Pine Hill School District
1003 Turnerville Rd. Pine Hill, NJ 08021

Kenneth K. Kocur, Ed.D.
Superintendent

Registrar- Patricia Blaylock
Office 856-783-6900 x 1034
Fax 856-783-2955
pblaylock@pinehillschools.org

Registration Check List

Student Name________________________ Start Date____________ Bus Pass__________

SID________________________ Grade_____________ School________________________

____ Parent Photo Identification (IE. License/Passport) Berlin Twp___ Clementon____

____ Medical Registration Form Lunch App _____

____ Immunization Records McKinney Vento ________

____ Current Physical NJSIAA Transfer Form____

____ Child’s Birth Certificate Home Language Survey ______

____ Legal Guardianship/Caregiver affidavit documents (if applicable) Request to Evaluate____

____ Legal Physical Custody Orders/ Separation Agreement (if applicable)

____ Special Education: IEP (if applicable)/ 504 Plan

____ Student Records/Transcripts/Report Cards

Proof of Residency

Renter

____ Lease (signed by tenant and landlord/property owner)

____ Two Utility Bills (Gas, Oil, Electric, Phone, Cable, Car Insurance, Tax Bill)

Owner

____ Mortgage Statement (established homeowners)

____ Executed Purchase and sales agreement with closing date/Mortgage Statement (new homeowners)

____ Two Utility Bills (Gas, Oil, Electric, Phone, Cable, Car Insurance, Tax Bill)

Residing with another Family or Friend

____ Forms completed, notarized and submitted to Registrar
ENROLLMENT RESIDENCY CHECKLIST
To be completed by district enrollment clerk

In accordance with New Jersey State Law (N.J.S.A. 18A:38-1 and 18A: 7B-12), it is necessary to determine the residence of students entering the school district by answering the following question:

1. Does the student reside in any of the following facilities? (Please check where applicable.)

   ____ A home the parent/guardian owns or is renting

   ____ family* or friend’s home by choice
      (* grandparent, aunt, uncle, brother, sister, cousin, etc.)

   ____ family* or friend’s home out of necessity
      (* grandparent, aunt, uncle, brother, sister, cousin, etc.)

   ____ home for adolescent school-age mothers

   ____ motel

   ____ migrant family dwelling

   ____ shelter

   ____ transitional housing facility

   ____ other (identify): _______________________________________

Student’s Name ___________________________________________ Date____________________

Parent’s Name ___________________________________________ Date____________________

School District Staff: Forward this completed checklist and the Declaration of Residency Form to the Pine Hill School District’s Homeless Liaison within two days.
Pine Hill School District
Student Registration Form

□ Dr. Albert Bean Elementary  □ John Glenn Elementary  □ Pine Hill Middle  □ Overbrook High School
State ID#: ____________________  Student ID#: ____________________  Grade: ______________
Student Legal Name: ____________________  ____________________  ____________________
(Last Name)  (First Name)  (Middle Name)

Student Physical Address: ____________________  ____________________  ____________________
(House/Apt #)  (Street Name)  (City)  (State)  (Zip)

Primary Phone#: ( ) ____________  Gender: □ Male  □ Female  Date of Birth: __/__/____
Has your child ever attended Pine Hill Public Schools before □ Yes  □ No
Race: □ White  □ Black  □ American Indian/Alaskan  □ Asian  □ Hawaiian Native/Other Pacific Islander
Ethnicity: □ Hispanic  □ Non-Hispanic  Birth Place: ____________________  ____________________  ____________________
(City)  (State)  (Country)

Programs: Does your child □ receive Title I/ Basic Skills help  □ have a 504  □ have an IEP  □ receive Speech  □ ESL
Home Language: □ Only English  □ English and ____________________  □ Only ____________________ spoken at home
(Name of Language)  (Name of Language)

Date first enrolled in US School (If born outside US): ____________  Date of First Entry to US: ____________

Parent/Guardian Info:  Student lives with: □ Both Parents  □ Mother  □ Father  □ Other: ____________
List name and age of other children living in the household: ____________________

Parent/Guardian 1: ____________________  ____________________  Relationship: ____________
(First Name)  (Last Name)
Street Address: ____________________  ____________________  City: ____________  State: _____  Zip Code: ______
Phone # 1: ( ) ____________  □ Home  □ Cell  □ Work
Phone # 2: ( ) ____________  □ Home  □ Cell  □ Work
Email Address: ____________

Parent/Guardian 2: ____________________  ____________________  Relationship: ____________
(First Name)  (Last Name)
Street Address: ____________________  ____________________  City: ____________  State: _____  Zip Code: ______
Phone # 1: ( ) ____________  □ Home  □ Cell  □ Work
Phone # 2: ( ) ____________  □ Home  □ Cell  □ Work
Email Address: ____________

Emergency Contact Info: Please list 2 additional contacts that may pick your child up in case of an emergency
Contact 1: ____________________  ____________________  Relationship: ____________
(First Name)  (Last Name)
Phone # 1: ( ) ____________  □ Home  □ Cell  □ Work
Phone # 2: ( ) ____________  □ Home  □ Cell  □ Work

Contact 2: ____________________  ____________________  Relationship: ____________
(First Name)  (Last Name)
Phone # 1: ( ) ____________  □ Home  □ Cell  □ Work
Phone # 2: ( ) ____________  □ Home  □ Cell  □ Work
Medical Information:
Physician's Name: _______________________________________ Phone #: ____________________________

Does student have health insurance?: ☐ No ☐ Yes Name of Provider: _____________________________

Note: As required by law, all students entering the district for the first time MUST HAVE A LICENSED PHYSICIAN ATTEST TO THE STUDENT'S PHYSICAL CONDITION AND COMPLETE THE IMMUNIZATION INFORMATION ON THE MEDICAL FORM.

