

# **LBI SCHOOL DISTRICT REGISTRATION:**

**The following documents are required for registration:**

- 1. Proof of Residency (4 forms)**
  - A. Tax bill, copy of rental lease, or a notarized letter from your Landlord stating your family resides at his premises.**
  - B. Utility bills, registrations, license, receipts, medical reports, Court Orders, etc. (see Registration form for more options)**
  
- 2. Child's immunization chart**
  
- 3. Well child check-up**  
**MEMO FROM DOCTOR TO INCLUDE:**
  - a. Height**
  - b. Weight**
  - c. Blood pressure**
  - d. Dr. verifies that child is ready to enter school.**
  
- 4. Original Birth Certificate with raised seal**
  
- 5. Signed Transfer card from the child's previous school (grades 1 and above)**

## 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.

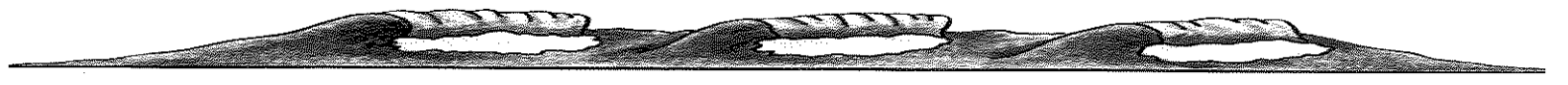
You will not be asked for any information or document protected from disclosure by law, or pertaining to criteria which are not legitimate bases for determining eligibility to attend school. You may voluntarily disclose any document or information you believe will help establish that the student meets 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.

**If you experience difficulties with the enrollment process, please see Marilyn Yates, LBI Board Office 609-494-8851, ext. 2011 for assistance.**

# Long Beach Island Consolidated School District



Barnegat Light

Harvey Cedars

Surf City

Ship Bottom

Long Beach Township

## *Riding the Waves of Excellence*

ETHEL A. JACOBSEN SCHOOL  
200 S. Barnegat Avenue  
Surf City, New Jersey 08008  
Phone: (609) 494-2341  
Fax: (609) 494-0362  
Frank Birney, Principal  
Email: fbirney@lbi.k12.nj.us

LONG BEACH ISLAND GRADE  
SCHOOL  
201 20th Street  
Ship Bottom, New Jersey 08008  
Phone: (609) 494-8851  
Fax: (609) 494-8035  
Peter J. Kopack, Ed.D, Superintendent  
Email: pkopack@lbi.k12.nj.us

## REGISTRATION OF STUDENT

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

SCHOOL: \_\_\_\_\_

FULL NAME OF STUDENT: \_\_\_\_\_

LAST NAME

FIRST NAME

MIDDLE INITIAL

Nickname or Call Name: ( \_\_\_\_\_ )

AGE: \_\_\_\_\_ M/F: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

City of Child's Birth: \_\_\_\_\_

State of Child's Birth: \_\_\_\_\_

Country of Child's Birth: \_\_\_\_\_

LANGUAGES:

English: \_\_\_\_\_ Yes \_\_\_\_\_ No

Spanish \_\_\_\_\_ Yes \_\_\_\_\_ No

Other: \_\_\_\_\_

Home Language: \_\_\_\_\_

Native Language of Parent Enrolling Student: \_\_\_\_\_

If English is not the native language, please check here \_\_\_\_\_ if English is spoken and understood by the parent/guardian/person enrolling student.)

Race: (Please circle one)

White

Hispanic

Black

Pacific Isl.

