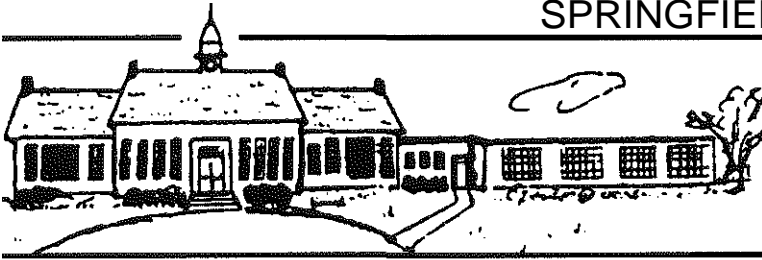


SPRINGFIELD TOWNSHIP SCHOOL DISTRICT



2146 JACKSONVILLE JOBSTOWN ROAD
JOBSTOWN, NEW JERSEY 08041
PHONE (609) 723-2479
FAX (609) 723-6112

CRAIG VAUGHN SUPERINTENDENT/PRINCIPAL

BRUCE BENEDETTI INTERIM BUSINESS ADMINISTRATOR

Date: _____

I hereby authorize:

Name of School: _____

Address of School: _____

Phone Number of School: _____ Fax Number of School: _____

To release the following school records:

School's State I.D. Number: _____

Academic Records

Health Records

Attendance Records

Standardized Test Scores

Special Services and/or Basic Skills Data

Name of Student: _____ Date of Birth: _____ Entering Grade: _____

Signed: _____

Relationship to Student: _____

Current Address: _____

If you need additional information, please contact our main office at 609-723-2479.

Sincerely,
Main Office



Find us on the web at www.springfieldschool.org and follow us on Twitter @SpringfieldDist

SPRINGFIELD TOWNSHIP SCHOOL NEW STUDENT REGISTRATION FORM

School Year _____

Date Completing Form _____

Date Entered _____ Grade _____ Teacher _____

Last Name _____ First Name _____ Middle Name _____ Male _____ Female _____

Mailing Address _____ City _____ Zip Code _____ Date of Birth _____

Street Address _____ Home Telephone Number _____ Emergency Phone Number _____

Person Enrolling Student: _____ Relationship if other than parent: _____

Native Language of Parent/Guardian/Person enrolling Student: _____

If English is not the native language, please check here _____ if English is spoken and understood by the parent/guardian/person enrolling student.)

Race: White Black Hispanic American Native Asian Pacific Hawaiian Native/Pacific Island Other _____

*Proof of Residency _____ *Birth Certificate _____ *Immunization _____ Birth City _____ Birth State _____

Student resides with: Mother _____ Father _____ Both Parents _____ other _____

Mother's Last Name _____ First Name _____ Work Phone # _____ Cell Phone # _____

Email Address (Please print clearly) _____

Employer _____ Occupation _____

Father's Last Name _____ First Name _____ Work Phone # _____ Cell Phone # _____

Email Address (Please print clearly) _____

Employer _____ Occupation _____

Step-Father's Last Name _____ Step-Father's First Name _____ Work Phone # _____ Cell Phone # _____

Email Address (Please print clearly) _____

Employer _____ Occupation _____

Step-Mother's Last Name _____ Step- Mother's First Name _____ Work Phone # _____ Cell Phone # _____

Email Address (Please print clearly) _____

Employer _____ Occupation _____

OVER

Names of Sisters	DOB	Names of Brothers	DOB
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

School transferred from:
Name, Address, Phone No.

Special Programs previously attended:

_____ Special Education
_____ Basic Skills
_____ Counseling
_____ Enrichment

_____ Limited English
_____ Speech
_____ Free/Reduced Lunch
_____ Other

Has your child previously been retained?

_____ Yes _____ No Grade _____

Health Insurance Coverage Status Yes No

Health Insurance Provider

The State of New Jersey, Department of Education Commissioner says “The federal government is requiring all states to create statewide student databases. This is a very positive development for both students and the Department. It will mean that your child’s teachers and administrators will be able to track the progress of each individual student from year to year, even if your family moves to a different school district. It will also give the Department and your local district the information needed to make good decisions about programs and resources. To create the database, the Department will assign a unique identification number to each student so that personal information, such as the child’s name and home address, will not be accessible. Many of the 43 pieces of information needed to create a unique ID number for each student are already on file at your children’s schools. You will not be asked to provide a Social Security Number for your child; however, in some cases, we will need additional information, such as your child’s city of birth. Your local school district will be contacting you to ask you to provide that information. Please be assured that your local school district is collecting this information at the request of the Department. Also be assured that it will only be used to create your child’s unique ID number.”