Students will not be permitted to attend school without up-to-date Immunization records, physical and Mantoux Tuberculin Test, if applicable (out of state/country)

Military Connected Indicator:
☐ Not Military Connected – Student is not military-connected
☐ Active Duty – dependent of a member of the Active Duty Forces (Full time: Army, Navy, Air Force, Marine Corps or Coast Guard)

Media Release:
I hereby ☐ grant ☐ do not grant permission for my child to be photographed and/or appear in media coverage approved by Pine Hill Public Schools.
X _________________________________ X _________________________________
(Signature) (Print Name)

Previous School Attended:
School Name: ____________________________________________

School Address: _______________________________________

Phone Number: (____) __________ Date of Attendance: ___ / ___ / ___

Grade Level Attended: ______ - ______ Was the school: ☐ Public ☐ Private ☐ Other: ______________

Parent/Guardian Enrolling Student:
X _________________________________ X _________________________________
(Signature) (Print Name & Relationship) (Date)

For Office Use Only:
Anticipated Start Date: ___ / ___ / ___ Bus Route: _____________________

Documents: ☐ Birth Certificate ☐ Immunizations ☐ Transfer Paperwork ☐ Residency Verification ☐ IEP
Pine Hill School District
1003 Turnerville Rd. Pine Hill, NJ 08021

Kenneth K Koosur, Ed.D.
Superintendent

Office 856-783-6900
Fax 856-783-2955

Request for Records

Students Name: ____________________________

Date of Birth: ________________ Grade: _______

Please send all academic records, including test results, reading and math levels, report cards, any child study team evaluation records, speech files, attendance record, copy of grading scale, discipline records, transfer card, withdraw papers, including exit grades and any other cumulative folder items, including medical records. PLEASE SEND ORIGINALS.

FORWARD TO:

____ Dr. Albert Bean School
70 East Third Avenue
Pine Hill, NJ 08021

____ John H. Glenn
1005 Turnerville Rd
Pine Hill, NJ 08021

____ Pine Hill Middle School
1100 Turnerville Rd.
Pine Hill, NJ 08021

____ Overbrook High School
1200 Turnerville Rd.
Pine Hill, NJ 08021

____ Special Services/ Child Study Team
1200 Turnerville Rd.
Pine Hill, NJ 08021
(856)767-8000 ext 3020

____ Registrar – Please Fax
856-783-2955

Parent Consent:
I have enrolled my child in the above school and authorize you to release the records as indicated to the school marked above. I also give permission to Pine Hill Public School to obtain or release records to Out of District programs if that is the program my child requires.

Authorized Signature

Date
Special Education Medicaid Initiative (SEMI) Parental Consent Form

Our school district is participating in the Special Education Medicaid Initiative (SEMI) program that allows school districts to bill Medicaid for services that are provided to students.

In accordance with the Family Educational Rights and Privacy Act, 34 CFR 99.30 and Section 617 of the IDEA Part B, consent requirements in 34 CFR 300.622 require a one-time consent before accessing public benefits.

This consent establishes that your child’s personally identifiable information, such as student records or information about services provided to your child including evaluations, and services as specified in my child’s Individualized Education Program (IEP) (occupational therapy, physical therapy, speech therapy, psychological counseling, audiology, nursing and specialized transportation) may be disclosed to Medicaid and the Department of the Treasury for the purpose of receiving Medicaid reimbursement at the school district.

As parent/guardian of the child named below, I give permission to disclose information as described above and I understand and agree that Medicaid may access my child’s or my public benefits or insurance to pay for special education or related services under Part 300 (services under the IDEA). I understand that the school district is still required to provide services to my child pursuant to his or her IEP, regardless of my Medicaid eligibility status or willingness to consent for SEMI billing.

I understand that billing for these services by the district does not impact my ability to access these services for my child outside of the school setting, nor will any cost be incurred by my family including co-pays, deductibles, and loss of eligibility or impact on lifetime benefits.

Child’s Name ________________________________

Child’s Date of Birth _____/_____/______

Parent ________________________________ Date _____/_____/______

I give consent to bill for SEMI: Yes      No

This consent can be revoked at any time by contacting the administrator at your child’s school.
PROOF OF DOMICILE

Student Name: _________________________________

Dear Parent/Guardian:

The Pine Hill Board of Education has policies and procedures related to "Proof of Domicile" for students who attend our schools. The District shall only provide a free education to those students who are domiciled within the District or who otherwise qualify for a free education pursuant to the statutory and regulatory guidelines set forth in N.J.S.A. 18A:38-1 et seq. and N.J.A.C. 6A:22-1.1 et seq. A student shall be domiciled in the District "when he or she is living with a parent or legal guardian whose permanent home is located within the District." N.J.A.C. 6A:22-3.1. The home is permanent if "the parent or guardian intends to return to it when absent and has no present intent of moving from it...." Id. If the District discovers that a student is attending school whose parents are not domiciled within the District and who is not otherwise eligible for a free education, the District may apply for the student's removal and seek tuition reimbursement for the period of ineligible attendance in accordance with the provisions of N.J.S.A.18A:38-1(b) (2).

