

GREENWICH TOWNSHIP SCHOOL DISTRICT



GRADES PRE-K THROUGH 8TH

If Pre-K, please review the next page entitled

"Parents with Preschool Children" prior to completing the enrollment packet

If grades 5 through 8, please complete the laptop agreement form

PARENTS
with

2019

PRESCHOOL

CHILDREN

GREENWICH TOWNSHIP SCHOOL DISTRICT

PARENTS

The Greenwich Township School District will be offering an in-district Preschool Program for the 2019-2020 school year.

Our **FREE** preschool program will serve children ranging from 3 to 5 years old and welcome both typically developing children and children with special needs.

Each class is taught by a certified teacher along with two classroom assistants. Transportation is provided to and from our program daily.

IMPORTANT

Students should be residents living within the school district

Typically developing three or four year olds on or by October 1st, 2019.

Able to attend to all toileting needs

Up-to-date immunization record

PROGRAM

The preschool program serves children ranging from 3 to 5 years old and is designed for both typically developing children and children with special needs. Our goal is to meet the developmental needs of your child in a nurturing and engaging learning environment while fostering readiness for kindergarten.

Students in our preschool program will be entitled to participate in the many school-wide activities and assemblies that we offer our children. They will also have opportunities throughout the year to interact with the children in kindergarten as we prepare them for the transition into the elementary school years.

Program Hours

9:00-12:30

Our program runs five days per week, Monday through Friday for approximately 180 school days.

REGISTRATION

Registration will open for 15 students

Registration will close on June 3, 2019.

To be considered registered, all packets must have all components complete.

GREENWICH TOWNSHIP SCHOOL DISTRICT

Nehaunsey Middle School
415 Swedesboro Road
Gibbstown, NJ 08027
856-224-4920 ext 2140
Fax 856-224-5765
Dr. Jennifer Foley-Hindman, Principal

Broad Street School
255 West Broad Street
Gibbstown, NJ 08027
856-423-0490 ext 1131
Fax 856-423-7945
Alisa Whitcraft, Principal

Welcome to the Greenwich Township School District.
In order to enroll your student into our district, you will need to:

1. Make an appointment with the appropriate school.
2. Download and complete the appropriate packet at www.greenwich.k12.nj.us
3. If you do not have the technology to duplicate the enrollment packet, please stop at either school for a hard copy.
4. Along with the enrollment packet you will need to provide the following documents:
 1. Transfer card from previous school district
 2. Copy of birth certificate
 3. Copy of immunization records
 4. Copy of physical examination records
 - All students enrolling in school for the first time must have documentation of a completed medical examination completed and signed by a physician within the 365 days prior to the first day of the student's attendance at school
 - All students coming from out of the state or country must provide proof of a completed physical examination within 30 days of school entry
 - All other NJ students must provide documentation of a school entry medical examination
 5. Proof of custodial parent
 6. Release of records form
 7. 504 Plans and/or IEPs If applicable
 8. Residence Enrollment Questionnaire
 9. Proof of residency - **MUST PROVIDE FOUR PROOFS**

PROPERTY OWNERS - Tax bill, mortgage statement, or settlement statement and three other proofs - gas, electric, water, bank statement, etc.

RENTERS- Current lease with names of all residents in the dwelling (a new lease must be presented when it is renewed) and three other proofs • gas, electric, water, bank statement, etc.

LIVING WITH FAMILY MEMBER OR FRIEND - If you reside with a family member or friend, you will also need a verification of residency form completed and notarized. This form is located on the last two pages of this packet and needs to be renewed annually.

GREENWICH TOWNSHIP SCHOOL DISTRICT
GIBBSTOWN, NJ 08027

STUDENT REGISTRATION

Dear Parent/Guardian:

Please complete the following questions so that we may better know your child and be able to contact you in case of illness or emergency. Thank you for your cooperation.

Today's Date: _____

Child's Name: _____

Sex: ___ M ___ F

Racial/Ethnic (Check ALL that apply):

___ American Indian ___ African American ___ Asian

___ Caucasian ___ Hispanic ___ Pacific Islander

Date of Birth: _____ City/State of Birth: _____ Country of Birth: _____

Student's Address: _____ Telephone Number: _____

Father's Name _____

Mother's Name _____

Maiden Name _____

City of Birth _____

City of Birth _____

Father's Address _____

Mother's Address _____

Father's Cell _____

Mother's Cell _____

Employer _____

Employer _____

Occupation _____

Occupation _____

Work Address _____

Work Address _____

Work Phone# _____

Work Phone # _____

Number of Children in Family: Female: _____ Ages: _____

Male: _____ Ages: _____

With whom does the child live? _____

If student does not live with parent/s, custody papers WILL be required. Information of person/s student lives with (other than mother/father):

Name: _____ Relation: _____

Address: _____

IN CASE OF EMERGENCY NOTIFY:

1. Name: _____ Telephone Number: _____

Address: _____ Relationship to Child: _____

2. Name: _____ Telephone Number: _____

Address: _____ Relationship to Child: _____

Is your native language English? Yes _____ No _____ If No Specify: _____

Has your child been under early intervention or Child Study Team/Basic Skills services?