Asian

Multi-racial

American Indian

Name of Parent(s)/Guardian: \_\_\_\_\_

Relationship to student if other than Parent: \_\_\_\_\_

STUDENT'S PHYSICAL ADDRESS: \_\_\_\_\_

MAILING ADDRESS (if different) \_\_\_\_\_

Tuition Student: \_\_\_\_\_ Yes

Choice Student: \_\_\_\_\_ Yes

HOME PHONE # \_\_\_\_\_ CELL #: \_\_\_\_\_

Name/Age of Brothers/Sisters: \_\_\_\_\_

PARENT/GUARDIAN'S PHYSICAL ADDRESS: \_\_\_\_\_ MAILING ADDRESS (if different) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Parent/Guardians Name:**

Mother: \_\_\_\_\_ Father: \_\_\_\_\_ Guardian: \_\_\_\_\_

Cell# \_\_\_\_\_ Cell#: \_\_\_\_\_ Cell#: \_\_\_\_\_

Business: \_\_\_\_\_ Business: \_\_\_\_\_ Business: \_\_\_\_\_

Email address: \_\_\_\_\_ Email address: \_\_\_\_\_

The school district publishes examples of outstanding student projects and photographs on the Internet.  
As a parent or Guardian:

- I give my permission for my child to appear in a group picture \_\_\_\_\_ Yes \_\_\_\_\_ No
- I give permission for my child to have his/her work displayed \_\_\_\_\_ Yes \_\_\_\_\_ No
- I give my permission for my child to have his/her first name posted \_\_\_\_\_ Yes \_\_\_\_\_ No

**Transferred from:**

School Name: \_\_\_\_\_ Phone# \_\_\_\_\_

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

**Special Needs:**

Does child have an I.E.P.? \_\_\_\_\_ Yes/No \_\_\_\_\_  
Does child attend: Speech \_\_\_\_\_ Yes/No \_\_\_\_\_  
Basic Skills \_\_\_\_\_ Yes/No \_\_\_\_\_

**Pre-School:**

Did your child attend Pre-School? \_\_\_\_ Yes \_\_\_\_ No  
How many years? \_\_\_\_\_

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

1. 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 above and is located in the district.
2. Complete **SECTION B (AFFIDAVIT)** if the student is living with a person domiciled in the district, other than the parent or guardian .
3. Complete **SECTION C (TEMPORARY RESIDENT)** if the student is living with a parent or guardian temporarily residing within the district.
4. 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 (4) 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. You must provide **at least one** proof from **Example (a)**.

- (1) \_\_\_\_\_
- (2) \_\_\_\_\_
- (3) \_\_\_\_\_
- (4) \_\_\_\_\_

**Examples of proof of residency forms:**

- (a) Property tax bill, deeds, contracts of sale, leases, mortgages, signed & notarized letters from landlords and other evidence of property ownership, tenancy or residency.
  - (b) Voter registrations, licenses, permits, financial account information, utility bills, delivery receipts, and other evidence of personal attachment to a particular location.
  - (c) Court orders or State agency agreements or other evidence of court or agency placements or directives.
  - (d) 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 residence.
  - (e) Receipts, bills, cancelled checks and other evidence of expenditures demonstrating personal attachment to a particular location, or, where applicable, to support of the student.
  - (f) 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.
  - (g) Documents pertaining to military status and assignment.
  - (h) Any business record or document issued by a governmental entity.
  - (i) Any other form of documentation relevant to demonstrating entitlement.
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**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 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**

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**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 in **Section A**) 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 the 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?

\_\_\_\_\_  
\_\_\_\_\_

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

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

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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 Peter J. Kopack, Ed.D., Superintendent, for further information.

**END OF SECTION D**

**REGISTRATION AFFIDAVIT FOR THE  
LONG BEACH ISLAND SCHOOL DISTRICT**

**FOR:** \_\_\_\_\_  
(Name of Pupil)

**STATE OF NEW JERSEY:**

:ss

**COUNTY OF OCEAN:**

\_\_\_\_\_, being duly sworn according to law, alleges and states:

1. I am the parent or the legal guardian of the pupil named above.
2. The child named above resides with me at the following address located within the Long Beach Island School District:

\_\_\_\_\_  
\_\_\_\_\_

3. Attached to this Affidavit are copies of documentation to corroborate my statement of residency provided herein.
4. I am aware that if it is later determined that the child that I am registering for school is not eligible for a free public education in the Long Beach Island School District, I will be liable to the Long Beach Island Board of Education for tuition charges for this child pursuant to law.
5. I am also aware that making a false affidavit is a third degree crime in the State of New Jersey and is punishable by a fine of up to \$7,500.00, or a term of imprisonment of between 5 and 10 years, or both.

