



**Other Parent or Legal Guardian:** (student  resides with  does not reside with)  
(Authorized to pick up student:  Yes  No-- if No, please attach appropriate legal documentation)

Name: \_\_\_\_\_  Mother  Father  Legal Guardian  
Last Suffix, First Middle

Mailing Address (If different from primary contact address)

\_\_\_\_\_  
House Number Street or P.O. Box City/State/Zip  
\_\_\_\_\_  
( ) \_\_\_\_\_  unlisted ( ) \_\_\_\_\_ ( ) \_\_\_\_\_ ( ) \_\_\_\_\_  
Home Telephone Cell Telephone Work (1) Telephone (Ext.) Work (2) Telephone (Ext.)  
\_\_\_\_\_  
E-Mail Address (1) E-Mail Address (2)

Do you authorize a Local Emergency Contact and/or Nearest Relative to pick up the student?  Yes  No

If primary contact cannot be reached in an urgent situation, please indicate "first call" preference # below:

# **Local Emergency Contact:** \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
(other than Parent/Guardian living with child)  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Relationship:  Step-parent  Relative  Neighbor  Other \_\_\_\_\_

# **Nearest Relative:** \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
(other than Parent/Guardian living with child)  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Relationship:  Step-parent  Grandparent  Aunt/Uncle  Other \_\_\_\_\_

**HOME LANGUAGE INFORMATION**

**Home:**  
What languages are spoken in the home? \_\_\_\_\_  
What was the language first spoken by the student? \_\_\_\_\_  
**Primary:**  
What is the language spoken or understood by the child most of the time? \_\_\_\_\_  
*If the answer to any of the questions above includes a language other than English, arrangements will be made by the school to screen the student to determine his or her need for English as a second language instruction.*

Please check the box below if your child fits into this category. Please note that the provision of this information is voluntary.

**Immigrant Children and Youth** means individuals who...  
are aged 3 through 21; were not born in any State; and have not been attending one or more schools in any one or more States for more than 3 full academic years.

Provide the first date the student entered the U.S. School System (mm/dd/yyyy) ( \_\_\_\_ / \_\_\_\_ / \_\_\_\_ )

### SCHOOL HISTORY

**Public School:** \_\_\_\_\_

Complete Address: \_\_\_\_\_ Phone Number: (\_\_\_\_) \_\_\_\_\_  
 \_\_\_\_\_ Fax Number: (\_\_\_\_) \_\_\_\_\_  
 \_\_\_\_\_ Counselor / Contact Name: \_\_\_\_\_

Grade: \_\_\_\_\_ Withdrawal date: \_\_\_\_\_ Eligible for Free/Reduced Lunch  Yes  No  
 (Circle One)

-OR-

**Non-Public/Private School:** \_\_\_\_\_

Complete Address: \_\_\_\_\_ Phone Number: (\_\_\_\_) \_\_\_\_\_  
 \_\_\_\_\_ Fax Number: (\_\_\_\_) \_\_\_\_\_  
 \_\_\_\_\_ Counselor / Contact Name: \_\_\_\_\_

Grade: \_\_\_\_\_ Withdrawal date: \_\_\_\_\_ Eligible for Free/Reduced Lunch  Yes  No  
 (Circle One)

List in order name and location of other schools previously attended and indicate public (P) or non-public (N):

\_\_\_\_\_ (\_\_\_\_) Grade(s) \_\_\_\_\_  
 \_\_\_\_\_ (\_\_\_\_) Grade(s) \_\_\_\_\_

### SPECIAL CONSIDERATIONS

- ◆ Does this student have any learning concerns that might require a Title I/RTI/Basic Skills Program?  Yes  No
- ◆ Does this student have any condition that might require a 504 Program?  Yes  No
- ◆ Does this student have any condition that might require a Special Education Program?  Yes  No
- ◆ Does this student have any condition that might require a Speech and Language Services?  Yes  No
- ◆ Does this student require any special transportation considerations?  Yes  No  
 If yes, explain \_\_\_\_\_
- ◆ Is this student placed in school by Department of Family Services?  Yes  No  
 State: \_\_\_\_\_  
 If yes, name of county or city: \_\_\_\_\_  
 Name of Agency: \_\_\_\_\_

I certify that all information on this Student Registration Form is true and accurate to the best of my knowledge and belief. I understand that falsification of any information shall be cause for denial of enrollment. Furthermore, I understand I must report to the school if the student moves or becomes a non-resident of this township and that I am liable for tuition for any periods that the student may be a non-resident.

