

# Haddon Township



## 2019 – 2020 Registration

<b>When:</b>	THURSDAY, February 21, 2019 9:00-10:30 am
<b>Where:</b>	Jennings School – 100 E. Cedar Avenue
<b>Who:</b>	All new 5 year olds in Haddon Township

- \* **If your child is presently in our Preschool program, you do not have to attend the registration. Your child will automatically be added to your local school's list. You will, however, have to register for wrap-around care (K-Club) if needed. Deadline for guaranteed placement is 3 PM on 2/22/19.**
- \* Your child and other children in your neighborhood are eligible for kindergarten if their fifth birthday falls on or before October 1<sup>st</sup>.
- \* If your child is not presently enrolled in our Preschool program and will be attending Kindergarten in September, please contact your local school or the Board of Education to receive information and paperwork. Registration forms are available online as well: [www.haddontwpschools.com](http://www.haddontwpschools.com)
- \* You will need to provide the following documentation. Please bring the original document PLUS 1 copy to registration:
  - Official birth certificate with raised seal.
  - Two proofs of residence (eg. tax bill, utility bill, lease agreement, license). If you rent, a copy of your lease is required.
  - Immunization records and physical signed by a physician.
- \* The following immunizations are required:

▪ DPT (diphtheria, pertussis, tetanus)	4	(1 dose given on or after 4 <sup>th</sup> birthday)
▪ Polio – oral or injection	3	(1 dose given on or after 4 <sup>th</sup> birthday)
▪ MMR (measles, mumps, rubella)	2	(1 <sup>st</sup> dose given on or after 1 <sup>st</sup> birthday)
▪ Hepatitis B series	3	
▪ Varicella	1	(given on or after 1 <sup>st</sup> birthday)
- \* If you have any questions regarding registration, please do not hesitate to call any one of our schools. Numbers are listed below.
- \* Wrap-around care (K-Club) is available for our Kindergarten students. Forms are available online at [www.haddontwpschools.com](http://www.haddontwpschools.com) or you may contact Dawn Piscopio, SACC Director at [sacc@htsd.us](mailto:sacc@htsd.us). Those registered by 3 pm on 2/22/19 will be guaranteed a placement. Those registered after the 22nd may be placed on a waiting list.

<b>EDISON</b>	<b>JENNINGS</b>	<b>STOY</b>	<b>STRAWBRIDGE</b>	<b>VAN SCIVER</b>	<b>BOE</b>
869-7715	869-7720	869-7725	869-7735	869-7730	869-7700

If you are unable to attend kindergarten registration day, completed packets will be accepted at the Board of Education Building, 500 Rhoads Avenue. Please call Becky Barbieri at 856-869-7750, ext 1108 to make a registration appointment



# HADDON TOWNSHIP BOARD OF EDUCATION

500 RHOADS AVENUE • WESTMONT, NEW JERSEY 08108

PHONE: 856-869-7750 ext. 1100 • FAX: 856-854-7792

WEBSITE: [www.haddontwpschools.com](http://www.haddontwpschools.com)

## REGISTRATION REQUIREMENTS

### Kindergarten

- **Original Birth Certificate or Passport (we will copy)**
- **Proof of Residency (Two proofs required)**

The following suggested documents indicating a current Haddon Township address may demonstrate a student's eligibility for enrollment in the district. Other documentation will be considered.

***If you own a home:***

  - Deed/Mortgage Documents
  - Property tax bill
  - Current Utility Bill
  - Driver's License

***If you are renting:***

  - Current signed lease w/ names of all persons living in the house/apartment. The name and phone number of landlord **MUST** be included.
  - Current Utility Bill (water, sewer, PSE&G)
  - Driver's License
- **Registration Form**
- **Official documents verifying custody or guardianship (if applicable)**
- **Annual Health History Update**
- **Physical Examination Form** (to be filled out by your child's doctor and performed less than 365 days prior to entry)
- **Current Immunization Record**
- **Release Form for Kindergarten Dismissal**
- **Kindergarten Student Information Form**
- **Release of Records Form** (for students transferring from another school)
- **Documentation of Grade Placement** (transfer students only-Transfer card, Report Card, Transcript)
- **Responsibility Form**
- **Home Language Survey** (must be completed for **ALL new students**)

**Please schedule an appointment with the School Registrar :**

Becky Barbieri (856) 869-7750, ext 1108

Haddon Township Board of Education

500 Rhoads Avenue, Westmont, NJ 08108

Registration Hours: 8:00 AM – 2:30 PM

Upon receipt of all registration documents listed above, and **residency has been verified by the Registrar**, you will be asked to make an appointment with the secretary of your assigned school to continue the registration process.