Yes _____ No _____

Specify: _____

Has your child had any speech remediations? Yes _____ No _____

Specify: _____

Was your child on free/reduced lunch program at his/her previous school?

Yes _____ No _____ Free _____ Reduced _____

Is there anything about your child's health, habits, or behavior that you would like to comment upon?

GREENWICH TOWNSHIP SCHOOL DISTRICT

ENROLLMENT RESIDENCY QUESTIONNAIRE

Please list all the children living with you up to the age of 21. Please include children of all ages and if they are attending an education program.

Name	Date of Birth	School Attending and Grade (or High School Graduate)

Phone Numbers: _____

Current Address: _____

Previous Address: _____

Section A. Current Living Situation:

- _____ Sharing housing with relatives or others due to lack of housing
- _____ Living in a shelter or transitional living program
- _____ Living in a motel, hotel, park or campground due to lack of adequate housing
- _____ Living in a car or RV or in a public place
- _____ Living in substandard housing
- _____ Awaiting foster care placement
- _____ Parents are migrant workers
- _____ None of the above

School/Schools of origin (school attended when last permanently housed)

Section B.

I, _____, have been consulted about the school placement that I prefer for my child (check or mark next to appropriate box)

to attend school in the district of last attendance

to attend the district in which we are currently residing.

I certify that the information provided here is true and correct. I understand the Greenwich Township Public School Homeless Liaison has the right to determine who is eligible.

Signed:

Date:

/ /

To be completed by Homeless Liaison:

Homeless

Not Homeless

Greenwich Township Homeless Liaison Signature:

Date:

/ /

Notes/Comments:

Medicaid Annual Notification Regarding Parental Consent

Background: The State of New Jersey has participated in a Federal program, Special Education Medicaid Initiative (SEMI), since 1994. The program assists school districts by providing partial reimbursement for medically-related services listed on a student's Individualized Educational Program (IEP).

The SEMI program is under the auspices of the New Jersey Department of the Treasury through its collaboration with the New Jersey Department of Education and New Jersey Division of Medicaid Assistance and Health Services.

In 2013, the regulations regarding Medicaid parental consent for school-based services changed. Now the regulations require that, prior to accessing a child's public benefits or insurance for the first time, and annually thereafter, school districts must provide parents/guardians written notification and obtain a one-time parental consent.

Is there a cost to you?

No. IEP services are provided to students while at school at no cost to the parent/guardian.

Will SEMI claiming impact your family's Medicaid benefits?

The SEMI program does not impact a family's Medicaid services, funds, or coverage limits. New Jersey operates the school-based services program differently than the family's Medicaid program. The SEMI program does not affect your family's Medicaid benefits in any way.

What type of services does the School-Based Services program cover?

- Evaluations
- Psychological Counseling
- Speech Therapy
- Audiology
- Occupational Therapy
- Nursing
- Physical Therapy
- Specialized Transportation

What type of information about your child will be shared?

In order to submit claims for SEMI reimbursement, the following types of records may be required: first name, last name, middle name, address, date of birth, student ID, Medicaid ID, disability, service dates and the type of services delivered.

Who will see this information?

Information about your child's special education program may be shared with the New Jersey Division of Medicaid Assistance and Health Services and its affiliates, including the Department of the Treasury and the Department of Education for the purpose of verifying Medicaid eligibility and submitting claims.

What if you change your mind?

You have the right to withdraw consent to allow for Medicaid billing at any time by contacting the school in which your child is enrolled.

Will your consent or refusal to consent affect your child's services?

No. Your school district is still required to provide services to your child pursuant to his or her IEP, regardless of your Medicaid eligibility status or your willingness to consent for SEMI billing.

What if you have questions?

Please call your school district's Special Education department with questions or concerns, or to obtain a copy of the parental consent form.

*Greenwich Township School District
415 Swedesboro Road
Gibbstown, NJ 08027*

**CONSENT FOR RELEASE OF INFORMATION TO ACCESS MEDICAID REIMBURSEMENT
FOR HEALTH RELATED SUPPORT SERVICES**

Please sign and return this form to the address listed above

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 insurance to pay for special education or related services under Part 300 (services under the IDEA).