X \_\_\_\_\_ Date \_\_\_\_\_  
 Signature of Parent / Guardian



# Frankford Township School

## School Entry Health Form

**To Parent/Guardian:** Please complete and sign Part I — Child’s Medical History  
 State law for school entry requires a health examination by a legally qualified professional.

*(Please Print)*

Name of Child (Last, First, Middle)		Birth Date	Sex
Address (Street)		School	Grade
City and ZIP Code	Home Telephone Number	Parent/Guardian (Last, First, Middle)	

### PART I — CHILD’S MEDICAL HISTORY

**To Parent/Guardian:** Please check answers to questions 1 through 8 below in the column on the left.  
*(Please explain any “Yes” answers in the space provided below.)*

1. Yes  No  Any concerns about general health (eating and sleeping habits, weight, etc.)?
2. Yes  No  Any other specific illness or social/emotional or behavioral problems?
3. Yes  No  Any allergies (food, insects, medications, etc.)?
4. Yes  No  Any prescription medication (daily or occasionally)?
5. Yes  No  Any problems with vision, hearing or speech (glasses, contacts, ear tubes, hearing aids)?
6. Yes  No  Any hospitalization, operation or major illness (specify problem)?
7. Yes  No  Any significant injury or accident (specify problem)?
8. Yes  No  Would you like to discuss anything about your child’s health with the school nurse?

**To Parent/Guardian:** Please explain any “Yes” answers from above.

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**I am the parent/guardian of the child named above. I give permission for the information on PARTS I and II of this form provided about my child to be reviewed and utilized only by the staff of this school and any school health personnel providing school health services in the district for the limited purpose of meeting my child's health and educational needs.**

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

\_\_\_\_\_  
 Date

### Partnership for School Readiness Recommendations for Prekindergarten and Kindergarten

**To Parent/Guardian:** *These services are recommended but not required. Please forward all reports to the School Nurse.*

<p>1. <b>Comprehensive Vision Examination (3-5 years of age)</b>          Date of Exam: _____          Results of Exam: _____          _____          Provider: _____          (Check One): Optometrist <input type="checkbox"/> Ophthalmologist <input type="checkbox"/></p>	<p><i>Please describe any corrective action for any problems detected and any accommodations required.</i></p>
<p>2. <b>Comprehensive Dental Examination</b>          Date of Exam: _____          Results of Exam: _____          _____          Provider: _____</p>	<p><i>Please describe any corrective action for any problems detected and any accommodations required.</i></p>
<p>3. <b>Hearing Screening</b>          Date of Exam: _____          Results of Exam: _____          _____          Provider: _____</p>	<p><i>Please describe any corrective action for any problems detected and any accommodations required.</i></p>

Name of Child (Last, First, Middle)	Birth Date
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**PART II — MEDICAL EVALUATION**

To be completed and signed by the Health Care Provider ONLY:

The child named above has had a complete history and physical exam on the following date:  
 (Exam must be within one year of enrollment)

\_\_\_\_\_  
 Month                  Day                  Year

Screening Results:

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ BMI%: \_\_\_\_\_ B/P: \_\_\_\_\_ Hct/Hgb: \_\_\_\_\_ Lead: \_\_\_\_\_ Urinalysis: \_\_\_\_\_

Vision - Without Glasses	Right 20/ _____	Left 20/ _____	Passed <input type="checkbox"/>	Failed <input type="checkbox"/>	Referred <input type="checkbox"/>	Hearing - Right	Passed <input type="checkbox"/>	Failed <input type="checkbox"/>	Referred <input type="checkbox"/>
Vision - With Glasses	Right 20/ _____	Left 20/ _____	Passed <input type="checkbox"/>	Failed <input type="checkbox"/>	Referred <input type="checkbox"/>	Hearing - Left	Passed <input type="checkbox"/>	Failed <input type="checkbox"/>	Referred <input type="checkbox"/>

Gross dental (teeth and gums)	_____	Normal	_____	Abnormal	_____	Refer/Tx: _____
Head/scalp/skin	_____	Normal	_____	Abnormal	_____	Refer/Tx: _____
Eyes/Ears/Nose/Throat	_____	Normal	_____	Abnormal	_____	Refer/Tx: _____
Chest/Lungs/Heart	_____	Normal	_____	Abnormal	_____	Refer/Tx: _____
Abdomen/Digestive System	_____	Normal	_____	Abnormal	_____	Refer/Tx: _____
Postural Assessment	_____	Normal	_____	Abnormal	_____	Refer/Tx: _____
Neurological	_____	Normal	_____	Abnormal	_____	Refer/Tx: _____
Mantoux	_____	Negative	_____	Positive	_____	Date Given _____ Date Read _____

This child has the following problems that may impact the educational experience:

- Vision   
  Hearing   
  Speech/Language   
  Physical   
  Social/Behavioral   
  Cognitive

Specify: \_\_\_\_\_

This child has a health condition that may require emergency action at school, e.g. seizures, asthma, allergies. Specify below.  
 (This form will be stored in the child's Cumulative Health Folder and may be accessed by both school and health personnel.)