Applicants who fraudulently allow a child of another to use his residence, or who fraudulently claim to have custody of a child, may be charged with a disorderly persons offense. N.J.S.A. 18A:38-1 (c). If the applicant is convicted of such an offense, the applicant may be fined up to $1,000.00 and/or be imprisoned for up to 6 months.

Any false statements, answers or declarations contained in the Affidavit or in an application for admission may subject the applicant to criminal prosecution for the crime of false swearing, in violation of N.J.S.A. 2C:43-3. If convicted for such a crime, the applicant may be punished by a fine of $10,000.00 and/or be imprisoned for up to 18 months.

I, the undersigned, hereby acknowledge that I have read and understood the contents of this notification.

_________________________________________   ____________________________
Signature of Parent or Guardian                      Date

______________________________________________
Printed Name of Parent or Guardian

If special accommodations are needed, please call 784.8887. The Pine Hill Board of Education is an Equal Opportunity Employer.
Pine Hill School District
1003 Turnerville Rd. Pine Hill, NJ 08021

Kenneth K Knezur, Ed.D.
Superintendent

Office 856-783-6900
Fax 856-783-2955

Speech and Language Case History Summary

Dr. Albert Bean School
Speech/Language Specialist

John H. Glenn School
Speech/Language Specialist

Child’s Name ________________________________ Telephone # ________________________________

Address __________________________________________

Date of Birth ___________________ Age __________________

Parents/Guardians ______________________________________

Brothers/Sisters (Names and Ages) ________________________________

Speech and Language History

Yes No
___ ___ Are there any relatives who have speech, language or hearing problems? If yes, please explain_______________________

___ ___ Did your child babble as an infant?

___ ___ Does your child understand directions and carry them out appropriately?

___ ___ Does your child have any difficulty expressing themselves?

___ ___ Does your child have trouble pronouncing words? If yes, please explain_______________________

___ ___ Has your child had ear infections or shown difficulty hearing?

___ ___ Has your child had two or more upper respiratory problems per year?

___ ___ Does your child have allergies? Medication taken ________________________________

___ ___ Does your child have visual problems? Glasses?

___ ___ Does your child visit the dentist regularly? Any dental problems?

When did your child speak their first word? ________________________________

When did your child begin combing two or more words as a sentence? ________________________________
Medical History Form

Student Name: ____________________________

Prenatal History:
Was baby full term? Yes____ No____
Were there any concerns about the pregnancy? Yes____ No____
   If yes, reason for concern __________________________
Did mother take any medications during pregnancy? Yes____ No____
   If yes, please list medications __________________________

Postnatal History
Birth weight of child _______________
Did the baby experience any of the following:

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Oxygen Therapy</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Difficulty Breathing</td>
<td></td>
<td></td>
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<tr>
<td>Difficulty Swallowing</td>
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<td></td>
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<tr>
<td>Jaundice</td>
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</tr>
</tbody>
</table>

Did the baby leave the hospital when mom was discharged Yes____ No____
   If no, please explain ________________________________________

Family Medical History
Has anyone in the family ever had:

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
<th>Explain</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diabetes</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Tuberculosis</td>
<td></td>
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<td></td>
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<tr>
<td>Heart Disease</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>High Blood Pressure</td>
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<td></td>
<td></td>
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<tr>
<td>Stroke</td>
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<td></td>
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<tr>
<td>Kidney Disease</td>
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<tr>
<td>Cancer</td>
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<tr>
<td>Mental Illness</td>
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<tr>
<td>Asthma</td>
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<td></td>
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<tr>
<td>Genetic Diseases</td>
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</tbody>
</table>
Has Child Had:

<table>
<thead>
<tr>
<th>Condition</th>
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</thead>
<tbody>
<tr>
<td>Allergies</td>
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<tr>
<td>Chronic Illness</td>
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<tr>
<td>Asthma/Wheezing</td>
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<tr>
<td>Chickenpox</td>
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<tr>
<td>Pneumonia/bronchitis</td>
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<tr>
<td>Frequent sore throat</td>
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<tr>
<td>Frequent ear infections</td>
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<tr>
<td>Frequent vomiting/diarrhea</td>
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<tr>
<td>Convulsions/seizures</td>
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<td></td>
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<tr>
<td>Eczema/hives</td>
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<tr>
<td>Reaction to insect bites</td>
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<td></td>
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<tr>
<td>Bleeding problems</td>
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<tr>
<td>Thumb/Finger sucking</td>
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<td></td>
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<tr>
<td>Nightmares/Sleep disturbance</td>
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<td></td>
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<tr>
<td>Temper Tantrums</td>
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<tr>
<td>Bed wetting/toilet problems</td>
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<tr>
<td>Problems with vision</td>
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<tr>
<td>Problems with hearing</td>
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<td></td>
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<tr>
<td>Problems with speech</td>
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<td></td>
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<tr>
<td>Any SEVERE injury</td>
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<tr>
<td>Any operations</td>
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<td>Any long-time chronic illness</td>
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<tr>
<td>Any special medication</td>
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<tr>
<td>Any physical restrictions</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Physical abnormality/disability</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Diabetes</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Heart trouble</td>
<td></td>
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<td></td>
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</tbody>
</table>

Nutrition:

Unusual weight gain or loss, explain ____________________________

Food Allergy ________________________________________________

Treatment for food allergy __________________________________

Summary

Is there anything in regard to your child’s health or behavior that you would like to comment upon?