Child's Name: _____

Child's Date of Birth: ____/____/____

Parent: _____ Date: ____/____/____

I give consent to bill for SEMI: Yes
No

This consent can be revoked at any time by contacting the administrator at your child's school.

FAMILY MEDICAL HISTORY:

DATE: _____

Do any of the child's immediate family members have the following: If yes, please state sibling, mother, father, grandmother, grandfather, etc.

	YES	NO	Family Members
Heart Disease	_____	_____	_____
Diabetes	_____	_____	_____
Cancer	_____	_____	_____
Sickle Cell Anemia	_____	_____	_____
High Blood Pressure	_____	_____	_____
Allergies/Asthma	_____	_____	_____

Has your child had or currently has any of the following?

	YES	NO		YES	NO
1. High Fevers	_____	_____	16. Anemia	_____	_____
2. Seizures	_____	_____	17. Diabetes	_____	_____
3. Head Injury	_____	_____	18. Ringworm	_____	_____
4. Sutures (Stitches)	_____	_____	19. Arthritis	_____	_____
5. Broken Bones	_____	_____	20. Epilepsy	_____	_____
6. Operations	_____	_____	21. Heart trouble	_____	_____
7. Hospitalizations	_____	_____	22. Kidney problems	_____	_____
8. Allergies	_____	_____	23. Frequent ear infections	_____	_____
9. Chicken Pox	_____	_____	24. Frequent headaches	_____	_____
10. Mumps	_____	_____	25. Eczema	_____	_____
11. Measles	_____	_____	26. Asthma	_____	_____
12. German Measles	_____	_____	27. High Blood Pressure	_____	_____
13. Scarlet Fever	_____	_____	28. Lyme Disease	_____	_____
14. Rheumatic Fever	_____	_____	29. Hepatitis	_____	_____
15. Fifth Disease	_____	_____			

**** IF YES PLEASE DESCRIBE**

Does your child have any hearing difficulties? Yes ___ No ___ Specify _____

Does your child wear glasses? Yes ___ No ___ Specify _____

Does your child take medication that would be necessary during school hours? Yes ___ No ___

Names of Medications _____

Has your child had routine dental checkups? Yes ___ No ___

Does your child have health insurance? If so, name of company _____

Date of your child's last medical exam: ___ / ___ / _____

Date of your child's last lead blood test and results: _____

Date of first Polio Immunization: _____

BROAD STREET ELEMENTARY SCHOOL NURSE'S OFFICE
856-224-4900, x1113

PHYSICIAN HEALTH PHYSICAL- GRADES PK-4

Please take this form to your child's appointment and have completed at the time of the exam.

1. Student Information:

Child's Name:		Date of Exam:	
Grade:		Birth Date:	

Physical Exam		Health History	
Height:		Asthma:	
Weight:		Allergies:	
Blood Pressure:		Cerebral Palsy:	
Pulse:		Diabetes:	
Skin:		Eczema:	
Lymph System:		Epilepsy:	
Head:		Heart Murmur:	
Neck:		Frequent Colds:	
Mouth:		Ear Infections:	
Ears:		TB (Self/Family):	
Eyes:	R: L:	Accidents:	
Vision:	R: L:		
Chest:		Chronic Illness:	
Heart:			
Abdomen:		Surgeries:	
Genitalia:			
Back and Spine:		Other:	
Extremities:			
Neurological:			

Any restrictions? _____

Physician Signature: _____

Stamp:

Address: _____

Phone: _____

GREENWICH TOWNSHIP ELEMENTARY SCHOOL

The Greenwich Township School District policy concerning student medical examinations reflects the New Jersey Administrative Code 6A:16-2.2, as follows:

ALL STUDENTS ENROLLING IN SCHOOL FOR THE FIRST TIME MUST HAVE DOCUMENTATION OF A COMPLETED MEDICAL EXAMINATION; COMPLETED, SIGNED AND DATED BY PHYSICIAN. THIS EXAMINATION MUST TAKE PLACE WITHIN THE 364 DAYS PRIOR TO THE FIRST DAY OF THE STUDENT'S ATTENDANCE AT SCHOOL. ANY STUDENT WHO DOES NOT SUBMIT THIS DOCUMENTATION WITHIN 30 CALENDAR DAYS OF THEIR FIRST DAY OF SCHOOL WILL BE EXCLUDED FROM SCHOOL UNTIL SUCH DOCUMENTATION IS OBTAINED.

ALL STUDENTS TRANSFERRING INTO THE DISTRICT MUST HAVE A COMPLETED PHYSICAL FORM ON FILE.

Though not mandated, it is advised that all children receive a complete medical examination periodically during their school years.

