

Fairfield Township School
375 Gouldtown-Woodruff Rd.
Bridgeton, NJ 08302
Phone: 856-453-1882 / Fax: 856-459-1369

2020-2021 Student Registration Grades K-8

In accordance with New Jersey Administrative Code 6A:28-2.5 Proof of eligibility: A district board of education representative shall accept the following forms of current documentation from persons attempting to demonstrate a student's eligibility for enrollment in the Fairfield Township School District.

Grades K-8 Student(s):

- ✓ An Original Birth Certificate or Passport with an Approved VISA
- ✓ Immunization Record
- ✓ Transfer Card from previous school
- ✓ Physical within one year before registration
- ✓ IEP from a Child Study Team or 504 Plan (if applicable)
- ✓ Kindergarten: Children turn 5 years old by October 1st of the school year

Parent/Guardian Identification:

- ✓ Parent must provide sufficient identification to establish their relationship to the registered child.

These documents are acceptable if dated within two months before registration.

If you own a house (any TWO forms will be accepted):

- ✓ Property tax bill, mortgage statement, plus ONE current utility bills i.e., gas, electric water, sewer, phone and cable, government issued documentation, etc.

If you rent (any TWO forms will be accepted):

- ✓ Current Signed Lease (original) including student(s) name(s), plus ONE current utility bills i.e., gas, electric water, sewer, phone and cable, government issued documentation, etc.

If you and/or your children live with someone else:

- ✓ If you and/or your child lives with someone else that is a district resident or you are considered homeless, in addition to the student requirements, the person you are living with must come in person, provide sufficient identification, four proofs of residency of acceptable documents listed above and both must sign affidavits (available in the office) in front of the notary for verification.

PLEASE READ

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- ✓ After the registration process is complete, parents will be notified when the student can start school and when the bus is scheduled to start pick up and drop off. Before the bus is scheduled, the student will have to be dropped off and picked up at the designated areas. For further information, see Form E - **EARLY DISMISSAL, STUDENT PICK-UP & DROP OFF AND SECURITY PROCEDURES.**
- ✓ If your child is eligible to receive free lunch, it is in your best interest to complete your lunch application immediately. You will be charged each day full price for lunch until your application is approved. Breakfast is free.

Welcome to the Fairfield Township School!

MUST CHECK THE APPROPRIATE SELECTION OF ENROLLMENT

- The **student is living with a parent or guardian whose permanent home is in the district**, the parent or guardian must provide an original birth certificate (we will make the copy). If you are the student's guardian, or will be the guardian of a student from an 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.

AFFIDAVIT STUDENT: (Please read carefully and check the appropriate box)

- If the **student is living with a person in the district, other than the parent or guardian an affidavit must be completed by all parties (parent/guardian and resident).**
- If the **student is living with a parent or guardian and temporarily or permanently residing with a district resident an affidavit must be completed by all parties (parent/guardian and resident).**
- If the **student is temporarily living with a parent or guardian and residing outside the district and still has a permanent address in the district**, please complete an affidavit and follow-up with school social worker.

OTHER CIRCUMSTANCES: Please indicate if any of the following apply:

- 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 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? Y () / N ()
- Where? _____
- The student's circumstances do not appear to be addressed anywhere in this application. I understand that I will be contacted by administration for further information.

Office Use Only: Teacher: _____ **Grade:** _____

STUDENT INFORMATION FORM

Student: _____ Gender: ___ Male ___ Female

Place of Birth: _____ DOB: _____ / _____ / _____
City State Country M D Y

Ethnicity (Please check all that apply): ___ African American ___ White ___ Hispanic ___ Native American ___ Asian

Check all that apply: Classified Student Basic Skills Required Attended Alternative School
 504 or Medical Alert Home Instruction Requires Bilingual Speech
 Another Language Spoken Language _____ *If applicable, custody papers must be presented.*

