

**VOORHEES TOWNSHIP PUBLIC SCHOOLS  
VOORHEES, NEW JERSEY**

**STUDENT AFFIDAVIT OF RESIDENCY**

Policy 5111  
**FORM R-1**

Date: \_\_\_\_\_

Name of Student: \_\_\_\_\_

Student's Date of Birth: \_\_\_\_\_

Previous Address of Student: \_\_\_\_\_

Previous School: \_\_\_\_\_

Street Address

City

State

Your Relationship to Student: \_\_\_\_\_

Your Name: \_\_\_\_\_

Your Previous Address: \_\_\_\_\_

Street Address

City

State

I, \_\_\_\_\_ will be residing at \_\_\_\_\_, in the  
Voorhees Township School District on a permanent basis with the above mentioned student,  
for whom I am the legal parent or guardian.

In order to document the validity of this living arrangement, I am providing the Voorhees Township  
Board of Education with the following documents of proof of my residency:

(Check off those that apply.) *Note: \*Three (3) proofs of residency are required.*

- |  |                                |
|--|--------------------------------|
| <input type="checkbox"/> Lease, rental agreement, deed               | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Drivers License, voter registration         | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Court Order Custody papers                  | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Documentation from Board of Social Services | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Current Utility or Tax Bill                 | <input type="checkbox"/> _____ |

*Please refer to "Enrollment Procedures Information Sheet" attached*

I have initialed here \_\_\_\_\_ to acknowledge receiving a copy of N.J.S.A. 18A:38-1.

I have read, or had read to me, this Affidavit of Residency that I have completed, and it is true and correct to the best of my knowledge. I understand that I can be held legally responsible for my involvement in any violation of N.J.S.A. 18A:28-1. I also understand that I will be charged tuition for the number of days attended under a fraudulent affidavit.

Home Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

\_\_\_\_\_  
Print Your Name(s)

\_\_\_\_\_  
Your Signature

*\* Attach copies of Proofs of Residency*



## ENROLLMENT PROCEDURES: 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:28-2 specify that a free public education will be provided to any student between the ages of 5 and 20 who is:**

- Domiciled in the district, i.e., living with a parent or guardian whose permanent home is located within the district. A home is permanent when the parent or guardian 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 moved 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 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 the following items 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 documents 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 letter from landlords and other evidence of property ownership, tenancy or residency.
- Voter registration, licenses, permits, financial account information, utility bills, delivery receipts, and other evidence of personal attachment to a particular location.
- 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.
- Court orders, state agency agreements and other evidence of court or agency placements or directives.
- Affidavits, certifications and sworn attestations pertaining to statutory criteria for school attendance, from the parent, legal 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 ability to provide certain forms(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 or information relating to citizenship or immigration/visa status, unless the student holds or is applying for an F-1 visa;
- Documentation or information relating to compliance with local housing ordinances or conditions of tenancy;
- Social security numbers.

#### **\*REQUIRED**

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.

If you experience difficulties with the enrollment process, please contact:

Susan Donnelly, District Attendance Officer  
329 Route 73  
Voorhees, NJ 08043  
856-751-8446, Ext. 6117

# VOORHEES TOWNSHIP PUBLIC SCHOOLS

## Home Language Survey Form: Step 1

### Introduction

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

### Instructions

Start with "Question 1" and continue until the HLS is complete. Select the answer for each question and follow the instructions. When you arrive at a decision ("Proceed to Records Review Process" or "Do not proceed to Records Review Process"), the Home-Language Survey is complete.

### Student Information

Student name:

Student birth date:

Street Address:

City:

State:

Zip Code:

Phone number:

### Survey Questions

#### Question 1

What was the first language used by the student?

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

English. Proceed to question 2b.

#### Question 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.

#### Question 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.

#### Question 3

Does the student understand a language other than English?

Yes. Proceed to question 4.

No. Proceed to 9.



**Question 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 question 5.

**Question 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 8.

No. Proceed to question 6.

**Question 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 8.

No. Proceed to 9.

**Question 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).**

Name of Child \_\_\_\_\_  
(last) (first) (middle)

Grade \_\_\_\_\_

### **NJ SMART INFORMATION**

*The state department has a mandate in relation to a statewide student data based system entitled NJ SMART. Each district is required to keep specific information on every student.*

*In order to help us enter the accurate fields of data, please complete the following information regarding your child:*

**1. Race/Ethnicity background information, check all that apply:**

- ☐ **White** (A person having origins of the original peoples of Europe, the Middle East or North Africa)
- ☐ **Black or African American** (A person having origins in any of the black racial groups of Africa)
- ☐ **Asian** (A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam)
- ☐ **American Indian or Native American** (A person having origins in any of the original people of North and South America (including Central America) and who maintains a tribal affiliation or community attachment)
- ☐ **Native Hawaiian or Other Pacific Islander** (A person having origins in any of the people of Hawaii, Guam, Samoa, or other Pacific Islands)