__________________________________________________________________________

May we share this information with your child’s teacher? Yes___ No___

______________________________  _________________
Parent signature             Date
Pine Hill School District

Home Language Survey*
Parent/Guardian Language Questionnaire

Name: ___________________________________________ Age: _____
[first] [middle] [last]

Date of School Entrance: ____________________________

Person completing the survey: [ ] Mother [ ] Father [ ] Grandparent
[ ] Guardian [ ] Other ____________________________

Directions: Check or write in the correct response for each of the following questions about your child.

1. What language did the child learn when he/she first began to talk?
   English_____ Other [specify]____________________________________

2. What language does the family speak at home most of the time?
   English_____ Other [specify]____________________________________

3. What language does the parent [guardian] speak to the child most of the time?
   English_____ Other [specify]____________________________________

4. What language does the child speak to his/her parent [guardian] most of the time?
   English_____ Other [specify]____________________________________

5. What language does the child speak to her/his brothers and sisters most of the time?
   English_____ Other [specify]____________________________________

6. What language does the child speak to his/her friends most of the time?
   English_____ Other [specify]____________________________________

7. In which language do you wish to receive school communication?
   English_____ Other [specify]____________________________________

Signature: ___________________________ Date: ________________
[person completing the survey]

*Adapted from the sample survey in A Manual for Community Representatives of the Title VI Steering Committee, published 9/76 by the Institute for Cultural Pluralism, Lau General Assistance Center, San Diego University, San Diego, CA 92182

New Jersey Department of Education
Pine Hill School District
Encuesta del Idioma usado en el Hogar*
Idioma de Padres/Guardianes

Edad: ________

Fecha de la entrada a la escuela: __________________________

Persona que completa la Encuesta: [ ] Madre [ ] Padre [ ] Abuelo(a)
[ ] Guardian [ ] Otro: ________________

Direcciones: Seleccione o escriba la respuesta correcta para cada una de las siguientes preguntas acerca de su hijo.

1. ¿Qué idioma aprendió su hijo(a) cuando empezó a hablar por primera vez?
   Ingles: [ ] Español: [ ] Otro [Especifique cual]: ______________________

2. ¿Qué idioma se habla en su hogar la mayoría del tiempo?
   Ingles: [ ] Español: [ ] Otro [Especifique cual]: ______________________

3. ¿Qué idioma le habla ustedes al niño(a) la mayoría del tiempo?
   Ingles: [ ] Español: [ ] Otro [Especifique cual]: ______________________

4. ¿Qué idioma habla el niño(a) con ustedes la mayoría del tiempo?
   Ingles: [ ] Español: [ ] Otro [Especifique cual]: ______________________

5. ¿Qué idioma le habla el niño(a) a sus hermanos(as) la mayoría del tiempo?
   Ingles: [ ] Español: [ ] Otro [Especifique cual]: ______________________

6. ¿Qué idioma habla el niño(a) a sus amigos la mayoría del tiempo?
   Ingles: [ ] Español: [ ] Otro [Especifique cual]: ______________________

7. ¿En qué idioma desea recibir comunicados de la escuela?
   Ingles: [ ] Español: [ ] Otro [Especifique cual]: ______________________

Firma: ____________________________ Fecha: ________________

[Persona que llena la encuesta]

New Jersey Department of Education
# STANDARD OF DRESS

## Overbrook High School

**Males**
- **Bottoms**
  - Colors: Navy, tan, black
  - No Jeans, stretch pants, cargo pants or cargo shorts

**Females**
- **Bottoms**
  - Colors: Navy, tan, black
  - No Jeans, stretch pants, cargo pants, or cargo shorts

**Tops**
- Colors: Navy, white, orange, black (solid colors)
- Polo or dress shirts (short or long sleeve)
- Optional: Track Jackets, sweaters or sweater vests may be worn over shirts (school colors)

**Tops**
- Colors: Navy, white, orange, black (solid colors)
- Polo or dress shirts (short or long sleeve)
- Optional: Track Jackets, sweaters or sweater vests may be worn over shirts (school colors)

## Pine Hill Middle School

**Males**
- **Bottoms**
  - Colors: Navy, tan, black
  - No Jeans, stretch pants, cargo pants or cargo shorts

**Females**
- **Bottoms**
  - Colors: Navy, tan, black
  - No Jeans, stretch pants, cargo pants or cargo shorts

**Tops**
- Colors: Navy, white, dark green, black (solid colors)
- Polo or dress shirts (short or long sleeve)
- Optional: Cardigans, sweaters or sweater vests may be worn over shirts

**Tops**
- Colors: Navy, white, dark green, black (solid colors)
- Polo or dress shirts (short or long sleeve)
- Optional: Cardigans, sweaters or sweater vests may be worn over shirts

## John Glenn School

**Males**
- **Bottoms**
  - Colors: Navy, tan, black
  - No Jeans or Cargo Pants

**Females**
- **Bottoms**
  - Colors: Navy, tan, black
  - No Jeans or Cargo Pants

**Tops**
- Colors: Navy, white, green, black
- Polo or dress shirts (short or long sleeve)
- Optional: Cardigans, sweaters or sweater vests may be worn over shirts