Recommendations (Attach additional sheet if necessary): \_\_\_\_\_

(Please Check One)

- This child may participate fully in school activities including physical education.  
 This child may participate in school activities including physical education with the following restriction/adaptation.

(Specify reason and restriction) \_\_\_\_\_

Signature/Title of Health Care Provider	Date	Address (Please print or stamp)
	_ / _ / _	
Name (Please print or stamp)		



## Frankford Township School District

**Robert Mooney**

Superintendent/Elementary Principal

[mooneyr@frankfordschool.org](mailto:mooneyr@frankfordschool.org)

**David Sylvester**

Middle School Principal

[sylvesterd@frankfordschool.org](mailto:sylvesterd@frankfordschool.org)

### Home Language Survey (HLS)

This survey is the first of three steps to identify whether a student is eligible to be classified as a Multi Language Learner (MLL). Start with "Question 1" and continue until the survey is complete. Check the answer for each question and follow the directions. 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 Name:** \_\_\_\_\_ **Student Date of Birth:** \_\_\_\_\_

**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 question 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 question 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 question 8.
- No. Do not proceed. Home Language Survey is complete. Student is not an ELL.

**Question 7**

In the space below, list home languages spoken and proceed to question 8.

**Question 8**

**Home Language Survey is complete.**  
NJ Certified Staff Only - Proceed to Step 2: Records Review.

**Question 9**

**Home Language Survey is complete.**  
Do not proceed. Student is not an English Language Learner (ELL).

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_



**PRELIMINARY INFORMATION: 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:22 require that a free public education be provided to students between the ages of 5 and 20, and to certain students under 5 and over 20 as specified in other applicable law, who are:

- Domiciled in the district, i.e., the child of a parent or guardian, or an adult student, whose permanent home is located within the district. A home is permanent when the parent, guardian or adult student 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 moves 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, resulting in relocation of the student, 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 "guardian" means a person to whom a court of competent jurisdiction has awarded guardianship or custody of a child, provided that a residential custody order shall entitle a child to attend school in the residential custodian's school district subject to a rebuttable presumption that the child is actually living with such custodian; it also means the Department of Children and Families for purposes of N.J.S.A. 18A:38-1(e). Also note that a student is entitled to attend school in the district of domicile notwithstanding that the student is qualified to attend school in a different district as an "affidavit" student or temporary resident.*

*Note that the following 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 documentation 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 letters from landlords and other evidence of property ownership, tenancy or residency
- Voter registrations, licenses, permits, financial account information, utility bills, delivery receipts, and other evidence of personal attachment to a particular location
- Court orders, State agency agreements and other evidence of court or agency placements or directives
- 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
- Affidavits, certifications and sworn attestations pertaining to statutory criteria for school attendance, from the parent, 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 inability to provide certain form(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/information relating to citizenship or immigration/visa status, unless the student holds or is applying for an F-1 visa
- Documentation/information relating to compliance with local housing ordinances or conditions of tenancy
- Social security numbers

**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.**

[Optional note if district permits attendance by nonresidents on a tuition basis: State law allows school districts to admit nonresident students, through policies adopted at Board discretion, on a tuition basis. If your student is not eligible to attend school in this district free of charge, he or she may enroll on a tuition basis by ... (instructions on how to obtain more information, or register for enrollment as a nonresident student.)]

***If you experience difficulties with the enrollment process, please see (name and phone number/location of administrator) for assistance.***

**To the Person Enrolling the Student: Please complete the appropriate section A, B, C or D below, according to the situation best matching the student's circumstances:**

*Complete SECTION A (DOMICILE) if the student is the child of a parent or guardian, or an adult student, whose permanent home is the address given on page 1 of this application and is located in the district.*

OR

*Complete SECTION B ("AFFIDAVIT" STUDENT) if the student is living with a person domiciled in the district, other than the parent or guardian.*

OR

*Complete SECTION C (TEMPORARY RESIDENT) if the student is living with a parent or guardian temporarily residing within the district.*

OR

*Complete SECTION D (SPECIAL CIRCUMSTANCES) if the student's situation is not addressed by Section A, B or C or if any of the circumstances in Section D apply.*

**SECTION A (DOMICILE):** Complete this section if the student is the child of a parent or guardian, or an adult student, whose permanent home is the address given on page 1 of this application and is located in the district. If you are the student's guardian, or will be the guardian of a student from out of state following expiration of the required 6-month waiting period, you will be asked to provide official papers proving guardianship. You will not be asked to produce "affidavit student" proofs of the type requested in Section B below.

