

KEANSBURG SCHOOL DISTRICT

100 Palmer Place
Keansburg, NJ 07734
Phone: 732-787-2007
Superintendent Fax: 732-495-6714
Board of Education Fax: 732-787-4399
www.keansburg.k12.nj.us

Ms. Kathleen O'Hare
Superintendent of Schools

Ms. Christine Formica
*District Director of Operations, C & I
State & Federal Programs*

Mr. Michael LoBrace
*Business Administrator
Board Secretary*

**REGISTRATION FOR K-12 STUDENTS WILL BE DONE AT CARUSO ELEMENTARY SCHOOL
MON -THURS 9:00 - 11:00. PLEASE CONTACT 732-787-2007 ext. 6003 TO SCHEDULE AN
APPOINTMENT**

- **ONLY A PARENT/GUARDIAN MAY ENROLL A STUDENT IN PERSON**
- **STUDENT MUST LIVE IN KEANSBURG BOROUGH WITH PARENT/LEGAL GUARDIAN**

ALL THE FOLLOWING DOCUMENTS MUST BE PRESENTED AT THE TIME OF ENROLLMENT:

ORIGINAL BIRTH CERTIFICATE- Proof of student's date of birth.

IMMUNIZATION RECORD – Failure to provide appropriate information regarding immunization may result in your child not being able to enroll in school.

MANTOUX TB TEST- Students relocating from another area may need a TB test mandated by law. If required, must be provided within 30 days.

PHYSICAL EXAM FORM - Must be completed within the last year.

TRANSFER CARD FROM PREVIOUS SCHOOL

SCHOOL RECORDS – Current report card and most recent Standardized Test Results. If a child is classified, a copy of the IEP, Child Study Team records, Speech and Language Services and reports from Early Intervention Programs are required if available.

HIGH SCHOOL TRANSCRIPTS - High school counselors will schedule an appointment with parent and student to review high school transcripts and create a high school schedule

CUSTODY, PROOF OF LEGAL GUARDIANSHIP OR FOSTER PARENT PAPERS – IF APPLICABLE.

PROOF OF RESIDENCY – HOMEOWNER: Deed, Current Property Tax Bill, HUD-1 Settlement along with (3) Current Utility Bills, Valid Driver's License or Voters Registration Card.

PROOF OF RESIDENCY – RENTER: Current Lease along with (3) Current Utility Bills, Valid Driver's License or Voter Registration Card.

LIVING WITH ANOTHER FAMILY IN KEANSBURG BOROUGH OR YOUR NAME IS NOT ON THE LEASE:
Owner of the property or the landlord must fill out a Certificate of Domicile (Landlord Letter) and provide proof of residency. You must provide proof of residency (3) documents with your name and the Keansburg address.

Please call the office for further information regarding the non-traditional residency if needed at 732-787-2007 ext. 3300.

**KEANSBURG SCHOOL DISTRICT
REGISTRATION FORM**

School: _____ Grade: _____ Date: _____

Student's Name: _____
Last First Middle Initial

Street Address: _____

Mailing Address (If different): _____

Home Phone: () _____ Email: _____

Date of Birth: _____ Age: _____

Birth Place: City _____ State: _____

Birth Country: _____ U.S. Citizen: Yes/No

IF CHILD WAS BORN OUTSIDE THE U.S.A, WHAT IS THE DATE THE CHILD FIRST ATTENDED SCHOOL IN THE U.S.A.? _____

Are you enrolling this student under the McKinney Vento Act? Yes _____ No _____

Ethnicity: Non-Hispanic or Latino _____

Race must be selected if ethnicity is Non-Hispanic or Latino

Race: White _____ Black or African American _____ American Indian or Alaska native _____ Asian _____

Native Hawaiian or Other Pacific Islander _____ Hispanic or Latino _____

Native Language: _____ Primary Language Spoken at Home: _____

Parents/Guardians: Married / Divorced / Separated / Single / Widowed

Student Resides with: _____

Who has Legal Custody: _____

Who has Physical "Residential Custody" _____

If Divorced or Separated, provide the following information of the Non-Custodial Parent:

Name: _____ Email Address: _____

Home Address: _____ Home Phone: _____

_____ Cell Phone: _____

PREVIOUS SCHOOL INFORMATION

Last School Attended: _____ State ID # _____

Address: _____
_____ Phone: _____

Was the student enrolled in any program listed below? Please check all that apply:

