

# Burlington Township Schools

## New Student Registration 2017-2018 (rev 02/01/18)



**Register at:**

**Board of Education Offices– Central Registration  
Hopkins Building Door 16A**

(Enter 610 FOUNTAIN AVENUE if using GPS Navigation-see first paragraph next page for detailed directions)

**710 Jacksonville Road Burlington Township, NJ 08016  
(609) 387-3955**

**Children must be 5 years of age on or before October 1, 2017 and live in Burlington Township to register for kindergarten. Students are not required to attend registration with parents. Current BTSD Preschool students do not need to register.**

### REGULAR REGISTRATION HOURS

Monday, Tuesday, Wednesday, Thursday 8:00am - 10:00am

Monday and Wednesday 2:15-3:45pm

**Registration packets may be downloaded from [www.burltwpsch.org](http://www.burltwpsch.org) or picked up at Central Registration- Door 16A during office hours (Monday thru Friday 8:30 AM - 3:00 PM). Bring completed forms when you register.**

**-Proof of Residency is REQUIRED:** lease/deed/mortgage statement\* AND current energy bill

**-Child Records are REQUIRED:** Immunization records and a birth certificate or passport

If you have difficulty obtaining the forms necessary for enrollment, or are in transition with your residence please contact our District Homeless Liaison Walt Spiehs at [wspiehs@burltwpsch.org](mailto:wspiehs@burltwpsch.org) or (609) 387-3955 ext 1067.

\*Affidavits: "Affidavit of Temporary Residence" and "Guardianship" are available at the Central Registration Office. These types of registration require an appointment. See contact information below.

*Please register for the Falcon Flyer for school district information and updates. Visit [www.burltwpsch.org](http://www.burltwpsch.org) and register today.*

If you are not able to register your child during scheduled registration hours or your registration includes special circumstances such as an affidavit, contact Isabel Lynton at 387-3955 ext 2066 or [ilynton@burltwpsch.org](mailto:ilynton@burltwpsch.org) to schedule an appointment during school hours.

# Burlington Township School District

*Schools and Community - Partners in Learning*



Burlington Township School District  
PO Box 428  
Burlington, NJ 08016

Phone: 609- 387-3955  
Fax: 609- 387-8968  
[www.burltwpsch.org](http://www.burltwpsch.org)

## INFORMATION REQUIRED FOR REGISTRATION

Burlington Township School Registration is conducted centrally at the Board of Education offices in the Hopkins Building at 710 Jacksonville Road. Enter the Burlington Township High School campus from the main entrance on Fountain Avenue, and follow signage and the green line painted on the asphalt to the Board of Education offices. Please review registration hours included in this packet.

1. Parent/Guardian must produce the following IN PARENT/GUARDIAN name as proof of residence:
  - a.  **Mortgage Statement** OR  **Copy of Deed** OR  **Copy of Apartment Lease**

### AND ONE OR MORE OF THE FOLLOWING

- b.  **Utility Bill (i.e. electric, gas, water/sewer)** OR  **Tax Bill** OR  **Other Governmental Document or Business Record**

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If special circumstances apply, the following may be required in lieu or in addition to above:

- a.  **Guardianship-** Submit Court approved Guardianship Papers for Superintendent approval
  - b.  **Affidavit of Temporary Residency-** Affidavit of Temporary Residency completed by parent/guardian and Affidavit of Property Owner completed by property owner submitted for Superintendent approval
  - c.  **Court-issued Child Custody Papers**
2. The following STUDENT documents are required:
  - a.  **Birth Certificate** OR  **Passport**
  - b.  **Immunization Records**
  - c.  **Proof of Physical on Burlington Township Physical Form** (*Submit to physician for completion, signature and return within 30 days of school start*)
  - d.  **Transfer Card from Previous Public School** (All NJ public schools provide this)
3. The following STUDENT documents are requested if available:
  - a. **Most recent**  **Transcript** OR  **Final Report Card**
  - b.  **Standardized Test Scores**
  - c.  **Copy of IEP if applicable**