How long have you lived in this home? \_\_\_\_\_

Do you have any present intention of moving from this home? If so, when and to where?

\_\_\_\_\_

Do you have residences(s) elsewhere, and, if so, where are they and when do you live there? \_\_\_\_\_

\_\_\_\_\_

Please list four forms of proof (see attached list) you will provide to demonstrate that the address given on page 1 of this application is your permanent home.

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

*(Continued on Next Page)*

**SECTION A (DOMICILE) CONTINUED:**

*If the student's parents are domiciled in different districts, regardless of which parent has custody, please answer the following questions:*

Is there a court order or written agreement between the parents designating the district for school attendance, and if so, where does it require the student to attend school? (You will be asked to provide a copy of this document.) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Does the student reside with one parent for the entire year? If so, with which parent and at what address? \_\_\_\_\_  
\_\_\_\_\_

If not, for what portion of time does the student reside with each parent and at what addresses? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If the student lives with both parents on an equal-time, alternating week/month or other similar basis, with which parent did the student reside on the last school day prior to October 16 preceding the date of this application? \_\_\_\_\_

*Please note: No district is required, as a result of being the district of domicile for school attendance purposes where a student lives with more than one parent, to provide transportation for a student residing outside the district for part of the school year, other than transportation based upon the home of the parent domiciled within the district to the extent required by law.*

If you are claiming to be an emancipated student, are you living independently in your own permanent home in the district? If yes, please describe the proofs you will provide, in addition to those demonstrating domicile, to demonstrate that you are not in the care and custody of a parent or guardian. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Please note: Under New Jersey law, where a dwelling is located within two or more local school districts, or bears a mailing address that does not reflect the dwelling's physical location within a municipality, the district of domicile for school attendance purposes is that of the municipality to which the resident pays the majority of his or her property tax, or to which the majority of property tax for the dwelling in question is paid by the owner of a multi-unit dwelling.*

**END OF SECTION A**

**SECTION B ("AFFIDAVIT" STUDENT):** *Complete this section if the student is living with a person domiciled in the district, other than the parent or guardian.*

Is the person domiciled in the district, supporting the student without remuneration as if the student were his or her own child, keeping the student for a longer time than the school term and assuming all personal obligations for the student relative to school requirements? Please explain. (You will be asked to file a sworn statement, along with a copy of the person's lease if a tenant, or a sworn landlord's statement if a tenant without written lease.) \_\_\_\_\_

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Students are not eligible to attend school as "affidavit" students unless the student's parent or guardian is not capable of supporting or providing care for the student due to family or economic hardship, and unless it is clear that the student is not living in the district solely for purposes of receiving a public education there. Please explain the circumstances applicable in this case, with special attention to the parent/guardian's family and/or economic hardship. (The parent/guardian will be required to file a sworn statement with documentation to support the claims made.) \_\_\_\_\_

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*Please note: A student will not be considered ineligible because required sworn statements(s) cannot be obtained, so long as evidence is presented that the underlying requirements of the law are being met.*

*A student will not be considered ineligible when evidence is presented that the student has no home or possibility of school attendance other than with a non-parent district resident who is acting as the sole caretaker and supporter of the student.*

*A student will not be considered ineligible solely because a parent or guardian provides gifts or limited contributions, financial or otherwise, toward the welfare of the student, provided that the resident keeping the student receives no payment or other remuneration from the parent or guardian for the student's actual housing and support. Receipt by the resident of social security or other similar benefits on behalf of the student do not render a student ineligible.*

*It is not necessary that guardianship or custody be obtained before a student will be considered for enrollment on an "affidavit" basis.*

**END OF SECTION B**

**SECTION C (TEMPORARY RESIDENT):** *Complete this section if the student is living with a parent or guardian temporarily residing within the district, even if the parent has a domicile elsewhere.*

How long have you lived in this residence? \_\_\_\_\_

Do you have a domicile or residences(s) elsewhere, and, if so, where are they and when do you live there? \_\_\_\_\_

Please list four forms of proof (see attached list) you will provide to demonstrate that you are residing at the address given on page 1 of this application, and that such residence is not solely for the purpose of the student attending school in the district.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

Please note: Under New Jersey law, where a dwelling is located within two or more local school districts, or bears a mailing address that does not reflect the dwelling's physical location within a municipality, the district of domicile for school attendance purposes is that of the municipality to which the resident pays the majority of his or her property tax, or to which the majority of property tax for the dwelling in question is paid by the owner of a multi-unit dwelling.