Signed: \_\_\_\_\_

Sworn to and subscribed  
before me this \_\_\_\_ day  
of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
(Signature and Title of Official Administering Oath)

# Long Beach Island Consolidated School District



Barnegat Light

Harvey Cedars

Surf City

Ship Bottom

Long Beach Township

## *Riding the Waves of Excellence*

ETHEL A. JACOBSEN SCHOOL  
200 S. Barnegat Avenue  
Surf City, New Jersey 08008  
Phone: (609) 494-2341  
Fax: (609) 494-0362  
Frank Birney, Principal  
Email: fbirney@lbi.k12.nj.us

LONG BEACH ISLAND GRADE  
SCHOOL  
201 20th Street  
Ship Bottom, New Jersey 08008  
Phone: (609) 494-8851  
Fax: (609) 494-8035  
Peter J. Kopack, Ed.D, Superintendent  
Email: pkopack@lbi.k12.nj.us

### CONFIDENTIAL INFORMATION RELEASE AND REQUEST FOR SCHOOL, HEALTH AND SPECIAL EDUCATION RECORDS

\_\_\_\_\_  
Date

TO: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ recently entered Grade \_\_\_\_\_ at the Long Beach Island Grade School. Please send all **school, disciplinary, and health records** to:

**Long Beach Island Grade School**  
201 – 20<sup>th</sup> Street  
Ship Bottom, NJ 08008

If applicable, please send the following **Special Education records** to the Supervisor of Special Education at:

**Ethel Jacobsen School**  
200 Barnegat Avenue  
Surf City, NJ 08008

Consent for CST Evaluation  
IEP(s)  
Educational Assessment(s)  
Social History(s)  
Medical Information  
Neurological Exam(s)  
Pre-Referral Information

Audiological Exam(s)  
Psychiatric Evaluation(s)  
Vision/Hearing Screening(s)  
Speech/Language Evaluation(s)  
Correspondence  
Case Notes  
Other: \_\_\_\_\_

Your cooperation in sending these records promptly will be greatly appreciated.

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

**LONG BEACH ISLAND SCHOOL DISTRICT  
HEALTH OFFICE – PHYSICAL EXAMINATION**

**PARENTS PLEASE NOTE:**

The N.J. State Department of Education guidelines for School Health state that student physical examinations are to be performed by your health care provider (N.J.A.C. 6a:16-2.2). Physical examinations are highly **recommended** for students in Grades 3 and 6. New student transfers are **required** to have had a physical during the past year, with a full report sent to the school. New student transfers are given 30 days to complete this requirement.

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

Date: \_\_\_\_\_ →

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

DOB: \_\_\_\_\_

\_\_\_\_\_

Teacher/Grade \_\_\_\_\_

**HEALTH CARE PROVIDER STATEMENT:**

1. Medications (daily or taken as needed) \_\_\_\_\_  
\* Specific documentation and permission forms are required.
2. Does the pupil show evidence of any conditions which may currently affect his/her learning potential? \_\_\_\_\_
3. Are these conditions correctable? \_\_\_\_\_
4. a. List any physical activity restrictions \_\_\_\_\_  
b. List any allergies \_\_\_\_\_

**PHYSICAL EXAMINATION:** Vision Test \_\_\_\_\_ Hearing Test \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_ BP \_\_\_\_\_ Sex : \_\_\_\_\_ M \_\_\_\_\_ F

Ears (otoscopic) \_\_\_\_\_ Eyes \_\_\_\_\_ Neck/Lymph/Thyroid \_\_\_\_\_ Nose \_\_\_\_\_