Mother:	Father:
Street Address:	Street Address:
City & Zip:	City & Zip:
*Home Phone:	*Home Phone:
*Cell Phone:	*Cell Phone:
*Work Place & Phone:	*Work Place & Phone:
Email:	Email:

Please list any contacts that you give permission for student pick up. These individuals listed will be contacted if a parent/guardian cannot be reached. Individuals whose names are not listed above will not be permitted contact with students during school hours. This includes picking up students, visiting students at the school, or receiving any information regarding the student. *Check here () if attaching a list of more names to this form.*

Name: _____ Relationship: _____ Phone#: _____

Name: _____ Relationship: _____ Phone#: _____

Name: _____ Relationship: _____ Phone#: _____

Name: _____ Relationship: _____ Phone#: _____

Please list any other children enrolled in the Fairfield Township School:

1. Name: _____ Grade: _____ 2. Name: _____ Grade: _____

3. Name: _____ Grade: _____ 4. Name: _____ Grade: _____

Parent/Guardian Signature: _____ Date: _____

Office Use Only: Teacher: _____ **Grade:** _____

Fairfield Township School
375 Gouldtown Woodruff Road
Bridgeton, NJ 08302

STUDENT HEALTH INFORMATION

Student's Name: _____

Please complete the following information:

Does child have Health Insurance? **Yes** _____ If Yes, name of insurance company _____

No _____ NJ FamilyCare provides free or low cost health insurance for uninsured children and certain low income parents. For more information call 800-701-0710 or visit www.njfamilycare.org to apply online. You may release my name and address to the NJ FamilyCare Program to contact me about health insurance.

Signature _____ Printed Name _____ Date _____

Written consent required pursuant to 20 U.S.C. § 1232g (b)(1) and 34 C.F.R. 99.30(b.)

Student Physician _____ Phone number _____

Student Dentist _____ Phone number _____

Hospital _____ Phone number _____

Student is allergic to:

Medications _____ Food _____ Environment _____

Last eye exam ____/____/____ Glasses Yes _____ No _____ Contacts Yes _____ No _____

Last dental exam ____/____/____ Does student have Asthma? Yes _____ No _____

Does student have any limitations or restrictions of any kind? Please list _____

Has student had any recent surgery? Please list _____

Please list daily medications _____ N/A _____

If student has received immunizations since last year please submit a copy of the shot record.

Please list additional comments or special health problems that may impact your student's day at school.

I, the undersigned, do hereby authorize officials of New Jersey Public Schools to contact directly the persons named on this form 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 form 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 of said child.

PARENT/GUARDIAN SIGNATURE _____ **DATE** ____/____/____

Office Use Only: Teacher: _____ Grade: _____

Fairfield Township School
375 Gouldtown-Woodruff Road
Bridgeton, NJ 08302

Student's Name: _____

EARLY DISMISSAL AND SECURITY PROCEDURES:

To ensure the safety of our students, please adhere to the following policy:

1. **Early Dismissal** – No pupil in early childhood through eighth grade shall be permitted to leave the school before the close of the day unless he/she is met in the school office by his/her parent/guardian or a person authorized. **The parent/guardian or person authorized by the parent/guardian to act in his/her behalf MUST present a photo ID before the child will be permitted to leave with him/her.**
2. **Early Student Arrivals** – The school does not provide supervision before 8:45 AM. Parents will be called to pick up any student who arrives before 8:45 AM. Should this behavior persist, law enforcement and/or child welfare services will be contacted. Leaving a child unattended is considered “neglect” in the State of NJ.
3. **Student Pick-Up** – Parents/Guardians who wish to pick up their student(s) at 3:20, must report to the A-wing parking lot (the entrance facing Gouldtown-Woodruff Rd.). This is being done in an effort to ensure that all students are safely transported home during dismissal. Parents should drive their cars or walk to the A-wing parking lot. Students will be paged to report to A-wing during dismissal. (Parents/Guardians who wish to pick up their student from the main office will do so at 3:20.)

