



## 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](http://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 06/08/17

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
- Is student a dependent of a full-time, active duty member of the Armed Forces? 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 \_\_\_\_\_



## 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](http://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



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WEBSITE: [www.haddontwpschools.com](http://www.haddontwpschools.com)

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 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:		

<u>Medical Conditions / Allergy ALERTS</u>
Medical Alerts: _____ Family Physician: _____ Phone #: _____ Hospital Preference: _____

<u>LEGAL ALERTS (please list if any)</u>

Parent / Guardian Information	Primary	Emergency	Allowed	Resides	Send Mail
Name: _____					
Relationship: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Home: _____					
Work: _____					
Mobile: _____					
Email: _____					
Address: _____					

**Other Emergency Contact Information** \_\_\_\_\_

Name: \_\_\_\_\_  
 Relationship: \_\_\_\_\_  
 Home: \_\_\_\_\_  
 Work: \_\_\_\_\_  
 Mobile: \_\_\_\_\_

Name: \_\_\_\_\_  
 Relationship: \_\_\_\_\_  
 Home: \_\_\_\_\_  
 Work: \_\_\_\_\_  
 Mobile: \_\_\_\_\_



Parent / Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Parent/Guardian signature permits the district to share this information with the staff.

My child has permission to:

1. Participate in walking trips throughout the year. \_\_\_ Yes \_\_\_ No
2. Participate in bus trips throughout the year that only travel between HTSD schools. \_\_\_ Yes \_\_\_ No
3. Be photographed/filmed or included in a publication (i.e. websites, newspaper or television broadcast) \_\_\_ Yes \_\_\_ No

School Dismissal: Choose one of the options below.

My child will walk home \_\_\_\_\_

My child will be picked up by: \_\_\_\_\_

My child will be attending the After School Program on: M T W TH F

*In the event you are 15 minutes late your child will be sent to the After School Program at your expense.*

Technology:

For students in grades PreK-5:

I/We have read and agree to the stipulations set forth in the Acceptable Use Policy.

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

For students in grades 3-5:

I/We have read and agree to the stipulations set forth in the HADDON TOWNSHIP PUBLIC SCHOOLS ONE TO ONE IPAD POLICY, PROCEDURE AND INFORMATION packet.

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

For Students in Grades K-5:

I have read the Family Life Education Curriculum Letter and Outline.

\_\_\_\_\_  
Parent/Guardian signature Date

Parent/Student Handbook

I have read the student handbook and understand the conditions set forth in the handbook

\_\_\_\_\_  
Parent/Guardian signature Date

**\*\*\*PLEASE COMPLETE THIS FORM IF STUDENT IS TRANSFERRING SCHOOLS\*\*\***

**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:

<b>Name of Student</b>	<b>Grade</b>	<b>Date of Birth</b>	<b>School Assignment</b>

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

HADDON TOWNSHIP SCHOOLS  
English Language Learners

STUDENT INFORMATION FORM

All children whose native language is other than English must be identified and tested to determine whether they require ELL support services. This form must be completed for **ALL NEW STUDENTS** at the time of enrollment.

Name of Student: \_\_\_\_\_  
  (First)    (Last)

Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_

Country of Origin: \_\_\_\_\_ Birthplace: \_\_\_\_\_

Native Language: \_\_\_\_\_

Date of Entry to US: \_\_\_\_\_

Date of Haddon Township Enrollment: \_\_\_\_\_

Haddon Twp School Building: \_\_\_\_\_ Grade Placement: \_\_\_\_\_

Previous District/Schools Attended: \_\_\_\_\_

First Enrollment Date in a U.S. School: \_\_\_\_\_ No. of Years in U.S. Schools: \_\_\_\_\_

**Circle one:**

- |   |     |    |
|---|-----|----|
| 1. Is a language other than English spoken at home?                       | YES | NO |
| 2. Was this child recently (with 12 months) adopted from another country? | YES | NO |
| 3. Has this child been in the United States less than 2 years?            | YES | NO |

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

\_\_\_\_\_  
Date

**PLEASE PRINT**

Parent Name: \_\_\_\_\_

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

\_\_\_\_\_

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

**Edison Elementary School**

205 Melrose Avenue  
Westmont, NJ 08108

Phone: 856-869-7715

Secretary: Karan Kredatus  
[kkredatus@haddontwpschools.com](mailto: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](mailto: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](mailto: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](mailto: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](mailto: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](mailto: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](mailto: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: Audra Fletcher  
[dweachter@haddontwpschools.com](mailto: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](mailto: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](mailto: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](mailto:bbarbieri@haddontwpschools.com)  
FAX: 856-854-7792