

GREENWICH TOWNSHIP SCHOOL DISTRICT

Nehaunsey Middle School
415 Swedesboro Road
Gibbstown, NJ 08027
856-224-4920 ext 2140
Fax 856-224-5765
Ryan Hudson, Principal/Chief School Administrator

Broad Street School
255 West Broad Street
Gibbstown, NJ 08027
856-224-4900 ext 1131
Fax 856-423-7945
Alisa Whitcraft, Principal

Welcome to the Greenwich Township School District.

In order to enroll your student into our district, you will need to:

- 1. Make an appointment with the appropriate school.**
- 2. Download and complete the appropriate packet at www.gtsdk8.us**
- 3. If you do not have the technology to duplicate the enrollment packet, please stop at either school for a hard copy.**
- 4. Along with the enrollment packet you will need to provide the following documents:**
 - 1. Transfer card from previous school district**
 - 2. Copy of birth certificate**
 - 3. Copy of immunization records**
 - 4. Copy of physical examination records**
 - All students enrolling in school for the first time must have documentation of a completed medical examination completed and signed by a physician within the 365 days prior to the first day of the student's attendance at school**
 - All students coming from out of the state or country must provide proof of a completed physical examination within 30 days of school entry**
 - All other NJ students must provide documentation of a school entry medical examination**
 - 5. Proof of custodial parent**
 - 6. Release of records form**
 - 7. 504 Plans and/or IEPs if applicable**
 - 8. Residence Enrollment Questionnaire**
 - 9. Proof of residency – MUST PROVIDE FOUR PROOFS**

PROPERTY OWNERS – Tax bill, mortgage statement, or settlement statement and three other proofs – gas, electric, water, bank statement, etc.

RENTERS – Current lease with names of all residents in the dwelling (a new lease must be presented when it is renewed) and three other proofs - gas, electric, water, bank statement, etc.

LIVING WITH FAMILY MEMBER OR FRIEND – If you reside with a family member or friend, you will also need a verification of residency form completed and notarized. This form is located on the last two pages of this packet and needs to be renewed annually.

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GRADES PRE-K THROUGH 8TH

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RELEASE OF RECORDS PERMISSION

I hereby give permission for _____ to release all academic and health
(Name of School)

records on _____ to _____.
(Name of Student) (Name of School)

I also authorize the release of any Child Study Team evaluations, IEPs, or other relevant information for placement or evaluative purposes.

Parent/Guardian Signature

Date: _____

Student current address:

Telephone Number:

Student forwarding address:

Telephone Number:

School that student is transferring to/from:

Name: _____

County: _____

Address: _____

District: _____

Telephone Number: _____

GREENWICH TOWNSHIP SCHOOL DISTRICT
GIBBSTOWN, NJ 08027

STUDENT REGISTRATION

Please complete the following questions so that we may better know your child and be able to contact you in case of illness or emergency. Thank you for your cooperation.

Today's Date _____

Child's Name _____

Sex: ____M ____F

Racial/Ethnic (Check ALL that apply):

____ American Indian ____ African American ____ Asian

____ Caucasian ____ Hispanic ____ Pacific Islander

Date of Birth _____ City/State of Birth _____ Country of Birth ** _____

** If you child was not born in the United States, when did they first attend school in the US? _____

Student's Address _____

Father's Name _____

Mother's Name _____

Mother's Maiden Name _____

City of Birth _____

City of Birth _____

Father's Address _____

Mother's Address _____

Father's Cell # _____

Mother's Cell # _____

Father's email: _____

Mother's email: _____

Employer _____

Employer _____

Occupation _____

Occupation _____

Work Address _____

Work Address _____

Telephone # _____

Telephone # _____

Number of children in family: Female: _____

Ages: _____

Male: _____

Ages: _____

With whom does the child live? _____

If student does not live with parent/s, custody papers WILL be required. Information of person/s student lives with (other than mother/father):

Name: _____ Relation: _____

Address: _____

IN CASE OF EMERGENCY NOTIFY:

1. Name _____ Telephone Number _____
Address _____ Relationship to Child _____

2. Name _____ Telephone Number _____
Address _____ Relationship to Child _____

Is your native language English? Yes _____ No _____ Specify _____

Has your child been under early intervention or Child Study Team/Basic Skills services?

Yes _____ No _____

Specify _____

Has your child had any speech remediations? Yes _____ No _____

Specify _____

Was your child on the free/reduced lunch program at his/her previous school?

_____ yes _____ no _____ free _____ reduced

Is there anything about your child's health, habits, or behavior that you would like to comment upon? _____

FAMILY MEDICAL HISTORY:

DATE: _____

Do any of child's immediate family members have the following; if yes, please state sibling, mother, father, grandmother, etc.

	YES	NO	Family Members
Heart Disease	_____	_____	_____
Diabetes	_____	_____	_____
Cancer	_____	_____	_____
Sickle Cell Anemia	_____	_____	_____
High Blood Pressure	_____	_____	_____
Allergies/Asthma	_____	_____	_____

Has your child had or currently have any of the following?

