



HADDON TOWNSHIP BOARD OF EDUCATION

500 RHOADS AVENUE • WESTMONT, NEW JERSEY 08108
PHONE: 856-869-7750 ext. 1100 • FAX: 856-854-7792
WEBSITE: www.htsd.us

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)**
- **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 _____



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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 blue ink 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 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: **K**

	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

2018-2019

My child may be released to the following persons:

Child's Name _____

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

KINDERGARTEN

2018-2019

Student Information Form

Student's name _____
Last First Middle

Nickname (name your child wishes to be called) _____

Date of Birth: _____

Parent Names and Occupations: _____

Preschool (if any) child has attended _____

Medications taken regularly _____

Any allergies? _____

Is your child independent in using bathroom facilities? _____

Is your child independent with fastening skills? (i.e. buttoning, tying, zipping)

My child will need help with _____

Is your child right-handed or left-handed? _____

Is there any difficulty in understanding your child's speech articulation?

Please list all those living in your household and what your child call them.
 Please include the ages of any siblings next to their name.

Are there any special circumstances about your child or home that you wish to share with us?

Parent Signature _____

Edison Elementary School
205 Melrose Avenue
Westmont, NJ 08108

Phone: 856-869-7715

Secretary: Amy Ruta
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
FAX: 856-869-7722

Stoy Elementary School
206 Briarwood Avenue
Haddonfield, NJ 08033

Phone: 856-869-7725

Secretary: Brenda Schuck
bschuck@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
FAX: 856-869-7739

Van Sciver Elementary School
625 Rhoads Avenue
Haddonfield, NJ 08033

Phone: 856-869-7730

Secretary: Karen Reeves
kreeves@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
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
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
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
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
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
FAX: 856-854-7792