# Haddon Township Schools Registration Form

Office Use Only: Student Number: \_\_\_\_\_  
Student Registration Form 11/1/2017

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

## Student Information

Last Name \_\_\_\_\_ Phone \_\_\_\_\_

First Name \_\_\_\_\_ MI \_\_\_\_\_ Grade **KINDERGARTEN** Male  Female

Street Address \_\_\_\_\_ First Date of Entry \_\_\_\_\_  
Haddonfield 08033  Westmont 08108  Oaklyn 08107  W. Collingswood Ext. 08107  W. Colls Hgts 08059  W. Colls 08104

Date of Birth \_\_\_\_\_ Place of Birth (City and State) \_\_\_\_\_

Proof of Residency: Tax Bill  Deed/Lease Agreement  Utility Bill  Other (specify) \_\_\_\_\_  
Driver's License  Affidavit of Temp Residency  \_\_\_\_\_

Ethnicity: Is the student Hispanic or Latino? Yes \_\_\_\_\_ No \_\_\_\_\_

### Race Category (check all that apply):

White  Black/African American  Asian  American Indian/Alaskan Native  Native Hawaiian/Other Pacific Islander

Previous School and District Attended: \_\_\_\_\_

- Has the student ever been referred to the Child Study Team for evaluation? Yes  No
- Is the student eligible to receive Special Education services? Yes  No  If Yes, what kind? \_\_\_\_\_
- Is the student eligible for 504 services? Yes  No  If yes, what kind? \_\_\_\_\_
- Will the student be eligible for Free or Reduced Lunch? Yes  No  N/A  Unknown
- Is the student receiving any related services? Yes  No  Which? \_\_\_\_\_ (OT, PT, Speech, Counseling)
- Has the student attended Haddon Township Schools before? Yes  No  If Yes, which school(s)? \_\_\_\_\_ Dates: \_\_\_\_\_
- Is another language besides English spoken in the home? Yes  No  If yes, what language(s)? \_\_\_\_\_ Which dialect? \_\_\_\_\_
- Did the student receive ESL (English as a Second Language) services at their former school? Yes  No
- Is student a dependent of a **full-time, active duty** member of the Armed Forces? Yes  No
- Has student been homeschooled? Yes  No  If yes, what dates? \_\_\_\_\_

### Head(s) of Household Information

Student Lives with: Both Parents  Father  Mother  Foster Parent  Guardian  Relationship \_\_\_\_\_

Name \_\_\_\_\_ Employer \_\_\_\_\_  
Last First MI

Email (if checked regularly): \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Name \_\_\_\_\_ Employer \_\_\_\_\_  
Last First MI

Email (if checked regularly): \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

### Non - Resident Parent

Name \_\_\_\_\_ Address \_\_\_\_\_  
Last First MI

Home Phone: \_\_\_\_\_ Email (if checked regularly): \_\_\_\_\_

Employer \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

### Emergency Contact (other than parent)

Name of Contact \_\_\_\_\_ Phone Number \_\_\_\_\_ Relationship to Student \_\_\_\_\_

### Medical Conditions/Allergy ALERTS

Physician: \_\_\_\_\_ Phone #: \_\_\_\_\_ Hospital Preference: \_\_\_\_\_

### LEGAL ALERTS:

Signature of Person Completing Form: \_\_\_\_\_ Date \_\_\_\_\_





## HADDON TOWNSHIP BOARD OF EDUCATION

500 RHOADS AVENUE • WESTMONT, NEW JERSEY 08108  
PHONE: 856-869-7750 ext. 1100 • FAX: 856-854-7792  
WEBSITE: [www.haddontwpschools.com](http://www.haddontwpschools.com)

Dear Parent/Guardian:

As we prepare to welcome your child to the Haddon Township School District, please know that we need the following items in regard to your child's medical history:

- **Physical exam/health history** - The history must include date of exam, physician/nurse practitioner's signature, height, weight, blood pressure, medications, vision and hearing screening, allergies and pertinent medical history.
- **Immunization history** – This must be a complete record of all immunizations received to date.

Per NJAC 6A: 16-2.2, **each student entering the school district must have a physical examination no more than 365 days prior to entry.** Please have your child's physician or nurse practitioner complete the enclosed physical examination form and return it along with their current immunization record to your child's school as soon as possible.

