

JEFFERSON TOWNSHIP PUBLIC SCHOOLS

Press Release

January 2009

KINDERGARTEN REGISTRATION 2009 – 2010 SCHOOL YEAR

Kindergarten registration will be held at the Milton School and the Robert F. Drummond School in Jefferson Township on March 2nd – 6th, 2009 [SEE SCHEDULE BELOW] from 9:30 AM to 1:00 PM. Your child need not be present during registration. Only those children who will be five years of age before October 1, 2009 will be eligible to enter kindergarten in September 2009.

Your cooperation is asked in following the schedule below. Registration for students whose last name begins with:

A – E MONDAY, 03/02

P – S THURSDAY 03/05

F – J TUESDAY, 03/03

T – Z FRIDAY, 03/06

K – O WEDNESDAY, 03/04

We appreciate your cooperation in adhering to the above schedule. If it is impossible for you to register your child on the day indicated, please call the school to make other arrangements:

Milton School (973) 697-4742

Robert F. Drummond School (973) 663-0760

REQUIREMENTS ARE:

1. Original Birth Certificate (with raised seal). Child must be 5 years of age prior to October 1, 2009.
2. Each Student must have a physical examination and provide examination documentation within 30 days upon enrollment/entry into school.
3. Complete immunization against D.P.T. (a series of four (4), with one (1) of the doses given on or after their 4th birthday, or any five (5) doses given at appropriate intervals).
4. Complete immunization against Polio (three (3) doses, with one (1) dose given on or after their 4th birthday, or any four (4) doses given at appropriate intervals).
5. Complete immunization against Measles (two (2) doses to be given on or after 1st birthday, vaccine doses are to be separated by at least one month).
6. Immunization against Rubella (vaccine must be given after 1st birthday).
7. Immunization against Mumps (vaccine must be given after 1st birthday).
8. Hepatitis B Vaccine (a series of three (3) doses of Hepatitis B vaccine or any vaccine combination containing the Hepatitis B virus).
9. Children born on or after January 1, 1998 are required to have one dose of the Varicella vaccine on or after their 1st birthday or proof of disease immunity is required prior to entering Kindergarten or 1st Grade.
10. Doctor's or Health Department Certificate is required as written proof that the above are completed.

Please bring immunization records, current physical examination, proof of residence (mortgage statement, rental agreement, current tax or utility bill) and child's birth certificate at the time of registration. State Law prohibits the acceptance of any child who does not meet these requirements prior to the first day of entering school in September.

Jefferson Township Public Schools

New Jersey State Uniform Registration Form

Last Updated on June 10, 2005

Please print all information

DIRECTIONS TO PARENT/GUARDIAN: The questions on this form must be administered at the time of student enrollment. Some responses are optional to protect the privacy of student or family, however, the parent or guardian should understand that his/her responses to these questions will be of great help to the district and the state in planning a program that meets the unique needs of his /her child. If the parent or guardian declines to respond to a question, leave the item blank.

STUDENT INFORMATION:

FOR OFFICE USE ONLY

1. Last Name of Child

2. First Name of Child

3. Middle Name of Child (if applicable/optional)

4. Generation Code Suffix (if applicable/optional – for ex. Jr, Sr, III)

Date Registered _____
 Grade _____ Bus _____
 Entering _____
 Record of Birth (specify)
 Transfer _____
 Birth Certificate _____
 Verified By _____

The Commissioner of Education has authorized school districts to request this information, which will be used in the generation of a State Identification Number (SID) to uniquely identify students enrolled in public schools. The SID is used to monitor student performance data so that higher quality research can be obtained for the purpose of determining improved policies and programs in New Jersey's public education system. Strict privacy and security policies are adhered to (punishable by law) once social security numbers are collected.

6. Gender of Child (Mark box. with √)
 Male or Female

7. Birthdate of Child (MM-DD-YYYY)

8. Child's City of Birth

9. Child's State of Birth Code

10. Child's Country of Birth

11(a) Please provide the permanent or home address of the student. (No Post Office Boxes)

Address:

City:

State: Zip:

11(b) What is the closest intersecting street to which you reside _____

Home Phone - -

Cellular Phone - -

Email

12. Mailing address (if different from above)

Address:

City:

State: Zip:

13. **The National or Ethnic subgroup which a child or parent/guardian most clearly identifies** (Optional). A representative sample of subgroups in New Jersey are listed below. Place an "X" in the box for one or more subgroups (up to 3 selections possible).