*If the student's parents are domiciled in different districts, regardless of which parent has custody, please answer the following questions:*

Is there a court order or written agreement between the parents designating the district for school attendance, and if so, where does it require the student to attend school? (You will be asked to provide a copy of this document.) \_\_\_\_\_

Does the student reside with one parent for the entire year? If so, with which parent and at what address? \_\_\_\_\_

If not, for what portion of time does the student reside with each parent and at what addresses? \_\_\_\_\_

*(Continued on Next Page)*

**SECTION C (TEMPORARY RESIDENT) CONTINUED:**

If the student lives with both parents on an equal-time, alternating week/month or other similar basis, with which parent did the student reside on the last school day prior to October 16 preceding the date of this application? \_\_\_\_\_

*Please note: No district is required, as a result of being the district of temporary residence for school attendance purposes where a student lives with more than one parent, to provide transportation for a student residing outside the district for part of the school year, other than transportation based upon the home of the parent residing within the district to the extent required by law.*

**END OF SECTION C**

**SECTION D (SPECIAL CIRCUMSTANCES):** *Please indicate if any of the following apply.*

\_\_\_\_\_ The student is the child of a parent or guardian who has moved to another district as the result of being homeless.

\_\_\_\_\_ The student has been placed in the home of a district resident other than the parent or guardian by court order. (You will be required to provide a copy of the order.)

\_\_\_\_\_ The student has been placed in the district by the Department of Children and Families acting as the student's guardian.

\_\_\_\_\_ The student is a child of a parent or guardian who previously resided in the district and is a member of the New Jersey National Guard or the United States reserves ordered to active service in time of war or national emergency, resulting in relocation of the student.

\_\_\_\_\_ The student is kept in the home of a person domiciled in the district, other than the parent or guardian, and the parent/guardian a member of the New Jersey National Guard or the reserve component of the United States armed forces and has been ordered into active military service in the United States armed forces in time of war or national emergency. If this applies, when is the parent or guardian expected to return from active military duty? \_\_\_\_\_

\_\_\_\_\_ The student resides on federal property? Where? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ The student's circumstances do not appear to be addressed anywhere in this application. I understand that I will be contacted by (*name of administrator or office*) for further information.

**END OF SECTION D**

***If you experience difficulties with the enrollment process, please see (name and phone number/location of administrator) for assistance.***

## **Acceptable Use Policy for Grades Preschool to 8**

### **Consent and Waiver Agreement**

#### **Computer(s), Network and Additional Technology Resources and Internet Access**

Frankford Township School District provides access to the Internet to enable students to explore thousands of libraries, databases, museums, and other repositories of information. Families should be aware that some material accessible via the internet might contain items that are inaccurate, or potentially offensive. Board policy #6142.10 addresses the acceptable use of the internet, computer(s), network and additional technology resources and is available upon request.

The intention of the Frankford School District is to make the internet available for the purpose of furthering District goals and objectives. Access to the internet is to be used in support of education and research consistent with the educational goals of the school. This internet system has been established for educational purposes that include classroom activities; it has not been established as a public access or public forum.

While the purposes of the school are to use internet resources for constructive educational goals, students may find ways to access other materials. We believe that the advantages to students in the form of information resources and opportunities for collaboration via the internet outweigh the disadvantages. However, parents and guardians of minors are ultimately responsible for setting parameters and conveying the standards that their children should follow when using media and information sources.

Access to the internet, computer(s), network and additional technology resources is available only with permission of the administration, faculty and staff, and parents/guardians. The following are terms and conditions of use:

#### **Student Responsibilities**

Students are responsible for appropriate behavior on the school's computer(s), network and additional technology resources just as they are in a classroom or on a school playground. Communication on the network is often public in nature. General school rules for behavior and communication apply. It is expected that users will comply with District standards, as set forth in the Frankford Township Board of Education Policy 6241.10. Use of the internet, computer(s), network and additional technology resources, is a privilege, not a right, and may be revoked if abused. The user is personally responsible for his/her actions in accessing and utilizing the school's computer(s), network and additional technology resources. The students are advised never to access, keep, or send anything that they would not want their parents or teachers to see.

#### **Network Rules**

#### **Privacy**

Network storage areas may be treated like school lockers. Network administrators may review communications to maintain system integrity and ensure that students are using the system responsibly.