**Tops**
- Colors: Navy, white, green, black
- Polo or dress shirts (short or long sleeve)
- Optional: Cardigans, sweaters or sweater vests may be worn over shirts

## Dr. Bean School

**Males**
- **Bottoms**
  - Colors: Navy, tan, black
  - No Jeans or Cargo Pants

**Females**
- **Bottoms**
  - Colors: Navy, tan, black
  - No Jeans or Cargo Pants

**Tops**
- Colors: Navy, white, light blue, black
- Polo or dress shirts (short or long sleeve)
- Optional: Cardigans, sweaters or sweater vests may be worn over shirts

**Tops**
- Colors: Navy, white, light blue, black
- Polo or dress shirts (short or long sleeve)
- Optional: Cardigans, sweaters or sweater vests may be worn over shirts
Acceptable for All Schools

1. Collared shirts must be worn under spirit wear (at the Middle & High Schools), however exceptions may be made at the discretion of the School Principal.

2. Bermuda or walking shorts should be no more than 2” above the kneecap.

3. Skirts, shorts, skorts must be no more than 2” above the knee cap.

4. Solid colored shirts and pants must be appropriately sized and worn at the waist.

5. Pants with belt loops must be worn with a belt at high school and middle school.

6. Head coverings for religious and/or medical reasons only.

7. Acceptable footwear includes sneakers, dress shoes, all terrain shoes, and boots.


9. Polo Shirt is described as a "golf style" shirt with a two or three button neckline and a collar.

10. Allow hooded sweatshirts and tops provided that they are school colors or school related. Hoods must be kept down tall times while in the building. (High School Only)

Not Acceptable

1. Any clothing or belt buckles with offensive pictures, messages or logos of sexual, alcoholic, drug, tobacco, weapon or gang-related nature. Any clothing deemed unacceptable by administration and the school board.

2. Jackets, coats, vests, hats, gloves; anything associated with outdoors, may not be worn in classrooms, hallways, or cafeteria during the regular school day.

3. No sweatpants except during physical education (high school and middle school).

4. Denim material

5. Dangerous and/or offensive jewelry

6. Scarves, bandanas, hats, caps and sunglasses

7. Beach/shower footwear, i.e., flip-flops, slides

8. Footwear without a back strap

9. Slippers

10. Footwear with wheels or cleats

11. Footwear deemed unsafe by administration

* The administration reserves the right to approve special theme days throughout the school year, however, these days must meet the established dress code from the 2007-2008 school year.
NEW JERSEY STATE INTERSCHOLASTIC ATHLETIC ASSOCIATION
TRANSFER FORM

THE UNDERSIGNED HEREBY CERTIFY THAT THE STUDENT NAMED HEREIN HAS TRANSFERRED TO HIS/HER PRESENT SCHOOL OF ENROLLMENT WITHOUT INDUCEMENT OR RECRUITMENT OR TO SEEK AN ATHLETIC ADVANTAGE. THE PARENTS/GUARDIANS ALSO AGREE TO THE SUBMISSION TO THE NSIIA OF ANY PERTINENT RECORDS, INCLUDING TRANSCRIPTS, MAINTAINED BY THE SCHOOLS. REFUSAL TO SIGN THE TRANSFER FORM MAY NOT BE BASED UPON NONPAYMENT OF FEES, FAILURE TO RETURN SCHOOL PROPERTY AND THE LIKE. THE TRANSFER FORM IS NECESSARY FOR STUDENTS WHO ARE RESIDING WITH THEIR PARENTS WHO HAVE MOVED TO THE UNITED STATES OR WHO HAVE MOVED FROM ONE SECONDARY SCHOOL DISTRICT TO ANOTHER SECONDARY SCHOOL DISTRICT.

STEP 1 — TO BE COMPLETED BY PRESENT SCHOOL AND FORWARDED TO PREVIOUS SCHOOL (PLEASE PRINT LEGIBLY)

Name of Present School: ___________________________ City: ___________________________ □ Check if Choice School?

Student’s Name: ___________________ Student’s Date of Birth: ___________________________

Date of Enrollment at Present School (If enrollment occurs after the beginning of the school year, Month, Day, Year, student first attended class):

Principal’s Name: ___________________ Principal’s Signature: ___________________ Date: ___________________________

Athletic Director’s Name: ___________________ Athletic Director’s Signature: ___________________ Date: ___________________________

Student’s Name: ___________________ Student’s Signature: ___________________ Date: ___________________________

Parent/Guardian Name: ___________________ Parent/Guardian Signature: ___________________ Date: ___________________________

Parent/Guardian PRESENT complete Address:

STEP 2 — TO BE COMPLETED BY PREVIOUS SCHOOL IMMEDIATELY AND RETURNED TO PRESENT SCHOOL

Name of Previous School: ___________________ City: ___________________________

Date of Withdrawal: ___________________ Student first entered 9th grade/school: ___________________ Date: ___________________________

Parent/Guardian PREVIOUS Address:

A. List all sports in which the student participated on a varsity level in a sports season during the calendar year prior to the transfer:

1. ___________________ 2. ___________________ 3. ___________________

Student is ineligible for thirty (30) calendar days from the start of the Present School’s regular schedule for each sport listed above.