| | |
|--------------------------|--------------------------|
| <input type="checkbox"/> | United States of America |
| <input type="checkbox"/> | Albania |
| <input type="checkbox"/> | Chile |
| <input type="checkbox"/> | China |
| <input type="checkbox"/> | Colombia |
| <input type="checkbox"/> | Cuba |
| <input type="checkbox"/> | Dominican Republic |
| <input type="checkbox"/> | Egypt |
| <input type="checkbox"/> | India |

| | |
|--------------------------|---------|
| <input type="checkbox"/> | Iran |
| <input type="checkbox"/> | Iraq |
| <input type="checkbox"/> | Italy |
| <input type="checkbox"/> | Japan |
| <input type="checkbox"/> | Jordan |
| <input type="checkbox"/> | Korea |
| <input type="checkbox"/> | Lebanon |
| <input type="checkbox"/> | Mexico |
| <input type="checkbox"/> | Nigeria |

| | |
|--------------------------|-------------|
| <input type="checkbox"/> | Pakistan |
| <input type="checkbox"/> | Philippines |
| <input type="checkbox"/> | Poland |
| <input type="checkbox"/> | Puerto Rico |
| <input type="checkbox"/> | Russia |
| <input type="checkbox"/> | Syria |
| <input type="checkbox"/> | Other |
| <input type="checkbox"/> | Other |
| <input type="checkbox"/> | Other |

14. **Native Language of Child.** The language or dialect first learned by an individual or first used by the Parent/Guardian with a child. This term is often referred to as the first language spoken. A representative sample of languages in New Jersey is listed below. Place an "X" in the box to indicate the native language of the child.

| | |
|--------------------------|------------------------|
| <input type="checkbox"/> | English |
| <input type="checkbox"/> | Albanian |
| <input type="checkbox"/> | Arabic |
| <input type="checkbox"/> | Chinese, Cantonese |
| <input type="checkbox"/> | Chinese, Mandarin |
| <input type="checkbox"/> | French |
| <input type="checkbox"/> | Gujarati |
| <input type="checkbox"/> | Haitian, Creole French |
| <input type="checkbox"/> | Hindi |

| | |
|--------------------------|----------|
| <input type="checkbox"/> | Japanese |
| <input type="checkbox"/> | Korean |
| <input type="checkbox"/> | Polish |
| <input type="checkbox"/> | Russian |
| <input type="checkbox"/> | Spanish |
| <input type="checkbox"/> | Tagalog |
| <input type="checkbox"/> | Urdu |
| <input type="checkbox"/> | Yoruba |
| <input type="checkbox"/> | Other |

15. **Race/ethnicity of Child.** Place an "X" in one or more boxes to indicate what you or your child considers the child to be.

| | |
|--------------------------|--|
| <input type="checkbox"/> | American Indian or Alaska Native - A person having origins in any of the original Peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment. |
| <input type="checkbox"/> | Asian - A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand or Vietnam. |
| <input type="checkbox"/> | Black or African American - A person having origins in any of the black racial groups of Africa. Terms such as "Haitian" or "Negro" can be used in addition to "Black or African American." |
| <input type="checkbox"/> | Spanish/Hispanic/Latino - A person of Cuban, Mexican, Puerto Rican, South or Central American or other Spanish culture or origin, regardless of race. |
| <input type="checkbox"/> | Native Hawaiian or Other Pacific Islander - A person having origins in any of the original peoples of Hawaii, Guam, Samoa or other Pacific Islands. |
| <input type="checkbox"/> | White - A person having origins in any of the original peoples of Europe, Middle East or North Africa. |

16. What language does the child speak most frequently at home? _____

17. Is the student qualified to receive federal support as an immigrant? An immigrant is a student who is age 3 to 21 and was NOT born in the US, and has not been attending one or more schools in any one or more states for more than three full academic years.

Yes No

18. Is the child a U.S. citizen Yes _____ No _____

19. Are you enrolling in this school as a result of exercising your No Child Left Behind choice option?

Yes No

20. If you answered YES to the above question please identify the reason from the list below.

- No Child Left Behind - School in Need of Improvement
- No Child Left Behind - Unsafe School - Persistently Dangerous School
- No Child Left Behind - Unsafe School - Student is Victim

21. What is the name and location of the institution which provided care, education, and/or services to the student prior to this enrollment?