	YES	NO		YES	NO
1. High fevers	_____	_____	16. Anemia	_____	_____
2. Seizures	_____	_____	17. Diabetes	_____	_____
3. Head Injury	_____	_____	18. Ringworm	_____	_____
4. Sutures (Stitches)	_____	_____	19. Arthritis	_____	_____
5. Broken Bones	_____	_____	20. Epilepsy	_____	_____
6. Operations	_____	_____	21. Heart trouble	_____	_____
7. Hospitalizations	_____	_____	22. Kidney problems	_____	_____
8. Allergies	_____	_____	23. Frequent ear infections	_____	_____
9. Chicken Pox	_____	_____	24. Frequent headaches	_____	_____
10. Mumps	_____	_____	25. Eczema	_____	_____
11. Measles	_____	_____	26. Asthma	_____	_____
12. German Measles	_____	_____	27. High Blood Pressure	_____	_____
13. Scarlet Fever	_____	_____	28. Lyme Disease	_____	_____
14. Rheumatic Fever	_____	_____	29. Hepatitis	_____	_____
15. Fifth Disease	_____	_____			

**IF YES, PLEASE DESCRIBE

Does your child have any hearing difficulties? Yes ____ No ____ Specify _____

Does your child wear glasses? Yes ____ No ____ Specify _____

Does your child take medication that would be necessary during school hours? Yes ____ No ____

Names of Medications _____

Has your child had routine dental checkups? Yes ____ No ____

Does your child have health insurance? If so, name of company _____

Date of your child's last medical exam: _____

Date of your child's last lead blood test and results: _____

Date of first Polio immunization: _____

GREENWICH TOWNSHIP SCHOOL DISTRICT

ENROLLMENT RESIDENCY QUESTIONNAIRE

Parent/Guardian Name: _____

Date: _____

Please list all children living with you up to age 21. Please include children of all ages and if they are attending an educational program.

Name	Date of Birth	School Attending and Grade (or High School Graduate)

Phone Numbers: _____

Current Address: _____

Previous Address: _____

This questionnaire is intended to address the McKinney-Vento Act 42 U.S.C. 11435. The answers to this residency information help determine the services the student may be eligible to receive.

Section A: Current Living Situation

1. Is your current address a temporary living arrangement? _____ Yes _____ No
2. Is this temporary living arrangement due to loss of housing or economic hardship? _____ Yes _____ No

If you answered YES to the above questions, please complete the remainder of this section. Please check all that apply:

_____ Sharing housing with relatives or other due to lack of housing

_____ Living in a shelter or transitional living program

_____ Living in a motel, hotel, park or campground due to lack of adequate housing

_____ Living in a car or RV or in a public place

_____ Living in substandard housing

_____ Awaiting foster care placement

_____ Parents are migrant workers

_____ Moving from place to place

_____ None of the above

School/Schools of origin (school attended when last permanently housed):

I, _____, have been consulted about the school placement
that I prefer for my child (check or mark next to appropriate box)

_____ to attend school in the district of last attendance

_____ to attend the district in which we are currently residing

I certify that the information provided here is true and correct. I understand that the Greenwich Township Public School Homeless Liaison has the right to determine who is eligible.

Signed:

Date:

Section B - To be completed by Homeless Liaison:

_____ Homeless

_____ Not Homeless

I certify the above named student qualifies for the Child Nutrition Program under the provisions of the McKinney-Vento Act.

Greenwich Township Homeless Liaison Signature:

Date:

Notes/Comments:

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Step 1: Home Language Survey (Parent/Family Version)

Purpose: The home language survey is used solely to offer appropriate educational services ([U.S. ED EL Toolkit](#), Chapter 1). This survey is the first of three steps to identify whether or not a student is eligible to be identified as an English language learner (ELL). "Home" is defined as a student's current place of residence.

Student Information:

Student Name: _____ Date of Birth (YYYYMMDD): _____

Current Address: _____

Person Completing Survey: ☐ Mother ☐ Father ☐ Grandparent ☐ Other

Survey Questions:

1.) List all languages used in the student's home.

2.) Was the first language used by the student a language other than English?

_____ No _____ Yes

3.) Does the student speak or understand a language other than English?

_____ No _____ Yes

4.) When interacting with others at home (example: parents, guardians, siblings), does the student understand or use a language other than English **most of the time**?

_____ No _____ Yes

5.) When interacting with others outside the home (example: friends, caregivers), does the student understand or use a language other than English **most of the time**?

_____ No _____ Yes

Signature: _____

(person completing survey)

Date: _____

Encuesta estatal sobre el idioma en el hogar

La encuesta sobre el idioma en el hogar (home language survey, HLS) se utiliza únicamente para ofrecer servicios educativos adecuados

([U.S. ED EL Toolkit](#), Capítulo 1). Esta encuesta obligatoria es el primero de tres¹ pasos para identificar si un estudiante es un estudiante multilingüe. La encuesta deberá ser completada por escrito o mediante entrevista verbal por cualquier persona con conocimiento del estudiante, como padre(s), personal capacitado del distrito escolar o un maestro bilingüe o ESL (N.J.A.C.