B. Has the student participated in a 9-12 program while in the 6, 7, 8th grade? ______Yes ______No (See Bylaws, Art.V, Sec.4.1)

ATTENTION: If the student is from a high school in a foreign country which does not sponsor interscholastic athletics, the adult(s) with whom the student is domiciled must attach a summary of the sports in which the student participated in a non-school community and/or national team/program for participants 14 years old or above. Said participation will be evaluated in “non-school” play to determine varsity status.

Check box if there is evidence that the student transferred for athletic advantage □

Check box if there is evidence that the student was recruited. □

IF EITHER BOX IS CHECKED, WRITTEN EVIDENCE OF SUCH MUST BE SENT DIRECTLY TO NSIIA FOR REVIEW.

(If either of the two boxes is checked, or the form is not signed by the Principal and/or Athletic Director of the previous school, the transfer student is not eligible for regular season interscholastic competition until a hearing is held by NSIIA.)

Principal’s Signature: ___________________ Date: ___________________________

Athletic Director’s Signature: ___________________ Date: ___________________________

If unsigned, please state reason(s):

PLEASE FORWARD ALL FORMS/DOCUMENTS TO LARRY WHITE AT THE NSIIA OFFICE:
lwhite@NSIIA.org OR Fax to: 609-229-3047 OR Mail to: P. O. Box 487, Robbinsville, NJ 08691

Revised 4/2014
STUDENT-ATHLETE RESIDENCY AFFIDAVIT

NJSIAA STUDENT-ATHLETE RESIDENCY AFFIDAVIT

Print Student Full Name

I, ________________________________________, of full age, being duly sworn to law, upon my oath depose and say:

1. I am the parent/legal guardian of the above listed student.

2. I currently reside at ____________________________________________
   I have resided at the above address since: ____________________________

3. The above-named student moved with me at my new address on ________________

4. Prior to moving to the new residence address listed above, I resided at the following address:
   ____________________________________________

5. I hereby authorize the New Jersey State Interscholastic Athletic Association ("NJSIAA") to investigate and
   confirm any and all Statements made by me in this affidavit. I agree to provide any additional information that
   may be requested by the NJSIAA.

6. I will notify the present school immediately, in writing, if any of the conditions recited herein are changed.

7. This residence may not be associated with, leased, or provided by anyone associated with the school or acting at
   the direction of the school, including but not limited to administration, staff, coaches, students, parents, booster
   clubs, or any organization having a connection with the school.

I hereby certify that the forgoing statements are true, and I am aware that if any of the foregoing statements are
willfully false, I am subject to punishment.

__________________________________________  _________________________________________
Parent/Guardian Signature                  Print Parent/Guardian Full Name

STATE OF NEW JERSEY
COUNTY OF ____________________________

The above-named affiant appeared before me, a notary public of the State of New Jersey,
on the ______ day of ______, 20____, and I made known to him/her the contents of
the above affidavit which was then sworn and subscribed to by said affiant before me on this date.

__________________________
NOTARY PUBLIC

Copies of this Affidavit will be sent to the New Jersey State Interscholastic Athletic Association upon request.
STATE OF NEW JERSEY
COUNTY OF CAMDEN

ss.

To: The Pine Hill School District Board of Education

Pursuant to N.J.A.C. 6A:22-4.1, district boards of education or their agents shall not demand or suggest that legal guardianship or custody must be obtained before enrollment will be considered for a student living with a person other than the parent or legal guardian, nor shall they demand or suggest that "affidavit student" proofs be produced by an applicant seeking to enroll a student of whom the applicant has legal guardianship or custody.

Any initial determination of eligibility is subject to more thorough review and re-evaluation, and there is a potential for assessment of tuition in the event that an initially admitted applicant is later found to be ineligible. Affidavits must be updated annually.

I, ____________________________, do swear under oath to the following:

- I am the owner/renter of the dwelling located at:

- The following person (adults and children) are living at the above address:

  __________________________________________

  __________________________________________

  __________________________________________

Phone Number I can be reached at: ____________________________

1. Is the child residing with you solely for the purpose of receiving a free public education in the PINE HILL PUBLIC SCHOOLS?  YES  NO

2. Are you supporting the child(ren) gratuitously (free), as if she/he/they were my own child(ren) and have supported the child(ren) without remuneration (payment) from the parent(s)? My gratuitous support of the child(ren) named above shall continue throughout the entire calendar year and not merely throughout the school year.  YES  NO
PINE HILL PUBLIC SCHOOLS

Section B - Resident
Non-resident parent's affidavit

3. Pursuant to N.J.S.A. 18A:38-1, any person who fraudulently allows a child of another person to use his or her residence for educational purposes and is not; a) the primary financial support of that child or b) fraudulently claims to have given up custody of his or her child to a person in another district, commits a disorderly person offense.

4. Any false statements, answers, or declarations contained in this Affidavit may subject me to criminal prosecution for the crime of false swearing in violation of N.J.S.A. 2C:28-2.

5. I understand that if any of the statements in this Affidavit change, I am required to notify the PINE HILL PUBLIC SCHOOLS immediately.

I hereby declare that all answers, statements and declarations set forth in this Affidavit are true.