- Registration for Falcon Flyer**
- Release of Records Signed (if attended previous school)**
- CST Release Signed (if applicable)**
- Medicare Form Signed (if applicable)**

**BURLINGTON TOWNSHIP SCHOOL DISTRICT  
Pupil Enrollment Form**

Date \_\_\_\_\_ Bus # \_\_\_\_\_ Date to Begin School \_\_\_\_\_

**Student's Name** \_\_\_\_\_ **NJSMARTID#** \_\_\_\_\_  
 (Please Print) (Last) (First) (Middle Initial)  
**Grade** \_\_\_\_\_ **Gender** \_\_\_\_\_ **Address** \_\_\_\_\_  
**Check which applies:**  Own home/mortgage  Rent/lease  Transitional/Homeless  
**Other:** \_\_\_\_\_  
**Home Phone** ( ) \_\_\_\_\_ - \_\_\_\_\_ **Father/Guardian Day Phone** ( ) \_\_\_\_\_ - \_\_\_\_\_  
**Mother/Guardian Day Phone** ( ) \_\_\_\_\_ - \_\_\_\_\_  
**Child's Date of Birth** \_\_\_\_\_ **Place of Birth: City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Country:** \_\_\_\_\_  
**Please indicate any known illness or disabilities:** Hearing  Vision  Other \_\_\_\_\_  
**Does your child have Health Insurance?**  YES- Name of Ins. Company \_\_\_\_\_

**Child lives with: (Please indicate with an "X" and complete information below for all those that apply)**  
 Both Parents  Mother  + Stepfather  Grandparents  
 Father  + Stepmother  Other (Guardian, Foster Parent) \_\_\_\_\_  
**Parent/Guardians are ("X" all that apply):**  
 Married  Separated  Divorced  Widowed  Residing Together  Residing Apart  
 \_\_\_\_\_ **ONLY ONE Parent/Guardian has SOLE custody. Please provide Court Papers. Document provided:** \_\_\_\_\_  
**Father/Guardian Name** \_\_\_\_\_ **Birthplace** \_\_\_\_\_  
**Employer:** \_\_\_\_\_ **Phone** ( ) \_\_\_\_\_ - \_\_\_\_\_  
**Mother/Guardian Name** \_\_\_\_\_ **Birthplace** \_\_\_\_\_  
**Employer:** \_\_\_\_\_ **Phone** ( ) \_\_\_\_\_ - \_\_\_\_\_  
**Is parent/ guardian military connected?**  NO  YES:  Active Duty  National Guard or Reserve  Unknown

**PLEASE MARK ALL RACES THAT APPLY WITH AN "X" (FOR REPORTING TO NJ DEPARTMENT OF EDUCATION):**  
 WHITE  BLACK  ASIAN  AMERICAN INDIAN/ALASKAN NATIVE  HAWAIIAN/PAC. ISL.  
**ETHNICITY HISPANIC:**  YES  NO  
**INDICATE PRIMARY LANGUAGE (S) SPOKEN IN HOME** \_\_\_\_\_  
**Has/Is your child receiving any of the following support services (check all that apply):**  
 Early Intervention  Basic Skills  English as a Second Language  504  
 Special Education Services through Child Study Team (IEP)  Gifted & Talented  
**Last School Attended** \_\_\_\_\_ **Date of Withdrawal** \_\_\_\_\_  
**Mailing Address of Last School** \_\_\_\_\_ **Phone** ( ) \_\_\_\_\_ - \_\_\_\_\_

Please list all OTHER children in your home.

Child's Name (First/Last)	Birth Date	Grade (if school age)
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____

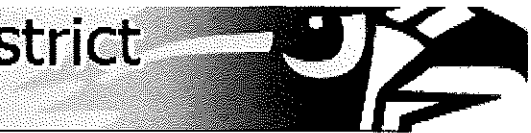
I, \_\_\_\_\_ (Name of Parent/Guardian), do hereby request the release of all school records of \_\_\_\_\_ (Name of Student) to the \_\_\_\_\_ (Name of School.)