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

HANDBOOK VERIFICATION FORM (GRADES 2-8)

This indicates that you have read and discussed the Fairfield Township School Discipline Code and Handbook with your student.

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

Student Signature: _____ Date ____/____/____

IDENTIFICATION/IMAGE RELEASE

Check one of the following choices:

I GRANT permission for a photo/image that includes my student's personal information (such as name, grade, and school to be published on the district and/or school's web site, district and local newspaper(s), TV and district newsletter.) I will be personally contacted if any additional information is requested. At any time, you rescind your permission, you may send a letter to the principal and it will take effect upon receipt of your letter.

I DO NOT GRANT permission for a photo/image that includes my student's personal information to be published on the district and/or school's web site, district and local newspaper(s), TV and district newsletter.

Parent/Guardian (Signature) _____ Date ____/____/____

Office Use Only: Teacher: _____ Grade: _____

Student's Name: _____



Fairfield Township School
INTERNET USER CONTRACT
ALL GRADES



I accept and agree to the following:

I agree to follow all rules which are listed in the Fairfield Township School District Guidelines for Internet Use in the Student Handbook.

I realize that the use of the Internet is a privilege, not a right. If I break any rules regarding the use of the Internet, I may lose my privilege to use the Internet, and I may be disciplined.

I agree that I will not transfer inappropriate or illegal materials through the Fairfield Township School District Internet Connection. I realize that in some cases the transfer of such material may result in legal action against me.

I agree not to allow other individuals to use my account for Internet activities, and I will not give anyone else my password.

Signature of User: _____ Date: _____

I, _____, being the parent/guardian of the above named student understand the terms and conditions outlined in the Fairfield Township Public School Internet usage Procedure contained on this document and in the Student Handbook. I also understand that even though my son/daughter's school is providing supervision and guidance during the student's use of the Internet, complete blockage of all unauthorized material is not guaranteed, and I will not hold the school responsible for the student's access the Internet through the school.

Parent/Guardian (Print) _____

Parent/Guardian (Signature) _____

Date: _____

Office Use Only: Teacher: _____ Grade: _____

STUDENT: _____

Fairfield Township School

**NOTIFICATION OF VIDEO
CAMERA USE FOR PARENTS
AND STUDENTS**



The Fairfield Township Board of Education has installed video cameras on its school buses in order to ensure that students can be transported to and from school in as safe an environment as possible.

Administration may use the videos to determine appropriate discipline for inappropriate behavior. Parents and students will be provided the opportunity to view the videos as part of any appeal process.

Please sign the bottom portion and return this notice as acknowledgement that you have read and are aware of this student discipline policy.

STUDENT: _____ **Grade:** _____

Date: _____

I acknowledge receipt of the notice and use of video cameras and tapes on school buses.

Printed Student Name: _____

Parent/Guardian Signature: _____

THIS NOTICE IS TO BE PLACED IN THE STUDENT'S PERMANENT FILE

Fairfield Township School

375 Gouldtown-Woodruff Road

Bridgeton, NJ 08302

Phone: 856-453-1882 / Fax: 856-459-1369

Dr. Michael Knox
Superintendent/Principal
mknox@fairfield.k12.nj.us
856-453-1882 X 8013

Dr. Ja'Shanna Booker-Jones
Assistant Principal PK-4
jjones@fairfield.k12.nj.us
856-453-1882 X 8021

Mr. William Turner
Assistant Principal 5-8
wturner@fairfield.k12.nj.us
856-453-1882 X 8018

Mr. William Gerson
Interim Business Administrator
werson@fairfield.k12.nj.us
856-453-1882 X 8030

Date: _____

(Name of Previous School)

(Fax #:)

(School's Address)

(School's City, State & Zip)

RE: _____
(Student's Name)

Dear School Superintendent,

Please forward the following records for the above named child, who has transferred into our district to the above address. Thank you.