**2. Is the student Hispanic or Latino** (A person of Cuban, Mexican, Puerto Rican, South Central American or other Spanish culture of origin, regardless of race)    **Yes** ☐    **No** ☐

**3. Military Affiliation - check all that apply:**

- ☐ **Not military affiliated**
- ☐ **Active Duty** – Student is a dependant of a member of the Active Duty Forces (full-time) Army, Navy, Air Force, Marine Corps or Coast Guard
- ☐ **National Guard or Reserve** – Student is a dependent of a member of the National Guard or Reserved Forces (Army, Navy, Air Force, Marine Corps or Coast Guard)

**4. If born outside of the United States, complete below:**

Date of Entry into U.S. \_\_\_\_\_ Date of Entry into U.S. school \_\_\_\_\_

**Does your child have Health Insurance including NJ FamilyCare/Medicaid, Medicare, private or other?**

- ☐ **Yes** - If yes, name of insurance company \_\_\_\_\_
- ☐ **No**

NJFamilyCare 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](http://www.njfamilycare.org) to apply online.

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

*\*Note: All descriptors are taken directly from the NJ SMART Student Data Handbook V4.1*

Parent's Name \_\_\_\_\_ Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_  
(Please print) (Please sign in ink)



**VOORHEES TOWNSHIP PUBLIC SCHOOLS  
PARENT AUTHORIZATION FOR RELEASE OF SCHOOL RECORDS**

Date: \_\_\_\_\_

School Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

To Whom It May Concern:

I hereby give my consent to have all school records, including grades and medical health records, as well as Child Study Team, psychological, social, educational, behavior, or developmental information for my child be forwarded to:

☐ E. T. Hamilton Elementary School  
23 Northgate Drive  
Voorhees, NJ 08043  
Andrew Moskowitz, Principal  
856-767-4888  
Fax: 856-753-2894

☐ Kresson Elementary School  
7 School Lane  
Voorhees, NJ 08043  
Stacey Morris, Principal  
856-424-1816  
Fax: 856-424-2728

☐ Osage Elementary School  
112 Somerdale Road  
Voorhees, NJ 08043  
Robert Cranmer, Principal  
856-428-2990  
Fax: 856-427-0296

☐ Signal Hill Elementary School  
33 Signal Hill Drive  
Voorhees, NJ 08043  
Sharon Stallings, Principal  
856-767-6749  
Fax: 856-767-6221

☐ Voorhees Middle School  
1000 Holly Oak Drive  
Voorhees, NJ 08043  
Kris Calabria, Principal  
856-795-2025  
Fax: 856-795-4611

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**NAME OF CHILD**

	<input type="checkbox"/> Male	<input type="checkbox"/> Female	Grade _____	DOB _____
	<input type="checkbox"/> Male	<input type="checkbox"/> Female	Grade _____	DOB _____
	<input type="checkbox"/> Male	<input type="checkbox"/> Female	Grade _____	DOB _____
	<input type="checkbox"/> Male	<input type="checkbox"/> Female	Grade _____	DOB _____

Parent's Name: \_\_\_\_\_  
(Please Print)

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Please sign in ink)

MUST BE COMPLETED AT TIME OF REGISTRATION  
NEW STUDENT TRANSPORTATION INFORMATION FORM

P.I.D. (Business Office Use Only) \_\_\_\_\_

PUPIL: Last Name \_\_\_\_\_

Sex: ☐ Male ☐ Female

Grade \_\_\_\_\_

First Name \_\_\_\_\_

Phone: \_\_\_\_\_

School Attending: \_\_\_\_\_

Middle Initial \_\_\_\_\_

Home \_\_\_\_\_

☐ E. T. Hamilton

Birthdate: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Emergency \_\_\_\_\_

☐ Kresson

Birthdate: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Emergency \_\_\_\_\_

☐ Osage

Birthdate: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Emergency \_\_\_\_\_

☐ Signal Hill

Birthdate: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Emergency \_\_\_\_\_

☐ Voorhees Middle

Parent/Guardian \_\_\_\_\_

Home Address \_\_\_\_\_, Voorhees, NJ 08043

Name of Development \_\_\_\_\_

**For Kindergarten Only:**

\*Pick-up or drop-off address  
if different from home address \_\_\_\_\_

☐ Pick-up and Drop-off

☐ KCER Before School

\*Please Note – This request can only be honored if the pick-up

☐ Pick-up only

☐ KCER After School

and/or drop-off is along the regular bus route and is the same every

☐ Drop-off only

day. Individual schedules cannot be honored.

