **Medications** - List any ongoing medications. Include any medications given at home if they might impact the child's health while in child care (seizure, cardiac or asthma medications, etc.). Short-term medications such as antibiotics do not need to be listed on this form. Long-term antibiotics such as antibiotics for urinary tract infections or sickle cell prophylaxis should be included.

   PRN Medications are medications given only as needed and should have guidelines as to specific factors that should trigger medication administration.

   Please be specific about what over-the-counter (OTC) medications you recommend, and include information for the parent and child care provider as to dosage, route, frequency, and possible side effects. Many child care providers may require separate permissions slips for prescription and OTC medications.

   c. **Limitations to physical activity** - Please be as specific as possible and include dates of limitation as appropriate. Any limitation to field trips should be noted. Note any special considerations such as avoiding sun exposure or exposure to allergens. Potential severe reaction to insect stings should be noted. Special considerations such as back-only sleeping for infants should be noted.

   d. **Special Equipment** – Enter if the child wears glasses, orthodontic devices, orthotics, or other special equipment. Children with complex equipment needs should have a care plan.

   e. **Allergies/Sensitivities** - Children with life-threatening allergies should have a special care plan. Severe allergic reactions to animals or foods (wheezing etc.) should be noted. Pediatric asthma action plans can be obtained from The Pediatric Asthma Coalition of New Jersey at www.pacnj.org or by phone at 908-687-9340.

   f. **Special Diets** - Any special diet and/or supplements that are medically indicated should be included. Exclusive breastfeeding should be noted.

   g. **Behavioral/Mental Health issues** – Please note any significant behavioral problems or mental health diagnoses such as autism, breath holding, or ADHD.

   h. **Emergency Plans** - May require a special care plan if interventions are complex. Be specific about signs and symptoms to watch for. Use simple language and avoid the use of complex medical terms.
4. **Screening** - This section is required for school, WIC, Head Start, child care settings, and some other programs. This section can provide valuable data for public heath personnel to track children's health. Please enter the date that the test was performed. Note if the test was abnormal or place an "N" if it was normal.
   - For lead screening state if the blood sample was capillary or venous and the value of the test performed.
   - For PPD enter millimeters of induration, and the date listed should be the date read. If a chest x-ray was done, record results.
   - Scoliosis screenings are done biennially in the public schools beginning at age 10.

   This form may be used for clearance for sports or physical education. As such, please check the box above the signature line and make any appropriate notations in the Limitation to Physical Activities block.
5. Please sign and date the form with the date the form was completed (note the date of the exam, if different)
   - Print the health care provider's name.
   - Stamp with health care site's name, address and phone number.

RESIDENCY

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

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 on page 1 of this application and is* ***located in the district.***

or

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

or

Complete ***SECTION C*** *(TEMPORARY RESIDENT) if* ***the student is living with a parent or guardian temporarily residing within the district.***

or

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.*

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 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.

1._____

2._____

3._____

4._____

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 an 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.)_____

_____
_____
_____
_____
_____

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.)_

_____
_____
_____
_____
_____

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.

<u>*Please only fill out if Section B applies</u>

RESIDENT AFFIDAVIT for SECTION B

IN THE MATTER OF THE APPLICATION FOR SCHOOL ADMISSION OF

_____
(Name of Student)

I, _____being of full age and being duly sworn according
(Print Name of Petitioner)
to law, upon my oath depose and state:

1. I am a resident of the City of Northfield, New Jersey and have resided at

   _____ since_____
   (Address of Petitioner) (Date)

   _____
   (Phone Number of Petitioner)

2. I hereby certify that the above child,_____,
   (Name of Child)
   Age:_____ Relationship to Petitioner_____,
   is now and has been residing with me at the above address since_____
   (Date)

3. I am supporting said child gratis, as though the child were my own child, and will continue to support the child while he/she is under my care and custody and I am not receiving financial assistance for the care and support of this child.

4. I will assume all personal and legal obligations for the child relative to school requirements and will continue to keep, care and support said child gratuitously through the entire year and not just during the school year.

5. I am making this statement to petition the Board of Education to accept said child as a pupil under the jurisdiction of the public school of the City of Northfield, as provided for under Chapter 138, laws of 1983.

6. In the event the residence of said child with me is terminated, or I receive financial assistance toward the care and support of this child, I will notify the Board of Education immediately.

7. Should it be determined at a later date that this child is attending the Northfield Public School from a residence other than that which I have certified, I understand and agree that:
   - The child will be transferred immediately from the attendance roll of the Northfield Public School and/or the child will be considered a tuition student for the entire period of enrollment in the Northfield Public School and that I will be billed accordingly by the Northfield Board of Education.