I attest that I have legal authority to request release of these records.

Today's Date \_\_\_\_\_  
 Affidavit of Guardianship  Affidavit of Temporary Residency  
 \_\_\_\_\_  
 Signature / Relationship to Child

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## PARENTAL PERMISSION TO RELEASE INFORMATION

\_\_\_\_\_  
Student's Name                      Birth Date                      Grade                      New School

Previous School Attended (Name and Address) \_\_\_\_\_  
\_\_\_\_\_

On \_\_\_\_\_ (date) the student listed above registered in our school district. Please provide the following student records and information to the address provided to help our district to provide for this child:

1. Standard Achievement Test Scores
2. Academic Cumulative File
3. Medical Records
4. Attendance Data
5. Behavioral/Discipline Records
6. Counseling or Psychological Records
7. Special Education Records (IEP, Annual Reviews, CST Evaluations)
8. Legal Records (Custody Agreements, Guardianship Affidavits)
9. New Jersey Student State ID Number
10. Other- Additional Information Which May Be Pertinent

Forward to:

School: \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Authorization Statement and Signature

I understand that under the Family Education Rights and Privacy Act (FERPA) all information (records and documents) received under this release are confidential but will be available for inspection and review by the student's parents/guardians, an eligible student, or the authorized representative of the parent or eligible student.

Authorized representatives of the organization/agency to which the records are released will have access to these records. No other parties, however, will have access without my knowledge or consent unless authorized to have access under FERPA.

I also understand that under the Health Information Privacy Authorization Act (HIPAA), all medical health information will become part of the student's education record and will transfer with the student.

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

\_\_\_\_\_  
Date

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## Health Screening/Background Information

Date \_\_\_\_\_ Child's Name \_\_\_\_\_ Gender \_\_\_\_\_ Grade \_\_\_\_\_  
Current Age \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Address \_\_\_\_\_ Phone ( ) \_\_\_\_\_ - \_\_\_\_\_

### Family Information

#### Parent/Guardian Information:

Father \_\_\_\_\_ Phone ( ) \_\_\_\_\_ - \_\_\_\_\_ Phone ( ) \_\_\_\_\_ - \_\_\_\_\_

Mother \_\_\_\_\_ Phone ( ) \_\_\_\_\_ - \_\_\_\_\_ Phone ( ) \_\_\_\_\_ - \_\_\_\_\_

Other Guardian \_\_\_\_\_ Phone ( ) \_\_\_\_\_ - \_\_\_\_\_ Relation \_\_\_\_\_

Other Guardian \_\_\_\_\_ Phone ( ) \_\_\_\_\_ - \_\_\_\_\_ Relation \_\_\_\_\_

#### List all members of household:

Name	Relationship	Age of Children
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

#### Who generally cares for child after school?

\_\_\_ Parent/Guardian \_\_\_ Babysitter \_\_\_ Daycare \_\_\_\_\_ Other \_\_\_\_\_

### CHILD'S HISTORY

Please list any complications mother experienced during pregnancy. (e.g. high blood pressure, medications, drugs, smoking) \_\_\_\_\_

Please list any complications with labor and delivery. (e.g. breech, premature) \_\_\_\_\_

Please list any concerns during infancy (e.g. jaundice, infection) \_\_\_\_\_

Has child attended a previous school or daycare? \_\_\_ Yes \_\_\_\_\_ \_\_\_ No

Child's energy/activity level \_\_\_ High \_\_\_ Average \_\_\_ Low Comment: \_\_\_\_\_



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### Health History

Check if applicable and describe, using year if possible.