Sincerely,

A handwritten signature in cursive script that reads "Becky Barbieri".

Becky Barbieri  
Secretary to the Assistant Superintendent

/bb

Haddon Township Public Schools  
Haddon Township, NJ

NAME: \_\_\_\_\_ DOB: \_\_\_\_\_ Male [ ] Female [ ] EXAM DATE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ SCHOOL: \_\_\_\_\_ GRADE: \_\_\_\_\_

**PHYSICAL EXAMINATION:** Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Blood Pressure: \_\_\_\_\_

Vision Screening: Right \_\_\_\_\_ Left \_\_\_\_\_ with correction: glasses \_\_\_\_\_ contact lens \_\_\_\_\_

Hearing Screening: Right \_\_\_\_\_ Left \_\_\_\_\_ hearing aid: left \_\_\_\_\_ right \_\_\_\_\_ both \_\_\_\_\_

Eyes \_\_\_\_\_ Chest \_\_\_\_\_ Genito-Urinary \_\_\_\_\_ Skin \_\_\_\_\_

Ears \_\_\_\_\_ Heart \_\_\_\_\_ Musculoskeletal \_\_\_\_\_ Speech \_\_\_\_\_

Nose \_\_\_\_\_ Lungs \_\_\_\_\_ Scoliosis \_\_\_\_\_ Nutrition \_\_\_\_\_

Mouth/teeth \_\_\_\_\_ Abdomen \_\_\_\_\_ Feet \_\_\_\_\_

Neck \_\_\_\_\_ Hernia \_\_\_\_\_ Nervous system \_\_\_\_\_ Other \_\_\_\_\_

General Health: \_\_\_\_\_

Abnormal/significant findings: \_\_\_\_\_

**MEDICAL HISTORY:** Gestational age & birth weight \_\_\_\_\_

Cardiac (heart murmur, etc.) \_\_\_\_\_

Operations (procedure & date) \_\_\_\_\_

Fractures (site & date) \_\_\_\_\_

Allergies (foods; drugs; environmental) \_\_\_\_\_

Chronic Illness (asthma, diabetes, ADD, OCD) \_\_\_\_\_

Medications for Illness/Allergy: \_\_\_\_\_

Check all that apply & indicate date of illness/diagnosis:

Chicken Pox \_\_\_\_\_ Measles \_\_\_\_\_ German Measles \_\_\_\_\_ Mumps \_\_\_\_\_ Strep \_\_\_\_\_

Otitis Media \_\_\_\_\_ Pertussis \_\_\_\_\_ Meningitis \_\_\_\_\_ Rheumatic Fever \_\_\_\_\_

Hepatitis \_\_\_\_\_ Mononucleosis \_\_\_\_\_ Tuberculosis \_\_\_\_\_ Arthritis \_\_\_\_\_ Seizures \_\_\_\_\_

Other \_\_\_\_\_

**IMMUNIZATION RECORD:** Please attach copy of clinic/doctor's office record or complete below with *month/day/yr*

DTP, DTaP (Indicate Type) (1) \_\_\_\_\_ (2) \_\_\_\_\_ (3) \_\_\_\_\_

Td, Tdap Boosters (4) \_\_\_\_\_ (5) \_\_\_\_\_ (6) \_\_\_\_\_

OPV or IPV (Indicate Type) (1) \_\_\_\_\_ (2) \_\_\_\_\_ (3) \_\_\_\_\_

Boosters (4) \_\_\_\_\_ (5) \_\_\_\_\_

MMR (1) \_\_\_\_\_ (2) \_\_\_\_\_ Measles \_\_\_\_\_ Mumps \_\_\_\_\_ Rubella \_\_\_\_\_

Hib (1) \_\_\_\_\_ (2) \_\_\_\_\_ (3) \_\_\_\_\_ (4) \_\_\_\_\_

HepB (1) \_\_\_\_\_ (2) \_\_\_\_\_ (3) \_\_\_\_\_ HepA (1) \_\_\_\_\_ (2) \_\_\_\_\_

Varicella (1) \_\_\_\_\_ (2) \_\_\_\_\_ Meningococcal (1) \_\_\_\_\_ (2) \_\_\_\_\_

Pneumococcal (1) \_\_\_\_\_ (2) \_\_\_\_\_ (3) \_\_\_\_\_ (4) \_\_\_\_\_ (5) \_\_\_\_\_

Influenza (1) \_\_\_\_\_ (2) \_\_\_\_\_ (3) \_\_\_\_\_ (4) \_\_\_\_\_ (5) \_\_\_\_\_