_____
Signature of Petitioner

_____
Please Print Name of Petitioner

Subscribed and swore to before me

this _____ day of _____ 20___

_____
Notary Public of the State of New Jersey

-or-

_____
Secretary to the Board of Education

Name of Mother_____
Address_____

Name of Father_____
Address_____

PARENT AFFIDAVIT – SECTION B

Date: _____

Parent Name - Print: _____

Student Name – Print: _____

Grade: _____ Teacher: _____

This Parent/Guardian letter is to confirm residency for your child.

By signing this letter, and having it be notarized, this sworn document then affirms: (Check all that apply)

____ I am unable to care for my child due to personal family hardship

Please explain the hardship here:

_____

_____

____ I am unable to care for my child due to economic hardship

Please explain the hardship here:

_____

_____

By signing this sworn statement, I am affirming that I do not provide financial support for my child.

By signing this sworn statement, I am affirming that the resident is the sole financial supporter of my child.

By signing this sworn statement, I understand that I am releasing my rights to make any and all decisions regarding my child's school, to the resident of the district. The person/family/resident responsible for my child will assume all personal obligations for my child relative to school requirements, and will do so gratuitously for a longer time than merely through the school term.

By signing this sworn statement, I am affirming that my child is not residing with the resident of the district solely for the purpose of receiving an education within the district.

Parent Signature: _____ Date: _____

Subscribed and swore to before me this _____ day of ____ 20 ____

_____

Notary Public of the State of New Jersey -or- Secretary to the Board of Education

Name of Mother: _____ Phone:_____

Address:_____

Name of Father: _____Phone:_____

Address:_____

Signature of Petitioner:_____ SEAL:

Print name of Petitioner:_____

Northfield Community School – "Children First"

Equal Opportunity Employer

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) 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 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?

_____

_____

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

_____

_____

_____

(Continued on Next Page)

SECTION C (TEMPORARY RESIDENT) CONTINUED:

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.*

PARENT AFFIDAVIT STATEMENT
SECTION C

PARENT/LEGAL GUARDIAN:

I (we) _____,
(Name/Names)

residing at _____, whose
(Address)

telephone number is _____ am/are the legal guardian (s) of the following child/children:

_____ _____
Name Age

_____ _____
Name Age

_____ _____
Name Age

As of this date _____, I (we) am/are residing (domiciled) at
(Date)
_____ in the Northfield
(Address)
Community School District. This residence is now our temporary residence. **We are not using this new address solely to receive a free public education from the Northfield Community School District.**

RESIDENT OWNER/LESSEE:

I (We) _____, am/are the

__Owner __Primary Renter __Lessee __Other _____

of said property located at _____
(Address)
and phone number _____
in the Northfield Community School District. I have given permission for

_____
(Name)
and their child/children to reside and be domiciled in my residence with me.

I understand that if any of these statements made by me are false, that I may be held liable for the payment of tuition to the Northfield Community Board of Education. I also understand that if any of the statements made by me are false, that I am subject to be criminally prosecuted for assisting in the obtaining of free public services by fraud and for providing false statements under oath.

_____ _____
Signature of Resident Signature of Parent/Legal Guardian

_____ _____
Signature of Resident Signature of Parent/Legal Guardian

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

Signed _____
Notary Public

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 *(name of administrator or office)* for further information**.**

END OF SECTION D

In order to complete the registration for your child we will need you to bring the following applicable items to your appointment. We cannot register your child until you provide us with the items listed below.

ALL STUDENTS:
-Birth Certificate
-Immunization Record
-Physical (dated within the past year)
-Transfer Card (if transferring from another school)

HOMEOWNER:
-Deed/Mortgage Document or Tax Bill in the Parent's/Guardian's name
-Utility Bill
-Identification

LEASE/RENTER:
-Lease or Rental Agreement
-Utility Bill
-Identification

AFFIDAVIT (if Parent/Guardian lives with a Northfield Homeowner):
-Affidavit signed by Homeowner with Notary Stamp and Signature
-Deed/Mortgage Document or Tax Bill in Homeowner's Name
-Utility Bill in Homeowner's Name and Bill in Parent/Guardian's name
-Identification – Homeowner and Parent/Guardian

AFFIDAVIT (If Parent/Guardian lives with a Northfield Renter):
-Affidavit signed by Renter with Notary Stamp and Signature
-Copy of Lease/Rental Agreement in Renter's Name
-Utility Bill in Homeowner's Name and Bill in Parent/Guardian's name
-Identification – Homeowner and Parent/Guardian

Thank you!