Illegal copying Students should never download or install any commercial software, shareware, or freeware onto network drives or disks, unless they have permission from their teacher. Students should not copy other people's work or intrude into other people's files.

Inappropriate materials or language No profane, abusive or impolite language should be used to communicate nor should materials be accessed which are not in line with the rules of school behavior. Should a student encounter such material by accident, they should report it their teacher immediately.

Access Frankford Township School District provided access to the internet, computer(s), network and additional technology resources, and, access on personal devices during the school day is intended for educational purposes only. The Board retains the right to restrict or terminate pupil access to the internet, computer(s), network and additional technology resources at any time, for any reason. Additionally, students may have access to personal devices during the school day revoked.

### **Personal Technology**

Use of personal technology during instructional periods is prohibited, except when used as an aid to instruction at the discretion of the classroom teacher and/or building administrator or required by a student's individualized educational program (IEP). If personal technology is used as an aid to classroom instruction, students without access to those devices will not be penalized. Personal technology may not be used for purposes which are found to be disruptive to the school environment. Disruption of the school environment shall be determined by school administration and faculty.

### Use of Personal Technology Outside of Classroom Instruction

For both Elementary School and Middle School students, cell phones and other devices must be off (not on vibrate or silent) at all times during school hours, unless permission for an approved use has been explicitly granted by a faculty member or building administrator. Upon completion of the activity for which the approved use was granted, cell phones and other devices are to be turned off for the remainder of school hours.

### Assumption of Risk when using Personal Technology

A student who brings his/her device to school shall do so at his/her own risk. The school, administration, staff, or the Board of Education will not be held responsible for lost, stolen, or damaged articles. However, students and parents may report lost property to the school administration or other appropriate personnel. The District does not guarantee access to the District provided internet access on personal devices. A student is solely responsible for all charges incurred by usage at any time.

### **Consent Requirement and Rules for Appropriate Use**

**Please review, complete and submit the consent form below.**

Students may not use the internet, computer(s), network and additional technology resources or personal devices in a manner that:

1. Intentionally disrupts network traffic or crashes the network – included, but not limited to chain letters, junk mail & spamming;
2. Degrades or disrupts equipment or system performance;
3. Uses the computing resources of our District for personal or commercial purposes, financial gain, or fraud;

4. Steals data or other intellectual property;
5. Gains or seeks unauthorized access to the files of others or vandalizes the data of another user;
6. Gains or seeks unauthorized access to resources or entities;
7. Forges electronic mail messages or uses an account owned by others;
8. Invades privacy of others;
9. Possesses any data which is a violation of this policy; and/or engages in other activities, including personal e-mail, that do not advance the educational purposes for which the internet, computer(s), network and additional technology resources are provided;
10. Threatens, harasses, or bullies others.

Individuals in violation of any of the above are subject to discipline including but not limited to:

1. Use of the network only under direct supervision;
2. Suspension of internet, computer(s), network and additional technology resources privileges;
3. Revocation of internet, computer(s), network and additional technology resources privileges;
4. Suspension of privilege to utilize personal internet devices in school (cell phone, handheld device, etc.)
5. Revocation of privilege to utilize personal internet devices in school (cell phone, handheld device, etc.)
6. Suspension from school.
7. Confiscation and/or search of student property (cell phone, laptop, etc.)
8. Police involvement in cases where a crime may have been committed with the technology.

**Students:**

In agreeing to the use of the internet, computer(s), network and additional technology resources at Frankford Township School, I agree to assume the risks inherent in the various technological systems. I understand and abide by the provisions and conditions of this agreement. I realize that the internet, computer(s), network and additional technology resources are intended for educational purposes only. I understand that any violation of the above provisions may result in disciplinary action, revocation of user privileges, and any appropriate legal action. I will not hold Frankford Township School, my teacher or administration responsible for or legally liable for materials distributed or acquired from the network. I also agree to report any misuse of the internet, computer(s), network and additional technology resources systems to my teacher or to the appropriate staff or faculty.

\_\_\_\_\_ I have read and understand the Acceptable Use Practices and I agree to adhere to these guidelines. If I do not, I may lose my network access and related privileges, and may be subject to disciplinary action.

Print Student Name: \_\_\_\_\_

Student Signature: \_\_\_\_\_

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

**Parent/Guardian:**

I have read this agreement and understand that the computer(s), network and additional technology resources available at Frankford Township School are intended for educational purposes only. I also understand that it is impossible for Frankford Township School to restrict access to all controversial materials. I will not hold Frankford Township School, the teacher or administration responsible for or legally liable for materials distributed or acquired from the network. I also agree to report any misuse of the computer(s), network and additional technology resources systems to my child's teacher or to the appropriate school official.