Name:

Address:

City:

State: Zip:

22. If applicable, what was the last grade completed by the student?

| | | | | | |
|--------------------------|--------------|--------------------------|---------------|--------------------------|-------------------|
| <input type="checkbox"/> | Preschool | <input type="checkbox"/> | Fourth Grade | <input type="checkbox"/> | Ninth Grade |
| <input type="checkbox"/> | Kindergarten | <input type="checkbox"/> | Fifth Grade | <input type="checkbox"/> | Tenth Grade |
| <input type="checkbox"/> | First Grade | <input type="checkbox"/> | Sixth Grade | <input type="checkbox"/> | Eleventh Grade |
| <input type="checkbox"/> | Second Grade | <input type="checkbox"/> | Seventh Grade | <input type="checkbox"/> | Twelfth Grade |
| <input type="checkbox"/> | Third Grade | <input type="checkbox"/> | Eighth Grade | <input type="checkbox"/> | Adult High School |

23. Has the student ever been referred to or evaluated by a Child Study Team?

Yes No

24. What is the extent of formal instruction the student's parent/guardian has received? If currently enrolled, select the previous grade level or highest degree received. (OPTIONAL)

- | | |
|---|--|
| <input type="checkbox"/> No schooling completed | <input type="checkbox"/> High school graduate – high school diploma or the equivalent (i.e. GED) |
| <input type="checkbox"/> Nursery School to 4 th grade | <input type="checkbox"/> Some college credit, but no degree |
| <input type="checkbox"/> 5 th or 6 th grade | <input type="checkbox"/> Associate degree (i.e. AA,AS) |
| <input type="checkbox"/> 7 th or 8 th grade | <input type="checkbox"/> Bachelor's degree (i.e. BA, AB, BS) |
| <input type="checkbox"/> 9 th grade | <input type="checkbox"/> Master's degree (i.e. MA, MS, MEng, Med, MSW MBA) |
| <input type="checkbox"/> 10 th grade | <input type="checkbox"/> Professional degree (i.e. MD,DO,DDS,DVM,LLB,JD) |
| <input type="checkbox"/> 11 th grade | <input type="checkbox"/> Doctorate degree (i.e. PhD, EdD) |
| <input type="checkbox"/> 12 th grade | |

Signature Date:

Parent/Guardian: _____

Title: First Name:

Last Name:

Relationship to Student: _____

Parent/Guardian: _____

Title: First Name:

Last Name:

Relationship to Student: _____

*****This completes the NJ State Enrollment Form.*****
The following page requests information specific to Jefferson Township School District

PARENT EMPLOYMENT:

| | | |
|-------------------|--------------------|--------------------|
| | <u>Mother Name</u> | <u>Father Name</u> |
| Place | | |
| Address | | |
| Occupation | | |
| Work No. | | |

IS THE CHILD LIVING WITH: Both Parents Father Mother Step-Father Step-Mother Legal Guardian
 (Please Circle One)

Other(s) (explain): _____

PARENTS: Married Divorced Separated Remarried (please circle one)

CHILDREN IN FAMILY (Include this child – List oldest first)

| <u>Name</u> | <u>School</u> | <u>Grade</u> | <u>Age</u> |
|-------------|---------------|--------------|------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

SCHOOLS PREVIOUSLY ATTENDED:

| <u>Name of School</u> | <u>Address</u> | <u>Grade</u> |
|-----------------------|----------------|--------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |

In the event of any emergency, when we might not be able to contact either parent, whom shall we call? Where shall we send your child?

Name _____ Tel. No. _____

Doctor's or Health Department's certificate indicating dates of vaccines is mandatory.

MEDICAL RECORD: Please check diseases as applicable. Give dates where possible:

- | | | |
|----------------------|----------------------------------|--------------------|
| _____ Chicken Pox | _____ Asthma | _____ Lyme Disease |
| _____ German Measles | _____ Pneumonia | |
| _____ Measles | _____ Meningitis | |
| _____ Mumps | _____ Tuberculosis (or exposure) | |
| _____ Scarlet Fever | _____ T.B. in Family | |

Does child have any disabilities that may effect school work? _____

Any known sensitivity, such as bee stings? _____

Any known condition which may cause an emergency? _____

 Signature (Parent, Guardian, Other (explain))

IF YOUR CHILD IS INVOLVED IN A MEDICAL EMERGENCY, WHEN NONE OF THE AFOREMENTIONED PEOPLE CAN BE CONTACTED IMMEDIATELY, THE SCHOOL AUTHORITIES WILL ARRANGE FOR TRANSPORTATION OF THE CHILD TO THE NEAREST HOSPITAL. PARENTS ARE RESPONSIBLE FOR THE FINANCIAL OBLIGATION FOR SUCH EMERGENCY CARE AND TRANSPORTATION HOME FROM THE HOSPITAL.