Other (specify): \_\_\_\_\_

Mantoux Test (date/result): \_\_\_\_\_

**SUMMARY/RECOMMENDATIONS:** \_\_\_\_\_

PHYSICIAN'S SIGNATURE  
*(Stamp or Office Staff Initials Not Acceptable)*

PLEASE PRINT PHYSICIAN'S NAME DATE

Address and Phone Number

**PARENT:** Are there special concerns we should be aware? \_\_\_\_\_

**Haddon Township Public Schools  
Annual Health History Update**

Dear Parent/Guardian:

This form lists medical conditions that your son/daughter may have experienced in the past or currently experiences. The updated information enables the Health Office to respond in case of an emergency. Please complete and return this form to the School Nurse as soon as possible.

Thank you.

1. Has the student been advised not to participate in any activity or sports? Yes    No  
If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_
2. Has the student had any major illness since his/her last medical exam? Yes    No  
If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_
3. Has the student been hospitalized since his/her last medical exam? Yes    No  
If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_
4. Has the student had any injury or surgery since his/her last medical exam? Yes    No  
If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_
5. Has the student had any special test such as x-rays, bone scan, EKG, CT, MRI, etc? Yes    No  
If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_
6. Has the student been under the care of a physician for any other medical conditions? Yes    No  
If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_
7. Is the student currently taking any medications on a regular basis? Yes    No  
If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_
8. History of asthma and/or allergies (including medications, food, bee stings, etc.): Yes    No  
If yes, please explain: (Use of inhaler, Epi-pen, Benadryl, etc.) \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_ Yes, you have my permission to share this information with appropriate faculty/staff members.

\_\_\_\_ No, please do not share this information.

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

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

Signature \_\_\_\_\_ Printed Name \_\_\_\_\_ Date \_\_\_\_\_

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

List any medical/surgical care your child has received during the past year:

Dental Exam \_\_\_\_\_ date \_\_\_\_\_ braces \_\_\_\_\_

Eye Exam \_\_\_\_\_ date \_\_\_\_\_ contacts \_\_\_\_\_ glasses \_\_\_\_\_

Allergy \_\_\_\_\_ kind \_\_\_\_\_ medications \_\_\_\_\_

Allergic Reactions \_\_\_\_\_ date \_\_\_\_\_ medications \_\_\_\_\_

Immunizations/Tetanus \_\_\_\_\_ date \_\_\_\_\_ type \_\_\_\_\_

Restrictions \_\_\_\_\_ type \_\_\_\_\_

Doctor \_\_\_\_\_ Telephone \_\_\_\_\_

Dentist \_\_\_\_\_ Telephone \_\_\_\_\_

Hospital \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_

I, the undersigned, do hereby authorize officials of New Jersey 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 of said child.

Signature of Parent(s) / Guardian(s) \_\_\_\_\_ Date \_\_\_\_\_



# Haddon Township Public Schools Responsibility Slip

If a child needs to be sent home from school because of illness or an accident, a parent is contacted by telephone to ensure someone will be home for the child. The following information is requested.

Grade:      KINDERGARTEN

	Current Data	Changes/Corrections
Last Name		
First Name		
Middle Name/Initial		
Nick Name		
Home Phone	( ) - -	
Mailing Address		
City & State of Birth		
Birth Date		
Gender		
Racial Designation(s)	White: Black: Asian: Pacific Islander: American Indian:	
Is student Hispanic/Latino		
Primary Language:		

<u>Medical Conditions / Allergy ALERTS</u>
Medical Alerts: _____
Family Physician: _____ Phone #: _____
Hospital Preference: _____

<u>LEGAL ALERTS (please list if any)</u>

Parent / Guardian Information	Primary	Emergency	Allowed	Resides	Send Mail
Name: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Relationship: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Home: _____					
Work: _____					
Mobile: _____					
Email: _____					
Address: _____					

### Other Emergency Contact Information

Name: \_\_\_\_\_  
 Relationship: \_\_\_\_\_  
 Home: \_\_\_\_\_  
 Work: \_\_\_\_\_  
 Mobile: \_\_\_\_\_

Name: \_\_\_\_\_  
 Relationship: \_\_\_\_\_  
 Home: \_\_\_\_\_  
 Work: \_\_\_\_\_  
 Mobile: \_\_\_\_\_

Parent / Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Parent/Guardian signature permits the district to share this information with the staff.