Date \_\_\_\_\_ Child's Name \_\_\_\_\_ Gender \_\_\_\_\_ Grade \_\_\_\_\_

- |                               |                             |
|-------------------------------|-----------------------------|
| Anemia _____                  | Malignancy _____            |
| Allergies _____               | Menstrual Problems _____    |
| Bee Stings _____              | Nose Bleeds _____           |
| Food _____                    | Neurological Problems _____ |
| Environmental _____           | Hydrocephalus _____         |
| Asthma _____                  | Cerebral Palsy _____        |
| Bowel Problems _____          | Orthopedic Problems _____   |
| Chicken Pox _____             | Arthritis _____             |
| Croup _____                   | Muscular Dystrophy _____    |
| Dental Concerns _____         | Pneumonia _____             |
| Diabetes _____                | Seizures _____              |
| Digestive Disorders _____     | Speech Difficulties _____   |
| Genito-Urinary Problems _____ | Vision Problems _____       |
| Headaches _____               | Glasses/Contacts _____      |
| Hearing Problems _____        | Other _____                 |
| Tubes _____                   | Age Toilet Trained _____    |
| Heart Disease _____           |                             |
| Heart Murmur _____            |                             |

Additional information on any of the above: \_\_\_\_\_

Any hospitalizations or surgical procedures: \_\_\_\_\_

Is child currently taking medication? \_\_\_ No \_\_\_ Yes \_\_\_\_\_

Any allergies to medication? \_\_\_ No \_\_\_ Yes \_\_\_\_\_

Family Doctor/Pediatrician \_\_\_\_\_

Currently being treated? \_\_\_ No \_\_\_ Yes \_\_\_\_\_

Additional Info: \_\_\_\_\_

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

Date \_\_\_\_\_

Rev. 03/2011

**Burlington Township School District**  
**Physical Examination Form**    School Fax \_\_\_\_\_

Child's Name \_\_\_\_\_ Grade \_\_\_\_\_ Gender \_\_\_\_\_ Date of Examination \_\_\_\_\_  
 Height \_\_\_\_\_ Weight \_\_\_\_\_ Pulse \_\_\_\_\_ B/P \_\_\_\_\_ Hearing: Left \_\_\_\_\_ Right \_\_\_\_\_  
 Vision: Left \_\_\_\_\_ Right \_\_\_\_\_ Both \_\_\_\_\_ Corrected Vision: Left \_\_\_\_\_ Right \_\_\_\_\_ Both \_\_\_\_\_

Item	Normal	Abnormal	N/A	Comment
Ears (otoscopic)				
Eyes				
Lymph Glands				
Thyroid				
Nose				
Throat				
Teeth/Mouth				
Heart				
Lungs				
Abdomen				
Hernia				
Genito-Urinary				
Ortho-Structural				
Ortho-Posture				
Ortho-Feet				
Scoliosis				
Skin (Non Comm)				
Nutrition				
Nervous System				
Speech				
Other				
General Appearance				

Vaccine Type	1 <sup>st</sup> Dose Mo/Day/Yr	2 <sup>nd</sup> Dose Mo/Day/Yr	3 <sup>rd</sup> Dose Mo/Day/Yr	4 <sup>th</sup> Dose Mo/Day/Yr	5 <sup>th</sup> Dose Mo/Day/Yr	Disease Mo/Day/Yr
Diphtheria, Tetanus, Pertussis DPT IF DPT or TB indicate						
Polio Indicate OPV or IPV						
Measles, Mumps, Rubella MMR						
Measles						
Mumps						
Rubella						
Haemophilus B Hib						
Hepatitis B Indicate 2-dose or 3- dose series						
Varicella						
PPD (Mantoux)						

**Recommendations:**

\_\_\_\_\_ This student may participate fully in all school activities.

\_\_\_\_\_ This student requires the following modifications: \_\_\_\_\_

Physician's Signature \_\_\_\_\_ Physician's Name & Stamp: \_\_\_\_\_

Address \_\_\_\_\_

Phone (    ) \_\_\_\_\_ - \_\_\_\_\_