*Reviewed by Superintendent’s Office Staff Initial: _____ Date: _____

*Documentation Attached

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 living with a parent or guardian 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 page 1 of this application is your permanent home.

If the student's parents are domiciled in different districts, regardless of which parent has legal 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? _____

SECTION A (DOMICILE) CONTINUED:

***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 legal 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 statement(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 legal guardianship or custody be obtained before a student will be considered for enrollment on an “affidavit” basis.

END OF SECTION B

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.

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 legal custody, please answer the following questions:

Is there a court order or written agreement between the parent 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? _____

(Continued on Next Page)

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.

END OF SECTION C

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 Division of Youth and Family Services acting as the student's legal 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.

_____ The student is kept in the home of a person domiciled in the district, other than the parent or legal 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 Mr. Craig Vaughn, Superintendent for further information.

END OF SECTION D

If you experience difficulties with the enrollment process, please see Mr. Craig Vaughn, Superintendent, 609-723-2479 (*832), Springfield Township School for assistance.

SPRINGFIELD TOWNSHIP SCHOOL
Jobstown, New Jersey

School Year _____

NAME: _____ **DATE:** _____

This questionnaire will help the doctor and school nurse to find out if your child is in the best of health for school. The questionnaire will become part of your child's personal health record and is confidential. Take the questionnaire to your family doctor when he examines your child, as your answers will help him too. Please write down any special questions you have regarding your child's health. The doctor or school nurse will help you with any questions you might have with parts of this questionnaire.

PLEASE CIRCLE THE CORRECT ANSWER. EXPLAIN IF ANSWER IS YES.

1.	Has your child had Headaches or Dizzy Spells?	No	Yes
2.	Convulsions or other seizures?	No	Yes
3.	Trouble with eyes or with seeing?	No	Yes
4.	Trouble with ears or with hearing?	No	Yes
5.	Nose bleeds, constant colds, sore throats, or sinus?	No	Yes
6.	Frequent swollen glands?	No	Yes
7.	Asthma, wheezing, cough, bronchitis, pneumonia? If YES – medication for the above	No	Yes
8.	Heart trouble?	No	Yes
9.	Frequent upset stomach or bowel trouble?	No	Yes
10.	Trouble with urination or making water?	No	Yes
11.	Kidney or bladder infection?	No	Yes
12.	Any exposure to Tuberculosis?	No	Yes
13.	Any previous illness at any age?	No	Yes
14.	Special doctoring at any age?	No	Yes
15.	Diabetes?	No	Yes
16.	Mumps, Measles, Chicken Pox, Whooping Cough or German Measles? (Circle)	No	Yes
17.	Any stays in a hospital? (If YES, explain) Why: _____ When:	No	Yes
18.	Any operations? Date: _____ What Kind:	No	Yes
19.	Any bad accidents or broken bones?	No	Yes
20.	Hay Fever, Hives or Eczema?	No	Yes
21.	Allergies? _____ Medication for above:	No	Yes
22.	Tires easily, loss of vigor, or trouble fighting-off infections?	No	Yes
23.	Any trouble sleeping or nightmares?	No	Yes
24.	Bed wetting or day wetting?	No	Yes
25.	Thumb sucking, nail biting, stammering, stuttering?	No	Yes
26.	Other speech problems?	No	Yes
27.	Nervous habits, high-strung, easily upset, temper tantrums?	No	Yes
28.	Shy, glum, sulky or feelings easily hurt?	No	Yes

29.	Wanting too much attention – disobedient?	No	Yes
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Please answer these questions about the history of pregnancy, birth and early life:

1.	Was there a sickness or complication during pregnancy? (Optional)	No	Yes
2.	Did you have any infections or viruses during pregnancy? (Optional)	No	Yes
3.	Did you have high blood pressure or extra water retention during pregnancy? (Optional)	No	Yes
4.	Did you take medication during pregnancy? (Optional)	No	Yes
5.	Was there trouble with the labor and/or delivery? (Optional)	No	Yes
6.	Was the baby abnormal at birth or was there a birth defect?	No	Yes
7.	Did the baby do well for the first few months?	No	Yes
8.	Was there any problem with colic, crying, vomiting, sleeping, or settling the baby?	No	Yes

9.	At what hospital was the baby born? Birth weight: Address:
10.	Who is your child's family physician? Address:
11.	How many times has your child seen a doctor in the last year?
12.	When was your child's last check-up?