My child has permission to:

1. Participate in walking trips throughout the year. \_\_\_Yes \_\_\_ No
2. Participate in bus trips throughout the year that only travel between HTSD schools. \_\_\_ Yes \_\_\_ No
3. Be photographed/filmed or included in a publication (i.e. websites, newspaper or television broadcast) \_\_\_Yes \_\_\_ No

School Dismissal: Choose one of the options below.

My child will walk home \_\_\_\_\_

My child will be picked up by: \_\_\_\_\_

My child will be attending the After School Program on: M T W TH F

*In the event you are 15 minutes late your child will be sent to the After School Program at your expense.*

Technology:

For students in grades PreK-5:

I/We have read and agree to the stipulations set forth in the Acceptable Use Policy.

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

For students in grades 3-5:

I/We have read and agree to the stipulations set forth in the HADDON TOWNSHIP PUBLIC SCHOOLS ONE TO ONE IPAD POLICY, PROCEDURE AND INFORMATION packet.

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

For Students in Grades K-5:

I have read the Family Life Education Curriculum Letter and Outline.

\_\_\_\_\_  
Parent/Guardian signature Date

Parent/Student Handbook

I have read the student handbook and understand the conditions set forth in the handbook

\_\_\_\_\_  
Parent/Guardian signature Date

RELEASE FORM  
FOR KINDERGARTEN  
DISMISSAL  
2019-2020

My child may be released to the following persons:

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Child's Name \_\_\_\_\_

(Please let the teacher and the office know if the above information changes at any time during the school year.)





**Edison Elementary School**

205 Melrose Avenue  
Westmont, NJ 08108

Phone: 856-869-7715

Secretary: Amy Ruta  
[aruta@htsd.us](mailto:aruta@htsd.us)  
FAX: 856-869-7715

**Jennings Elementary School**

100 East Cedar Avenue  
Oaklyn, NJ 08107

Phone: 856-869-7720

Secretary: Carol Burrows  
[cburrows@htsd.us](mailto:cburrows@htsd.us)  
FAX: 856-869-7722

**Stoy Elementary School**

206 Briarwood Avenue  
Haddonfield, NJ 08033

Phone: 856-869-7725

Secretary: Kim Barney  
[kbarney@htsd.us](mailto:kbarney@htsd.us)  
FAX: 856-869-7728

**Strawbridge Elementary School**

307 Strawbridge Avenue  
Westmont, NJ 08108

Phone: 856-869-7735

Secretary: Ellen Corleto  
[ecorleto@htsd.us](mailto:ecorleto@htsd.us)  
FAX: 856-869-7739

**Van Sciver Elementary School**

625 Rhoads Avenue  
Haddonfield, NJ 08033

Phone: 856-869-7730

Secretary: Kristine Watson  
[kwatson@htsd.us](mailto:kwatson@htsd.us)  
FAX: 856-869-7733

**Rohrer Middle School**

101 MacArthur Boulevard  
Westmont, NJ 08108

Phone: 856-869-7770

Secretary: Amy Jacobson  
[ajacobson@htsd.us](mailto:ajacobson@htsd.us)  
FAX: 856-869-7772

**Haddon Township High School  
Guidance Office**

406 Memorial Avenue  
Westmont, NJ 08108

Phone: 856-869-7750, ext 7307

Secretary: Sara LiVecchi  
[slivecchi@htsd.us](mailto:slivecchi@htsd.us)  
FAX: 856-869-7764

**Child Study Team**

Haddon Township High School  
406 Memorial Avenue  
Westmont, NJ 08108

Phone 856-869-7750, ext 7313

Secretary: Audra Fletcher  
[afletcher@htsd.us](mailto:afletcher@htsd.us)  
FAX: 856-854-4072

**Bus Transportation**

Haddon Township BOE  
500 Rhoads Avenue  
Westmont, NJ 08108

Phone 856-869-7703

Supervisor: Nancy Bobb  
[nbobb@htsd.us](mailto:nbobb@htsd.us)  
FAX: 856-854-7792

**SACC/K-Club**

Edison School  
205 Melrose Avenue  
Westmont, NJ 08108

Phone: 856-869-7750, ext 3012

Director: Dawn Piscopio  
[sacc@htsd.us](mailto:sacc@htsd.us)  
FAX: 856-869-7717

**School District Registrar**

Haddon Township BOE  
500 Rhoads Avenue  
Westmont, NJ 08108

Phone 856-869-7750, ext 1108

Registrar: Becky Barbieri  
[bbarbieri@htsd.us](mailto:bbarbieri@htsd.us)  
FAX: 856-854-7792