**(BUSINESS USE ONLY)**

Transportation - ☐ Yes ☐ No

Route No. \_\_\_\_\_ Stop No. \_\_\_\_\_

Stop Description: \_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian Signature

NO CHANGES IN PICK-UP AND DROP-OFF POINTS WILL BE  
PERMITTED AFTER AUGUST 27 THROUGH SEPTEMBER 30.



**EMERGENCY RELEASE AUTHORIZATION CARD**

Teacher: \_\_\_\_\_

The information set forth on this card is requested for two purposes: (a) to attempt to insure that your child will receive emergency medical care in the event that you are unavailable; (b) to identify the persons to whom your child may be released to in both emergency and non-emergency situations.

**Please print all information on this card**

Student Name: \_\_\_\_\_  
(Last) (First) (Middle Initial)

Home Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
(Primary Number)

Mother's Name: \_\_\_\_\_

Address (if different from student's): \_\_\_\_\_ Phone: \_\_\_\_\_

Business Name: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**Father's Name:** \_\_\_\_\_

Address (if different from student's): \_\_\_\_\_ Phone: - -

Business Name: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phoner: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

### Emergency Contact Information

Emergency Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Emergency Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Family Physician: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

**Check if any of these conditions should be known to the appropriate school personnel and other healthcare providers:**

Asthma ☐ Diabetes ☐ Epilepsy/Seizures ☐ Heart Condition ☐

Other: \_\_\_\_\_

**Allergic to:** Bee stings ☐ Latex ☐ Food Allergies ☐ Name of Food(s): \_\_\_\_\_

Aspirin ☐      Penicillin ☐      Sulfas ☐

Other: \_\_\_\_\_

\*Epinephrine Auto Injector kept in school ☐

Does your child take medication on a regular basis? Yes ☐ No ☐

Name of medication(s): \_\_\_\_\_

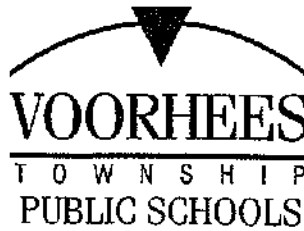
I, the undersigned, do hereby authorize officials of the Voorhees Public Schools to contact directly the persons named on this card and do authorize the named physicians to render such treatment as may be deemed necessary in an emergency, for the health of said child.

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.

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_



Edward T. Hamilton School  
(856) 767-4888

Andrew H. Moskowitz  
Principal

Dear Parent/Guardian,

The law and rules of the New Jersey State Board of Education and the State Department of Health and Senior Services for physicals a.k.a. medical exams for students entering a new school district are as follows (N.J.A.C. 6A:16-2.2 & N.J.S.A. 18A:40-4):

*Each student shall be examined upon entry into the school district. This examination shall be done no more than 365 days prior to entry and shall state what, if any, modifications are required for full participation in the school program.*

*Students shall have a medical examination conducted at the medical home or health care provider chosen by the student's parent/guardian at the provider's facility. A full report of the examination to be documented on the school district's form, which is provided, shall be dated and signed by the medical provider and shall be presented to the school.*

*Failure to comply with this law will result in your child's exclusion from school.*

Sincerely,

Voorhees Twp. District Nurses

Enclosure

**VOORHEES TOWNSHIP SCHOOL DISTRICT**  
**PHYSICAL EXAMINATION FORM**  
(To be completed by physician)

Name of Child \_\_\_\_\_ Date of Birth \_\_\_\_\_

**IMMUNIZATIONS:** Please attach a copy of immunization record to this form.

**MEDICAL HISTORY**

Allergies _____	Diabetes _____
Asthma _____	Kidney Disorders _____
Cardiac Disorders _____	Neuromuscular Disorders _____
Convulsive Disorders _____	Congenital Defects _____

Surgeries or injuries: \_\_\_\_\_

Any other significant medical or emotional issues: \_\_\_\_\_

**EXAMINATION:**

Height \_\_\_\_\_ Weight \_\_\_\_\_ ☐ Male ☐ Female

BP / ( / ) Pulse \_\_\_\_\_ Vision R 20/ L 20/ Corrected ☐ Yes ☐ No Hearing \_\_\_\_\_

MEDICAL	NORMAL	ABNORMAL FINDINGS
Ears/Eyes/Nose/Throat		
Teeth		
Glands		
Heart		
Lungs		
Abdomen		
Hernia		
Genitourinary		
Skin		
Posture		
Nervous System		
Nutrition		
Speech		

General appearance \_\_\_\_\_

Does this child regularly take medication? \_\_\_\_\_

Cleared for all school activities (including physical education) ☐ Yes ☐ No

If no, reason/restrictions \_\_\_\_\_

Comments or recommendations \_\_\_\_\_

Doctor's Name (printed) _____	Doctor's Signature _____	Date of Exam _____	Office Stamp _____	Phone Number _____
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