Teeth/Mouth \_\_\_\_\_ Throat \_\_\_\_\_ Heart \_\_\_\_\_ Chest/Lungs \_\_\_\_\_

Abdomen (hernia) \_\_\_\_\_ Genito-Uninary \_\_\_\_\_ Neuro/Reflexes \_\_\_\_\_ Orthopedic \_\_\_\_\_

Extremities \_\_\_\_\_ Nutrition \_\_\_\_\_ Skin/Gen. Appearance \_\_\_\_\_

Scoliosis Screen \_\_\_\_\_ Comments/Recommendations \_\_\_\_\_

**HEALTH HISTORY:** \_\_\_\_\_

Immunizations given today: \_\_\_\_\_

This child **can/cannot** (Circle one) participate fully in regular school activities.

Signature of Health Care Provider \_\_\_\_\_ Date: \_\_\_\_\_

Print Health Care Provider's name & address \_\_\_\_\_

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

\_\_\_\_\_

Long Beach Island Consolidated School District  
Health Information

Barneget Light Harvey Cedars Surf City Ship Bottom Long Beach Township

Student Name \_\_\_\_\_ Date: \_\_\_\_\_

1. If your child has any health conditions or concerns, please explain below. Be sure to include any medical/surgical care your child has received during the past year.

\_\_\_\_\_  
\_\_\_\_\_

2. Is your child prescribed any medication for:

Asthma  Diabetes  Allergies  Seizures  Other \_\_\_\_\_

My child will need medications while at school

Please provide additional detail if your child has been diagnosed with an allergy that requires the use of an EpiPen for emergencies:

Allergies (Be Specific) \_\_\_\_\_

Type of Reaction \_\_\_\_\_

Please provide additional detail if your child has been diagnosed with asthma:

Specific Trigger/Allergen(s) \_\_\_\_\_

The district's Medication Authorization forms, Asthma Action Plan, Food Allergy Action Plan, Seizure Action Plan and Diabetes Medical Management Plan can be printed from the school's web page under the STUDENT HEALTH tab.

3. Does your child have any physical limitations or restrictions?

Heart Condition  Physical Handicap  Recent Surgeries  Glasses  Contacts  Hearing Loss

A Cardiac Condition requires physician documentation of condition and limitations detailed.

\_\_\_\_\_  
\_\_\_\_\_

4. Does this child have Health Insurance?

Yes \_\_\_\_\_ Name of Insurance Company \_\_\_\_\_

No \_\_\_\_\_ NJ Family Care 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.

School may release my contact information to NJ FamilyCare for health insurance material.

Signature: \_\_\_\_\_ Printed Name: \_\_\_\_\_

5. I permit necessary health records and I.E.P. reports regarding my child to be shared with certified staff members, confidential secretaries and administrators on a "need-to-know" basis.

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

Physician/Dentist Information:

Family Doctor \_\_\_\_\_ Phone # \_\_\_\_\_

Family Dentist \_\_\_\_\_ Phone # \_\_\_\_\_

If emergency treatment is required and the parents or legal guardian cannot be reached immediately, your signature in the space provided below empowers the school authorities to exercise their own judgment in calling the physician indicated above, or if not available, to transport the child to a hospital emergency room.

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

# Long Beach Island Consolidated School District



Barneget Light

Harvey Cedars

Surf City

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*Riding the Waves of Excellence*

