



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

High School and Middle 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**
- **Home Language Survey (must be completed for ALL new students)**

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: 7:45 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 []
- Has student been homeschooled? Yes [] No [] If yes, what dates? _____

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,

Becky Barbieri

Registrar/Secretary to the Assistant Superintendent of Curriculum & Instruction

/bb

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
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? _____

**2018/2019 Haddon Township School District
RESPONSIBILITY FORM
Haddon Township High School/Rohrer Middle School**

Child's Name: _____ Grade: _____

Street Address: _____ Home Phone: _____

City (Circle One): Haddonfield, 08033 Oaklyn, 08107 Westmont, 08108
 W. Collingswood Ext., 08107 W. Colls Hgts, 08059

City and State of BIRTH _____ DOB: _____

Country of BIRTH _____

Student Lives with (Circle One): Both Parents Mother Father Guardian Foster Parent

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

Is Student Hispanic/Latino (Circle One): Yes No

Ethnic Designation (Please Circle All That Apply):
White Black Hispanic Asian Native American Indian/Alaska Native Pacific Island/Native Hawaiian Other _____

Language Spoken at Home (Please Circle One):
English Spanish French Chinese Russian Vietnamese Other _____
US Citizen: YES____ NO____

Mother's Information

Name: _____
Address: _____
Home Phone: _____
Work Phone: _____
Cell Phone: _____
Parent Email: _____

Father's Information

Name: _____
Address: _____
Home Phone: _____
Work Phone: _____
Cell Phone: _____
Parent Email: _____

Person to Be Contacted If Parents Are Not Home

Name: _____
Relationship: _____
Phone: _____

Name: _____
Relationship: _____
Phone: _____

Medical Conditions/Allergy ALERTS

Medical ALERTS: _____
Physician's Phone #: _____

Family Physician: _____
Hospital Preference: _____

Legal ALERTS (please list, if any)

PARENT/GUARDIAN SIGNATURE: _____ **DATE** _____
(Parent/Guardian signature permits the district to share this information with the staff)

HADDON TOWNSHIP SCHOOLS
Home Language Survey

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: _____

*****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:

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

Haddon Township School District

Edison Elementary School

205 Melrose Avenue
Westmont, NJ 08108

Phone: 856-869-7715

Secretary: Amy Ruta
aruta@htsd.us
FAX: 856-869-7715

Jennings Elementary School

100 East Cedar Avenue
Oaklyn, NJ 08107

Phone: 856-869-7720

Secretary: Carol Burrows
cburrows@htsd.us
FAX: 856-869-7722

Stoy Elementary School

206 Briarwood Avenue
Haddonfield, NJ 08033

Phone: 856-869-7725

Secretary: Kim Barney
kbarney@htsd.us
FAX: 856-869-7728

Strawbridge Elementary School

307 Strawbridge Avenue
Westmont, NJ 08108

Phone: 856-869-7735

Secretary: Ellen Corleto
ecorleto@htsd.us
FAX: 856-869-7739

Van Sciver Elementary School

625 Rhoads Avenue
Haddonfield, NJ 08033

Phone: 856-869-7730

Secretary: Kristine Watson
kwatson@htsd.us
FAX: 856-869-7733

Rohrer Middle School

101 MacArthur Boulevard
Westmont, NJ 08108

Phone: 856-869-7770

Secretary: Amy Jacobson
ajacobson@htsd.us
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@htsd.us
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
afletcher@htsd.us
FAX: 856-854-4072

Bus Transportation

Haddon Township BOE
500 Rhoads Avenue
Westmont, NJ 08108

Phone 856-869-7703

Supervisor: Nancy Bobb
nbobb@htsd.us
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@htsd.us
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@htsd.us
FAX: 856-854-7792