_________________________________________   ____________________________
Owner/Renter                              Date

Sworn and subscribed to me

on this __________________________ day of __________________________

A Notary Public of the State of New Jersey

My commission expires on __________________________

_________________________________________  
Signature of Notary
PINE HILL PUBLIC SCHOOLS

Section B - Parent

Parent residing with resident of Pine Hill

I, __________________________ am the parent/guardian of the following child(ren):

Child’s Name       Birthdate

_________________________       _____________________________

_________________________       _____________________________

_________________________       _____________________________

_________________________       _____________________________

Please detail the family or economic hardship reasons of why you are living in the home of a Pine Hill resident:

_________________________________________________________________

_________________________________________________________________

_________________________________________________________________

_________________________________________________________________

2. I fully understand and agree that:

(a) If I have made a fraudulent claim, I will have committed a disorderly persons offense and;

(b) that any false statements, answers, or declarations contained in this Affidavit may subject me to criminal prosecution for the crime of false swearing in violation of N.J.S.A. 2C:28-2.

_________________________________________       _________________

Applicant/Guardian       Date

Sworn and subscribed to me on this ______________________ day of ___________________________

A Notary Public of the State of New Jersey

My commission expires on ___________________________

_________________________       _________________

Signature of Notary
### PHYSICIAN OR PROVIDER INFORMATION – PLEASE COMPLETE BOTH PAGES

<table>
<thead>
<tr>
<th>Height</th>
<th>Weight</th>
<th>Blood Pressure</th>
<th>Pulse</th>
<th>Vision</th>
<th>Corrected</th>
<th>Contacts</th>
<th>Glasses</th>
<th>Hearing</th>
<th>R</th>
<th>L</th>
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<tr>
<th>Ears</th>
<th>Normal</th>
<th>Abnormal Findings</th>
<th>Comments</th>
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<tbody>
<tr>
<td>Eyes/Sclera/Pupils</td>
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<td>Lymph Glands</td>
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<td>Thyroid</td>
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<td>Nose/Mouth-Teeth/Throat</td>
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<td>Heart Murmurs/Rhythm/rate</td>
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<td>Lungs</td>
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<td>Abdomen</td>
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<tr>
<td>Hernia</td>
<td>No</td>
<td>Yes/Possible</td>
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<tr>
<td>Genito-Urinary</td>
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<tr>
<td>Orthopedic—Structural</td>
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<tr>
<td>Posture.</td>
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<tr>
<td>Feet</td>
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<tr>
<td>Scoliosis</td>
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<td>Skin</td>
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<td>Nutrition</td>
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<td>Speech</td>
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<td>Other</td>
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<tr>
<td>GENERAL APPEARANCE</td>
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</tbody>
</table>

### VACCINES: PLEASE ATTACH COPY OF IMMUNIZATIONS

#### MEDICAL HISTORY

1. Have you ever had a seizure? [ ] Yes [ ] No [ ] Date
2. Have you ever fainted or passed out? [ ] Yes [ ] No [ ] Date
3. Have you ever experienced chest pain? [ ] Yes [ ] No [ ] Date
4. Have you ever experienced shortness of breath? [ ] Yes [ ] No [ ] Date
5. Do you have asthma? [ ] Yes [ ] No [ ] Describe
6. Do you have diabetes? [ ] Yes [ ] No [ ] Date
7. Are you allergic to anything? [ ] Yes [ ] No [ ] Date

(See other side)
Have you ever had any of the following diseases:

<table>
<thead>
<tr>
<th>Disease</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chickenpox</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mononucleosis</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Lyme Disease</td>
<td></td>
<td></td>
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<tr>
<td>Scarlet Fever</td>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>

Medications currently in use:

Recent:
1. Surgeries
2. Injuries

Additional Observations:

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Signature of Physician

Physician's Stamp

Date of Exam
Application #: 2019-2020 Application for Free and Reduced Price School Meals
Complete one application per household. Please type or use a pen (not a pencil).

Available online at:

STEP 1 List ALL Household Members who are infants, children, and students up to and including Grade 12 (if more spaces are required for additional names, attach another sheet of paper).

Definition of Household Member: "Anyone who is living with you and shares income and expenses, even if not related."

Children in Foster care and children who meet the definition of Homeless, Migrant or Runaway are eligible for free meals. Read How to Apply for Free and Reduced Price School Meals for more information.

Child's First Name  MI  Child's Last Name  [press spacebar to advance]  School Name (Abbr.)  Grade

If you answered NO > Complete STEP 3.  If you answered YES > Write a case number here then go to STEP 4 (Do not complete STEP 3)  Case Number:

Write only one case number in this space.

STEP 2 Do any Household Members (including you) currently participate in one or more of the following assistance programs: SNAP, TANF, or FDPIR?  YES ☐ NO ☐

If you answered NO > Complete STEP 3.  If you answered YES > Write a case number here then go to STEP 4 (Do not complete STEP 3)  Case Number:

Write only one case number in this space.

STEP 3 Report Income for ALL Household Members (Skip this step if you answered 'Yes' to STEP 2)

A. Child Income
Sometimes children in the household earn or receive income. Please include the TOTAL income received by all Household Members listed in STEP 1 here.

B. All Adult Household Members (including yourself)
List all Household Members not listed in STEP 1 (including yourself) even if they do not receive income. For each Household Member listed, if they do receive income, report total gross income (before taxes) for each source in whole dollars (no cents) only. If they do not receive income from any source, write '0'. If you enter '0' or leave any fields blank, you are certifying (promising) that there is no income to report.