English as a Second Language(ESL) _____ Speech _____
Basic Skills/Title 1 _____ Academically Talented _____
Special Education/IEP _____ Other: _____
Alternate School Programs _____

HAS THE STUDENT EVER BEEN ENROLLED IN KEANSBURG SCHOOL DISTRICT BEFORE? _____

If so, give school name and dates of attendance: _____

List Siblings who are living in the household:

Name	Sex	Date of Birth	School	Grade

Please indicate if there are any special custody circumstances that the school should be aware of concerning your child:
Documentation is Required:

Mother/Guardian Name: _____

Address: _____

Email: _____

Phone #: _____

Cell #: _____

Employer's Name: _____

Work Phone#: _____

Address: _____

Father/Guardian Name: _____

Address: _____

Email: _____

Phone #: _____

Cell #: _____

Employer's Name: _____

Work Phone#: _____

Address: _____

Emergency Contact: _____

Phone #: _____

Address: _____

Relationship to Student: _____

Emergency Contact: _____

Phone #: _____

Address: _____

Relationship to Student: _____

I swear the information herein is true. Any false information concerning residency shall be penalized according to N.J. Statutes 18A:38-1:

Signature of Parent/Guardian: _____

Relationship to Student: _____

Date: _____

Medical Information:

Family Physician: _____

Phone # : _____

Dentist: _____

Phone #: _____

Hospital Preference: _____

List below any medical/surgical care child has received in the last year:

Does the child have Health Insurance?

Yes _____ Insurance Carrier: _____

No _____ NJ Family Care 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.

Yes/No You may release my name and address to the NJ Family Care Program to contact me about health insurance.

Signature: _____ Printed Name: _____ Date: _____

Written Consent pursuant to 20U.S.C &1232g (b) 34 C.F.R. (b).

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**

PLEASE FILL OUT ONLY IF YOUR CHILD IS A SPECIAL EDUCATION STUDENT

Special Education Medicaid Initiative (SEMI) Parental Consent form

_____ School District

Our school district is participating in the Special Education Medicaid Initiative (SEMI) program that allows school districts to bill Medicaid for services that are provided to students.

In accordance with the Family Educational Rights and Privacy Act, 34 CFR §99.30 and Section 617 of the IDEA Part B, consent requirements in 34 CFR §300.622 require a one-time consent before assessing public benefits.

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

As the parent/guardian of the child named below, I give permission to disclose information as described above and I understand and agree that Medicaid may access my child's or my public benefits or public insurance to pay for special education or related services under Part 300 (services under the IDEA). I understand that the school district is still required to provide services to my child pursuant to his or her IEP, regardless of my Medicaid eligibility status or willingness to consent for SEMI billing.

I understand that billing for these services by the district does not impact my ability to access these services for my child outside of the school setting, nor will any cost be incurred by my family including co-pays, deductibles, loss of eligibility or impact on lifetime benefits.

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

Parent/Guardian: _____

I give consent to bill for SEMI: YES ____

NO ____

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

COPY TO PPS DEPARTMENT AND BUILDING CHILD STUDY TEAM

FOR OFFICE USE ONLY

KEANSBURG PUBLIC SCHOOL DISTRICT

AUTHORIZATION FOR RELEASE OF STUDENT RECORDS

Name of Student _____

Date of Birth: _____ Grade: _____

INFORMATION REQUESTED

_____ NJ State ID#
_____ Transfer Card (including attendance record)
_____ Transcripts of Grades (grades 6 - 12)
_____ Discipline Records
_____ Complete Health History
_____ Report Card
_____ Standardized Achievement Test Results
_____ IEP and release in IEP direct
_____ 504 Plan

PLEASE MAIL RECORDS TO APPROPRIATE SCHOOL:

Joseph C Caruso School
81 Frances Place
Keansburg, NJ 07734
(732) 787- 2007 EXT 6000

_____ Joseph R Bolger
100 Palmer Place
Keansburg, NJ 07734
(732)787-2007 EXT 2000

_____ KHS
140 Port Monmouth Road
Keansburg, NJ 07734
(732) 787-2007 EXT 4000

CHILD STUDY TEAM RECORDS

_____ MAIL – Official CST Records, including but not limited to Psychological and/or Psychiatric results, education evaluations, social reports, etc. to:

Keansburg School District
Pupil Personnel Services
81 Frances Place
Keansburg, NJ 07734

Previous school: _____

Address: _____

Phone: _____

Shared-time Vocational School: _____

Address: _____

Phone: _____

Parent/Guardian Signature: _____

Date: _____