## EMERGENCY CONTACT INFORMATION

Student \_\_\_\_\_

Grade \_\_\_\_\_

Address \_\_\_\_\_

Birthdate \_\_\_\_\_

City, ST, Zip \_\_\_\_\_

Phone \_\_\_\_\_

### Parents/Guardians: fill in all blanks

**Mother** \_\_\_\_\_

Phone \_\_\_\_\_

Address \_\_\_\_\_

Cell \_\_\_\_\_

City, ST, Zip \_\_\_\_\_

Email \_\_\_\_\_

Work Place \_\_\_\_\_

Phone \_\_\_\_\_

**Father** \_\_\_\_\_

Phone \_\_\_\_\_

Address \_\_\_\_\_

Cell \_\_\_\_\_

City, ST, Zip \_\_\_\_\_

Email \_\_\_\_\_

Work Place \_\_\_\_\_

Phone \_\_\_\_\_

**Guardian** \_\_\_\_\_

Phone \_\_\_\_\_

Address \_\_\_\_\_

Cell \_\_\_\_\_

City, ST, Zip \_\_\_\_\_

Email \_\_\_\_\_

Work Place \_\_\_\_\_

Phone \_\_\_\_\_

**Emergency:** The completion of emergency contact information provides permission to our school to release your child to these persons. Emergency contacts should be able to respond within a reasonable timeframe to pick-up your child if needed. Your child can be released to other people if you write a note or email the school. All emergency contacts must have a photo I.D.

**Contact 1 Name** \_\_\_\_\_ **Relation** \_\_\_\_\_

Home # \_\_\_\_\_ Cell# \_\_\_\_\_ Work# \_\_\_\_\_

**Contact 2 Name** \_\_\_\_\_ **Relation** \_\_\_\_\_

Home# \_\_\_\_\_ Cell# \_\_\_\_\_ Work# \_\_\_\_\_

**Contact 3 Name** \_\_\_\_\_ **Relation** \_\_\_\_\_

Home# \_\_\_\_\_ Cell# \_\_\_\_\_ Work# \_\_\_\_\_

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



LONG BEACH ISLAND SCHOOL DISTRICT

CUSTODY ALERT FORM

CERTIFICATION

According to Long Beach Island School District Policy and applicable state and federal laws, parents/guardians have equal rights and access to a child and his/her records unless a court order says otherwise. Please complete this form **ONLY** if parents/guardians do not have equal legal and/or physical custody of the child and one parent/guardian's rights to access a child or his/her records are limited. You **MUST** attach/submit a copy of the official court order or custody documentation with this completed certification.

NAME OF STUDENT: \_\_\_\_\_

Names of parents/guardians (please print): \_\_\_\_\_  
\_\_\_\_\_

LEGAL CUSTODY ARRANGEMENTS: (please check one)

\_\_\_\_\_ **Joint Legal Custody** (If parents/guardians share this arrangement, both will be Granted access to child's records and information)

\_\_\_\_\_ **Sole Legal Custody** (If one parent/guardian has sole legal custody, the rights of The non-custodial parent/guardian to access a child's records and information May be limited)

Name of sole legal custodian \_\_\_\_\_

\_\_\_\_\_ **Other**

→ Please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PHYSICAL/RESIDENTIAL CUSTODY ARRANGEMENTS: (please check one)

\_\_\_\_\_ **Joint Physical/Residential Custody** (If parents/guardians have this arrangement, Both will be granted access to the child unless Long Beach Island School District is specifically told otherwise with a written visitation/parenting time access schedule, as it relates to school purposes)

**PHYSICAL/RESIDENTIAL CUSTODY ARRANGEMENTS:** continued... (please check one)

\_\_\_\_\_ **Physical/Residential Custody Arrangement Where One Parent/Guardian Has Primary Residential Custody and the Other Has A Visitation/Parenting Time Schedule** *(If parents/guardians have this arrangement, both will be granted access to the child unless Long Beach Island School District is specifically told otherwise with a written visitation/parenting time access schedule, as it relates to school purposes)*

➔ Name of parent/guardian with primary physical/residential custody

\_\_\_\_\_

➔ Name of parent/guardian with visitation/parenting time schedule

\_\_\_\_\_

\_\_\_\_\_ **Sole Physical/Residential Custody – No Visitation/Parenting Time Schedule** *(If parents/guardians have this arrangement, only the parent with sole physical/Residential custody will be granted access to the child)*

➔ Name of sole physical/residential custodian \_\_\_\_\_

\_\_\_\_\_ **Other**

➔ Please explain \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**I hereby certify** that the above information as well as the attached documentation is accurate and up-to-date. I am aware that if any of the above information or attached documentations changes, it is my responsibility to immediately notify the Long Beach Island School District **IN WRITING**.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of Parent/Guardian

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