I understand that the improper or inappropriate use of the internet, computer(s), network and additional technology resources by my child will result in loss of privileges, as well as school discipline and/or criminal or civil penalties. Additionally, I accept responsibility for any damage or injuries caused by my child's inappropriate use of the internet, computer(s), network and additional technology resources either inside or outside the school.

With this understanding, I hereby give permission for my child to access the internet, computer(s), network and additional technology resources at the Frankford Township School. I understand that if I have any additional questions I can contact the school for clarification.

\_\_\_\_\_ I have read and understood the Acceptable Use Practices (prior page) and I agree to adhere these practices. I understand that if my child does not, he/she may lose District network access and related privileges and may be subject to disciplinary action.

Print Parent/Guardian Name: \_\_\_\_\_

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

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



## Frankford Township School District

Braden Hirsch  
Superintendent/Elementary Principal  
[hirschb@frankfordschool.org](mailto:hirschb@frankfordschool.org)

Amy Librizzi  
Middle School Principal  
[librizzia@frankfordschool.org](mailto:librizzia@frankfordschool.org)

Dear Parents/Guardians:

From time to time during the year we take pictures and/or video taping of class activities for the school website, newspaper, yearbook, classroom projects and any other school related publication.

Please fill out the consent form on the bottom of this page, and return it to your child's teacher as soon as possible. Please indicate whether your child may or may not have their picture taken.

*This consent form will be in effect for as long as your child is in the Frankford Township School system.*



### Parental Picture Consent Form

Student's name \_\_\_\_\_

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

\_\_\_\_\_ YES: I give permission for my child to have their picture and/or video **published** in our school newspaper and any other school related publication.

\_\_\_\_\_ NO: Please exclude my child from having their picture and/or video taken and/or published during the school year.

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

\_\_\_\_\_  
Date

**FRANKFORD TOWNSHIP SCHOOL DISTRICT**  
2 Pines Road  
Branchville, NJ 07826

**HOUSING QUESTIONNAIRE**

Name of LEA: \_\_\_\_\_

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

Name of Student: \_\_\_\_\_  
Last First Middle

Gender:  Male      Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_      Grade: \_\_\_\_      ID#: \_\_\_\_\_  
 Female                      Month    Day    Year                      (preschool-12)                      (optional)

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

The answer you give below will help the district determine what services you or your child may be able to receive under the McKinney-Vento Act. Students who are protected under the McKinney-Vento Act are entitled to immediate enrollment in school even if they don't have the documents normally needed, such as proof of residency, school records, immunization records, or birth certificate. Students who are protected under the McKinney-Vento Act may also be entitled to free transportation and other services.

Where is the student currently living? (Please check one box.)

- In a shelter
- With another family or other person because of loss of housing or as a result of economic hardship (sometimes referred to as "doubled-up")
- In a hotel/motel
- In a car, park, bus, train, or campsite
- Other temporary living situation (Please describe): \_\_\_\_\_
- In permanent housing

\_\_\_\_\_  
**Print name** of Parent, Guardian, or  
Student (for unaccompanied homeless youth)

\_\_\_\_\_  
**Signature** of Parent, Guardian, or  
Student (for unaccompanied homeless youth)

\_\_\_\_\_  
**Date**

If **ANY box other than "In Permanent Housing" is checked**, then the student/family should be immediately referred to the MV Liaison. In such cases, **proof of residency** and other documents normally needed for enrollment are **not required** and the student is to be **immediately enrolled**. **After** the student has been enrolled, the district/school must contact the previous district/school attended to request the student's educational records, including immunization records, and the enrolling district's LEA liaison must help the student get any other necessary documents or immunizations.

## INSTRUCTIONS FOR COMPLETING THE HOUSING QUESTIONNAIRE

### Purpose of the Housing Questionnaire

All Local Education Agencies (LEAs) are required to identify students experiencing homelessness. LEAs include school districts, charter schools and high schools. Additionally, all LEAs that receive Title I funds must ask enrolling students about their housing status. The State of New Jersey Department of Education encourages all LEAs regardless of whether they receive Title I funds to do the same. To collect this information, LEAs may:

1. Use the Housing Questionnaire attached here,
2. Update/modify the Registration Form – Housing Questionnaire to address the needs of the LEA, or
3. Incorporate the housing status question from the Registration Form - Residency Questionnaire into the LEA's Registration Form or other documents already used by the LEA during the enrollment process.

