



KEANSBURG PUBLIC SCHOOLS

www.keansburg.k12.nj.us

Superintendent of Schools
Mr. John J. Niesz

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**Director of Curriculum &
Instruction/State & Federal
Programs**
Mr. John D. Covert

REGISTRATION PACKET

- **ONLY A PARENT/GUARDIAN MAY ENROLL A STUDENT**
- **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 as 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 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.

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' License or Voters Registration Card.

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

LIVING WITH ANOTHER FAMILY IN KEANSBURG BOROUGH OR YOUR NAME IS NOT ON THE LEASE: The homeowner or renter must accompany you to the registration along with the above 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
PRE-SCHOOL EXT# 5400 / Caruso K-4 EXT# 6000 / BOLGER 5-8 EXT# 2000 / HIGH SCHOOL 9-12 EXT 4000.

KEANSBURG SCHOOL DISTRICT
REGISTRATION FORM

STUDENT INFORMATION

School: _____ Grade: _____ Date: _____

Student's Name: _____
Last Name First Name Middle Initial

Street Address: _____

City: _____ State: _____ Zip Code: _____

Mailing Address (If different):

Street Address: _____

City: _____ State: _____ Zip Code: _____

STUDENT INFO Continued

Home Phone: _____ Email: _____

Date of Birth: _____ Age: _____ U.S. Citizen: YES NO

Birth Place City: _____ State: _____ Birth Country: _____

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

Ethnic Code: White (not of Hispanic origin) Black (not of Hispanic origin)
 Hispanic American Indian or Alaskan Native Asian or Pacific Islander

Native Language: _____ Primary Language Spoken at Home: _____

Parent / Guardians: Married Divorced Separated Single Widowed

Student Resides with: _____
First Name Last Name

Who has Legal Custody: _____
First Name Last Name

Who has Physical "Residential Custody": _____
First Name Last Name

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

_____ Email: _____
First Name Last Name

Street Address: _____ Home Phone: _____ Cell: _____

City: _____ State: _____ Zip Code: _____

PREVIOUS SCHOOL INFORMATION

Last School Attended: _____ State ID: _____

Street Address: _____ Phone: _____

City: _____ State: _____ Zip Code: _____

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

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

HAS THE STUDENT EVER BEEN ENROLLED IN KEANSBURG SCHOOL DISTRICT BEFORE? YES NO

If you answered yes, please provide school name and dates of attendance:

School: _____ Start Date: _____ End Date: _____

List Siblings who are living in the household:

	First Name	Last Name	Sex	Date of Birth	School	Grade
1						
2						
3						
4						
5						
6						

Please indicate if there are any special custody circumstances that the school should be aware of concerning your child.

Documentation is Required:

Contact Information

Mother / Guardian Information

_____ Email: _____
First Name Last Name

Street Address: _____ Home Phone: _____ Cell: _____

City: _____ State: _____ Zip Code: _____

Employer's Name: _____ Work Phone: _____ Ext _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Father / Guardian Information

_____ Email: _____
First Name Last Name

Street Address: _____ Home Phone: _____ Cell: _____

City: _____ State: _____ Zip Code: _____

Employer's Name: _____ Work Phone: _____ Ext _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Emergency Contact 1

_____ Phone: _____
First Name Last Name

Street Address: _____ Relationship to Student: _____

City: _____ State: _____ Zip Code: _____

Emergency Contact 2

_____ Phone: _____
First Name Last Name

Street Address: _____ Relationship to Student: _____

City: _____ State: _____ Zip Code: _____

I swear the information herein is true. Any false information concerning residency shall be penalized according to NJ 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 800-01-0710 or visit www.njfamilycare.org to apply online.

You may release my name and address to the NJ Family Care Program to contact me about Health Insurance. YES NO

Signature: _____

Printed Name: _____

Date: _____

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

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

Special Education Medicaid Initiative (SEMI) Parental Consent Form

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 accessing public benefits.

This consent establishes that your child's personally identifiable information, such as student records or information about 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 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.

Signature: _____

Child's Date of Birth: _____

Printed Name: _____

Date: _____

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.

FOR OFFICE USE ONLY
Keansburg Public School District
Authorization for release of student records

Student's Name: _____
Last Name First Name

Date of Birth: _____ Grade: _____

Information Requested
Please check all that apply:

- | | |
|--|--|
| <input type="checkbox"/> NJ State ID# | <input type="checkbox"/> Complete Health History |
| <input type="checkbox"/> Transfer Card (including attendance record) | <input type="checkbox"/> Report Card |
| <input type="checkbox"/> Transcripts of Grades | <input type="checkbox"/> Standardized Achievement Test Results |
| <input type="checkbox"/> Discipline Records | |

Please Mail Records To Appropriate School:

Joseph C. Caruso School
 81 Frances Place
Keansburg, NJ 07734
732-787-2007 Ext. 6000

Joseph R. Bolger School
 100 Palmer Place
Keansburg, NJ 07734
732-787-2007 Ext. 2

Keansburg High School
 140 Port Monmouth Rd.
Keansburg, NJ 07734
732-787-2007 Ext. 4000

Child Study Team Records

- MAIL- Official CST Records, included but not limited to Psychological and/or Psychiatric results, education evaluations, social reports, etc. to:
- Joseph R. Bolger School
Pupil Personnel Services
100 Palmer Place
Keansburg, NJ 0734

Previous School: _____ Phone: _____

Street Address: City: State: Zip Code:

Shared-time Vocational School: _____ Phone: _____

Street Address: City: State: Zip Code:

I authorize the Keansburg Public School District to receive this information. I understand and have been informed that I have the right to review any information that is sent by any of the above agencies.

Parent Signature: _____ Date: _____

School Official: _____ Date: _____