SCHOLASTIC RECORDS	_____
STATE ASSESSMENT SCORES	_____
HEALTH RECORDS	_____
TRANSFER CARD	_____
CHILD STUDY TEAM	_____
EVALUATION	_____
RELATED SERVICES (IE, SPEECH, OT, PT)	_____

PARENTAL PERMISSION

I give Fairfield Township Board of Education permission to release or receive information from any source outside the school system that may have worked with my son or daughter. This may include information from the Family Doctor or Child Study Team from another school district.

Parent(s)/Guardian(s) Signature

Date

Fairfield Township School
Home Language Survey Form
Parent/Guardian Questionnaire

Introduction: This survey is the first of three steps to identify whether or not a student is eligible to be an English language learner.

Instructions: Start with “Question 1” and continue until the HLS is complete. Select the answer for each question and follow the instructions.

Student Information: Child’s name: _____

Student’s birth date: _____ Phone number: _____

Street Address: _____ City: _____, NJ Zip: _____

Person completing the survey: () Mother () Father () Grandparent () Guardian () Other

1. What was the first language used by the student?

A language other than English. Proceed to question 2a.
English. Proceed to question 2b.

2. 2a. At home, does the student hear or use a language other than English more than half of the time.

Yes. Proceed to question 7.
No. Proceed to question 4

2b. At home, does the student hear or use a language other than English more than half of the time?

Yes. Proceed to question 4
No. Proceed to question 3.

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

Yes. Proceed to question 4. No. Proceed to 9.

4. When interacting with his/her parents or guardians, does the student use a language other than English more than half of the time?

Yes. Proceed to question 7. No. Proceed to 5.

5. When interacting with caregivers other than their parents or guardians, does the student use a language other than English more than half of the time?

Yes. Proceed to question 8. No. Proceed to 6.

6. Has the student recently moved from another school district/charter school where he/she was identified as an English language learner?

Yes. Proceed to question 98. No. Proceed to 9.

7. What are the home languages spoken. List below and proceed to 8.

8. Proceed to Step 2: Records Review Process (To be completed by NJ Certified Staff only – Reference ESSA ELL Entry and Exit Guidance, p. 4). Home Language Survey is complete.

9. Do not proceed to Step 2: Records Review Process. Home Language Survey is complete. Student is not an English-Language Learner (ELL).

FAIRFIELD TOWNSHIP SCHOOL DISTRICT

BUS STOP CHANGE REQUEST FORM

The Fairfield Township School District realizes the importance of families needing to make bus change requests to and/or from school for childcare purposes, but wants to be sure that the safety of our children comes first. We feel that providing our students with a clear and consistent bus routine is the best way to ensure that our staff and drivers are correctly assisting those students riding a bus to arrive at their proper destination. With that in mind, the Fairfield Township Board of Education has approved the following procedure concerning requests to change a child's bus stop.

Each year, your child's bus stop to and from school is assumed to be at their home address. Any requests to change that bus stop for a child's AM pickup and/or PM drop off must be submitted on this form. Any changes for a bus stop must be the same stop 5 days a week for either AM or PM. This form is also available in the main office or on the school district's website:

One form should be completed for each child. Parents will receive a notification date when the bus change request will take effect. If a request cannot be honored due to a bus being too full, an unsafe stop location, etc., you will be notified via a phone call.

Student Name: _____ Grade: _____ Teacher: _____

Current AM Pick-Up Address: _____

City: _____

REASON FOR CHANGE: DID YOU MOVE? YES OR NO / CHILDCARE? YES OR NO

Circle one: AM Change PM Change or BOTH (AM & PM)

New Address: _____

_____ City: _____

Parent/Guardian Name (Printed): _____

Parent/Guardian Signature: _____ Date: _____

Home Phone: _____ Cell: _____ Work: _____

You will receive a written notice when the bus pass is available.

Office Use Only:

Date Received: _____

Change Effective: _____