If an LEA elects the third option and incorporates the housing status question into the LEA's Enrollment Form, the LEA should take steps to ensure that a student's housing status does not become a part of the student's permanent record, because of the sensitive nature of this information. Please see the section titled "Confidentiality" (below) for information about how and when housing information may be shared within the LEA.

### Who should fill out the Housing Questionnaire?

A Housing Questionnaire should be filled out for all students enrolling in school and for all students who have a change of address in grades Preschool to 8. "The Housing Questionnaire" should be completed by the student's parent, person in parental relation, or in the case of an unaccompanied youth, by the student directly.

### Confidentiality

**Student housing information should be kept confidential to the maximum extent possible. This information should only be shared with LEA/school staff members who need information about housing status to ensure that the student's educational needs are met.** To this end, LEAs may share a student's Housing Questionnaire with LEA personnel such as:

1. the homeless liaison,
2. the office in which the child has registered,
3. the student's teachers, and/or guidance counselor, and
4. the LEA staff member responsible for reporting data to NJSMART

**However, this information should only be shared with the above staff members to the extent that it will enable them to better meet the educational needs of the student in question and to fulfill reporting requirements mandated by NJSMART.**

Other than the above uses, housing information **should be kept confidential and should not be shared** with other LEA/school personnel due to its sensitive nature and the stigma attached to being labeled homeless. LEAs are also encouraged to seek out ways of preventing Housing Questionnaires and housing information from becoming a part of a student's permanent record.

### Discussing the Housing Questionnaire with Students and Families

In reviewing the Housing Questionnaire with parents, persons in parental relation, and unaccompanied youth, LEAs should emphasize that the purpose of gathering the information is to ensure that students in temporary housing arrangements are provided with the rights and services to which they are entitled under the McKinney-Vento Act. These rights and services include:

1. The right to stay in the same school the student had been attending before losing his/her housing or the last school attended (both known as the school of origin),
2. The right to immediate enrollment for students who decide to transfer schools, even if the student does not have all of the documents normally for enrollment,
3. Transportation services if the student continues to attend the school of origin,
4. Categorical eligibility for Title I services if offered in the LEA,
5. Categorical eligibility for free meals if offered in the LEA, and
6. Access to services provided with McKinney-Vento funds if available in the LEA.

The LEA should also ensure that the parent, person in parental relation, unaccompanied youth is aware that the student's housing status will be kept confidential and will only be shared with those LEA staff who are responsible for providing services to the student and those responsible for keeping track of how many students are identified as living in temporary housing in the LEA.

### **If the Parent, Person in Parental Relation, or Unaccompanied Youth Declines to Fill Out the Housing Questionnaire**

If the parent, person in parental relation, or unaccompanied youth declines to complete the Housing Questionnaire, the LEA should note on the form that the parent, person in parental relation, or unaccompanied youth declined to provide the information requested.

### **Completing the Form**

If a parent, person in parental relation, or unaccompanied youth enrolling in school indicates that a student is living in one of the five temporary housing arrangements, the school may not require proof to verify where the student is living before enrolling the student. The five temporary housing arrangements are listed below:

1. In a shelter,
2. With another family or other person (sometimes referred to as "doubled-up"),
3. In a hotel/motel,
4. In a car, park, bus, train, or campsite, or
5. Other temporary living situation.

After the student is enrolled and attending classes, the school or LEA is permitted to verify the student's housing arrangements. However, the student must first be enrolled in school.

### **Definitions of Temporary Housing Arrangements**

*"With another family or other person" (also referred to as "doubled-up")*

LEAs should be aware that students who are sharing the housing of others are eligible for services under the McKinney-Vento Act and State law, if sharing housing is due to loss of housing, economic hardship, or a similar reason.

*"Other temporary living situation"*

In addition to the four examples of temporary housing, students who lack a "fixed, adequate, and regular" nighttime residence are also covered as homeless under the McKinney-Vento Act and State law. This may include unaccompanied youth who have fled their homes or were forced to leave their homes and who do not otherwise meet the definition of "doubled-up."

*"In permanent housing"*

Permanent housing means that the student's living arrangements are "fixed, regular, and adequate."

### **Next Steps for LEAs with Students Living in Temporary Housing Arrangements**

**If the parent, person in parental relation, or unaccompanied youth indicates that a student is living in temporary housing, the LEA must complete a Designation Form.** If the LEA believes additional information is needed before reaching a final decision on the student's eligibility under McKinney-Vento, enrollment should not be delayed and a Designation Form should still be filled out.

If a student who is identified as homeless was last permanently enrolled in a different school district, the district of attendance/local district will be eligible for tuition reimbursement for the cost of educating the student.