



HADDON TOWNSHIP BOARD OF EDUCATION

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

REGISTRATION REQUIREMENTS

Elementary School

- **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**
- **Copy of IEP if student will be evaluated by the Child Study Team**
- **Release of Records Form (for students transferring from another school)**
- **Documentation of Grade Placement (Transfer card, Report Card, Transcript)**
- **Responsibility Form**
- **English Language Learners Student Information Form**

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 11/1/2016

School: _____

Student Information

Last Name _____ Phone _____

First Name _____ MI _____ Grade _____ 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

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

Registrar/Secretary to the Assistant Superintendent of Curriculum & Instruction

/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: _____

	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:		

Medical Conditions / Allergy ALERTS

Medical Alerts: _____
 Family Physician: _____ Phone #: _____
 Hospital Preference: _____

LEGAL ALERTS (please list if any)

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: _____	Name: _____
Relationship: _____	Relationship: _____
Home: _____	Home: _____
Work: _____	Work: _____
Mobile: _____	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

**HADDON TOWNSHIP PUBLIC SCHOOLS
HADDON TOWNSHIP, NEW JERSEY**



Parent Authorization for Release of School Records

Name of School or District Transferring From

Street Address

City State Zip Code

FAX: _____

In accordance with the Family Education Rights Privacy Act, Governing Board Policy and NJ State Law, the above-named school is hereby authorized to release to the school named below all school records including: grade transcripts, discipline records, pupil progress reports, standardized test scores, special education records, psychological evaluations, social, educational or developmental information and school health records including immunizations and the A-45 State of NJ Health History and Appraisal regarding:

Name of Student	Grade	Date of Birth	School Assignment

Date: _____

Signature of Parent / Guardian

Request for Transcript of School Records:

Please send all school records for the above-names child(ren) who is/are enrolled in the Haddon Township School District to the Haddon Township School in which they are assigned. Thank you.

Haddon Township School District enrollment date: _____

Edison Elementary School
205 Melrose Avenue
Westmont, NJ 08108

Jennings Elementary School
100 East Cedar Avenue
Oaklyn, NJ 08107

Stoy Elementary School
206 Briarwood Avenue
Haddonfield, NJ 08033

Strawbridge Elementary School
307 Strawbridge Avenue
Westmont, NJ 08108

Van Sciver Elementary School
625 Rhoads Avenue
Haddonfield, NJ 08033

Rohrer Middle School
101 MacArthur Boulevard
Westmont, NJ 08108

Haddon Township High School
406 Memorial Avenue
Westmont, NJ 08108

Edison Elementary School

205 Melrose Avenue
Westmont, NJ 08108

Phone: 856-869-7715

Secretary: Karan Kredatus
kkredatus@haddontwpschools.com
FAX: 856-869-7715

Jennings Elementary School

100 East Cedar Avenue
Oaklyn, NJ 08107

Phone: 856-869-7720

Secretary: Carol Burrows
cburrows@haddontwpschools.com
FAX: 856-869-7722

Stoy Elementary School

206 Briarwood Avenue
Haddonfield, NJ 08033

Phone: 856-869-7725

Secretary: Brenda Schuck
bschuck@haddontwpschools.com
FAX: 856-869-7728

Strawbridge Elementary School

307 Strawbridge Avenue
Westmont, NJ 08108

Phone: 856-869-7735

Secretary: Ellen Corleto
ecorleto@haddontwpschools.com
FAX: 856-869-7739

Van Sciver Elementary School

625 Rhoads Avenue
Haddonfield, NJ 08033

Phone: 856-869-7730

Secretary: Karen Reeves
kreeves@haddontwpschools.com
FAX: 856-869-7733

Rohrer Middle School

101 MacArthur Boulevard
Westmont, NJ 08108

Phone: 856-869-7770

Secretary: Amy Jacobson
ajacobson@haddontwpschools.com
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@haddontwpschools.com
FAX: 856-869-7764

Child Study Team

Haddon Township High School
406 Memorial Avenue
Westmont, NJ 08108

Phone 856-869-7750, ext 7313

Secretary: Denise Weachter
dweachter@haddontwpschools.com
FAX: 856-854-4072

Bus Transportation

Haddon Township BOE
500 Rhoads Avenue
Westmont, NJ 08108

Phone 856-869-7703

Supervisor: Nancy Bobb
nbobb@haddontwpschools.com
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@haddontwpschools.com
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@haddontwpschools.com
FAX: 856-854-7792