Greenwich Township provides a medical examination form to be taken to the student's "medical home" to be filled out by the physician at the time of the student's examination. Some physicians prefer to provide their own form. This is acceptable as long as the physician's form provides all of the information noted on the school form.

IF A STUDENT DOES NOT HAVE A "MEDICAL HOME", IT IS THE RESPONSIBILITY OF THE PARENT/GUARDIAN TO TAKE ALL NECESSARY STEPS TO OBTAIN THE PHYSICAL EXAMINATION DOCUMENTATION. PLEASE CALL THE SCHOOL NURSE FOR ASSISTANCE WELL IN ADVANCE OF REGISTERING THE STUDENT, AS FAILURE TO MEET THE STATE MANDATED DEADLINES WILL RESULT IN THE EXCLUSION OF THE STUDENT FROM SCHOOL.

Thank you for your cooperation.

Sincerely,



Susan Pipczynski RN, BSN, CSN
School Nurse, Greenwich Township Elementary School
Phone: 856-224-4900 ext 1113/Fax: 856-224-1056
spipczynski@greenwich.k12.nj.us

Greenwich Township Elementary School Vaccine Preventable Disease Program

New Jersey Minimum Immunization Requirements for Kindergarten
N.J.A.C. 8:57-4 Immunization of Pupils in School

Guide for checking compliance

Step 1: Each child attending/enrolling must present documentation of immunizations or valid medical or religious exemption to vaccines. In order to allow a child to enter school, he/she must have at least one dose of each age-appropriate required vaccine.

Minimum Number of Doses for Each Vaccine				
DTaP	Polio Inactivated Polio Vaccine (IPV)	MMR (Measles, Mumps, Rubella)	Varicella (Chickenpox)	Hepatitis B
A total of 4 doses with one of these doses on or after the 4 th birthday OR any 5 doses*	A total of 3 doses with one of these doses given on or after the 4 th birthday OR any 4 doses*	2 doses	1 dose	3 doses

**GREENWICH TOWNSHIP SCHOOL DISTRICT
Gibbstown, NJ 08027**

**AFFIDAVIT OF RESIDENCE BY PARENT
PURSUANT TO N.J.S.A. 18A:38-1(b)**

I, _____, of full age, being duly sworn according to law on oath deposes and says:

1. My natural child, _____, and I are currently residing at _____ with _____ in the School District of Greenwich Township, New Jersey.
2. I am aware that I am making an Affidavit (sworn statement) and that I may be subject to penalty for false swearing in the event any of the aforesaid is willfully false or fraudulent. I am further aware that I may be subject to pay tuition or other school charges of the Greenwich Township School District if the facts stated above are not true. This affidavit is given pursuant to the requirements of N.J.S.A. 18A:38-1 (b).

PARENT/GUARDIAN

PARENT/GUARDIAN

Sworn and Subscribed
before me on this _____
day of _____, 20_____

A Notary Public of the State of New Jersey.
My commission expires:

**** Completion of this form does not guarantee approval. This must be renewed annually ****

GREENWICH TOWNSHIP SCHOOL DISTRICT
Gibbstown, NJ 08027

AFFIDAVIT OF RESIDENCE BY GREENWICH TOWNSHIP RESIDENT
PURSUANT TO N.J.S.A. 18A:38-1(b)

I, _____, of full age, being duly sworn according to law on my oath deposes and says:

1. I am an adult residing and domiciled within the School District of Greenwich Township, New Jersey, and live at the following address: _____.
2. I am seeking admission to Greenwich Township School District for a minor child who resides with me with his/her parent/guardian.

NAME OF MINOR: _____

NAME OF PARENT/GUARDIAN: _____

3. The minor child and parent/guardian aforesaid have resided with me since _____, and will continue to reside with me until _____.
4. I am making this Affidavit (sworn statement) to induce the Greenwich Township School District to admit _____ as a student without charge since the aforesaid child and parent/guardian are residing with me.
5. I will inform the Superintendent of Schools if there is any change in the above-stated statement.
6. I am aware that I am making an Affidavit (sworn statement) and that I may be subject to penalty for false swearing in the event any of the aforesaid is willfully false or fraudulent. I am further aware that I may be subject to pay tuition or other school charges of the Greenwich Township School District if the facts stated above are not true. This Affidavit is given pursuant to the requirements of N.J.S.A 18A:38-1 (b).

PARENT/GUARDIAN

PARENT/GUARDIAN

Sworn and Subscribed
before me on this _____
day of _____, 20_____

A Notary Public of the State of New Jersey.
My commission expires:

**** Completion of this form does not guarantee approval. This must be renewed annually ****