Are you unsure what income to include here?
Flip the page and review the charts titled "Sources of Income" for more information.
The "Sources of Income for Children" chart will help you with the Child Income section.
The "Sources of Income for Adults" chart will help you with the All Adult Household Members section.

Name of Adult Household Members (First and Last)  Earnings from Work  How often?

Weekly  Bi-Weekly  2x Month  Monthly

Public Assistance/Child Support/Alimony  How often?

Weekly  Bi-Weekly  2x Month  Monthly

Pensions/Retirement/All Other Income  How often?

Weekly  Bi-Weekly  2x Month  Monthly

Total Household Members (Children and Adults)  Last Four Digits of Social Security Number (SSN) of Primary Wage Earnings or Other Adult Household Member

X X X X

Check if no SSN

STEP 4 Contact information and adult signature. Mail Completed Form To:

"I certify (promise) that all information on this application is true and that all income is reported. I understand that this information is given in connection with the receipt of Federal funds, and that school officials may verify (check) the information. I am aware that if I purposely give false information, my children may lose meal benefits, and I may be prosecuted under applicable State and Federal laws."

Street Address (if available)  Apt #

City  State  Zip

Daytime Phone and Email (optional)

Signature of adult

Today's date

Printed name of adult signing the form
### Sources of Income for Children

<table>
<thead>
<tr>
<th>Sources of Child Income</th>
<th>Example(s)</th>
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<tbody>
<tr>
<td>- Earnings from work</td>
<td>A child has a regular full or part-time job where they earn a salary or wages</td>
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<tr>
<td>- Social Security</td>
<td>- A child is blind or disabled and receives Social Security benefits</td>
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<td></td>
<td>- A Parent is disabled, retired, or deceased, and their child receives Social Security benefits</td>
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<tr>
<td>-Income from person outside the household</td>
<td>A friend or extended family member regularly gives a child spending money</td>
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<tr>
<td>-Income from any other source</td>
<td>A child receives regular income from a private pension fund, annuity, or trust</td>
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</table>

### Sources of Income for Adults

<table>
<thead>
<tr>
<th>Sources of Income for Adults</th>
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<tbody>
<tr>
<td>- Earnings from Work</td>
<td>- Salary, wages, cash bonuses</td>
</tr>
<tr>
<td>- Public Assistance / Alimony / Child Support</td>
<td>- Net income from self-employment (farm or business)</td>
</tr>
<tr>
<td>- Pensions / Retirement / All Other Income</td>
<td>- Unemployment benefits</td>
</tr>
<tr>
<td>If you are in the U.S. Military:</td>
<td>- Worker's compensation</td>
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<tr>
<td>- Basic pay and cash bonuses (do NOT include combat pay, FSSA or privatized housing allowances)</td>
<td>- Supplemental Security Income (SSI)</td>
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<tr>
<td>- Allowances for off-base housing, food and clothing</td>
<td>- Cash assistance from State or local government</td>
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<td>- Strike benefits</td>
<td>- Alimony payments</td>
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<td>- Child support payments</td>
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<td>- Veteran's benefits</td>
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<td>- Social Security (including railroad retirement and black lung benefits)</td>
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<td>- Private pensions or disability benefits</td>
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<td>- Regular income from trusts or estates</td>
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<td>- Annuities</td>
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<td>- Investment income</td>
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<td>- Earned Interest</td>
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<td>- Rental income</td>
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<td>- Regular cash payments from outside household</td>
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### Children's Racial and Ethnic Identities

We are required to ask for information about your children's race and ethnicity. This information is important and helps to make sure we are fully serving our community. Responding to this section is optional and does not affect your children's eligibility for free or reduced price meals.

**Ethnicity (check one):**
- Hispanic or Latino
- Not Hispanic or Latino

**Race (check one or more):**
- American Indian or Alaskan Native
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White

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The Richard B. Russell National School Lunch Act requires the information on this application. You do not have to give the information, but if you do not, we cannot approve your child for free or reduced price meals. You must include the last four digits of the social security number of the adult household member who signs the application. The last four digits of the social security number is not required when you apply on behalf of a foster child or you list a Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF) Program or Food Distribution Program on Indian Reservations (FDPIR) case number or other FDPIR identifier for your child or when you indicate that the adult household member signing the application does not have a social security number. We will use your information to determine if your child is eligible for free or reduced price meals, and for administration and enforcement of the lunch and breakfast programs. We MAY share your eligibility information with education, health, and nutrition programs to help them evaluate, fund, or determine benefits for their programs, auditors for program reviews, and law enforcement officials to help them look into violations of program rules.

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

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**Do not fill out For School Use Only**

**Annual Income Conversion: Weekly x 52, Every 2 Weeks x 26, Twice a Month x 24, Monthly x 12**

**How often?**

<table>
<thead>
<tr>
<th>Total Income</th>
<th>Weekly</th>
<th>Biweekly</th>
<th>2x Monthly</th>
<th>Monthly</th>
<th>Annual</th>
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**Household Size**

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<tr>
<th>Categorical Eligibility</th>
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**Determining Official's Signature**

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**Confirming Official's Signature**

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**Verifying Official's Signature**

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**Eligibility:**

<table>
<thead>
<tr>
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<th>Free</th>
<th>Reduced</th>
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