6A:15-1.3). “Hogar” se define como el lugar de residencia actual de un estudiante.

Información del estudiante

Nombre: _____ Fecha de nacimiento (MM/DD/AAAA): _____

Dirección actual: _____

Ciudad: _____ Estado: _____ Código postal: _____

Preguntas de la encuesta

1. Enumere todos los idiomas utilizados en el hogar del estudiante.

2. ¿El primer idioma utilizado por el estudiante era un idioma distinto del inglés? ☐ Sí ☐ No

3. ¿El estudiante habla o entiende un idioma que no sea el inglés? ☐ Sí ☐ No

4. Al interactuar con otras personas en casa (p. ej., padres, tutores, hermanos), ¿el estudiante entiende o utiliza un idioma que no sea el inglés la mayor parte del tiempo? ☐ Sí ☐ No

5. Al interactuar con otras personas fuera de casa (p. ej., amigos, cuidadores), ¿el estudiante entiende o utiliza un idioma que no sea el inglés la mayor parte del tiempo? ☐ Sí ☐ No

1 Para la identificación de estudiantes de preescolar, solo hay dos pasos que completar para la identificación de estudiantes multilingües: la encuesta sobre el idioma en el hogar (HLS) y la revisión de registros.

Firma: _____

Fecha: _____

Medicaid Annual Notification Regarding Parental Consent

Background: The State of New Jersey has participated in a Federal program, Special Education Medicaid Initiative (SEMI), since 1994. The program assists school districts by providing partial reimbursement for medically-related services listed on a student's Individualized Educational Program (IEP).

The SEMI program is under the auspices of the New Jersey Department of the Treasury through its collaboration with the New Jersey Department of Education and New Jersey Division of Medicaid Assistance and Health Services.

In 2013, the regulations regarding Medicaid parental consent for school-based services changed. Now the regulations require that, prior to accessing a child's public benefits or insurance for the first time, and annually thereafter, school districts must provide parents/guardians written notification and obtain a one-time parental consent .

Is there a cost to you?

No. IEP services are provided to students while at school at no cost to the parent/guardian.

Will SEMI claiming impact your family's Medicaid benefits?

The SEMI program does not impact a family's Medicaid services, funds, or coverage limits. New Jersey operates the school-based services program differently than the family's Medicaid program. The SEMI program **does not** affect your family's Medicaid benefits in any way.

What type of services does the School-Based Services program cover?

- Evaluations
- Psychological Counseling
- Speech Therapy
- Audiology
- Occupational Therapy
- Nursing
- Physical Therapy
- Specialized Transportation

What type of information about your child will be shared?

In order to submit claims for SEMI reimbursement, the following types of records may be required: first name, last name, middle name, address, date of birth, student ID, Medicaid ID, disability, service dates and the type of services delivered.

Who will see this information?

Information about your child's special education program may be shared with the New Jersey Division of Medicaid Assistance and Health Services and its affiliates, including the Department of the Treasury and the Department of Education for the purpose of verifying Medicaid eligibility and submitting claims.

What if you change your mind?

You have the right to withdraw consent to allow for Medicaid billing at any time by contacting the school in which your child is enrolled.

Will your consent or refusal to consent affect your child's services?

No. Your school district is still required to provide services to your child pursuant to his or her IEP, regardless of your Medicaid eligibility status or your willingness to consent for SEMI billing,

What if you have questions?

Please call your school district's Special Education department with questions or concerns, or to obtain a copy of the parental consent form.

Method of Delivery: (check one) ____ Mailed to parent(s) ____ Emailed to parent(s) ____ IEP meeting ____ Hand Delivered

***Greenwich Township School District
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**CONSENT FOR RELEASE OF INFORMATION TO ACCESS MEDICAID REIMBURSEMENT
FOR HEALTH RELATED SUPPORT SERVICES**

Please sign and return this form to the address listed above

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).

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.

GREENWICH TOWNSHIP SCHOOL DISTRICT
Gibbstown, NJ 08027

AFFIDAVIT OF RESIDENCE BY PARENT-if living with a friend or family member
PURSUANT TO N.J.S.A. 18A:38-1(b)

I, _____, of full age, being duly sworn
according to law on oath deposes and says:

1. My natural child, _____, and I are
currently residing at _____
with _____ in the School
District of Greenwich Township, New Jersey.
2. I am aware that I am making an Affidavit (sworn statement) and that I may be subject to
penalty for false swearing in the event any of the aforesaid is willfully false or fraudulent.
I am further aware that I may be subject to pay tuition or other school charges of the
Greenwich Township School District if the facts stated above are not true. This affidavit is
given pursuant to the requirements of N.J.S.A. 18A:38-1 (b).

PARENT/GUARDIAN

PARENT/GUARDIAN

Sworn and Subscribed
before me on this _____
day of _____, 20_____

A Notary Public of the State of New Jersey.
My commission expires:

** Completion of this form does not guarantee approval. This must be renewed annually **

GREENWICH TOWNSHIP SCHOOL DISTRICT
Gibbstown, NJ 08027

AFFIDAVIT OF RESIDENCE BY GREENWICH TOWNSHIP RESIDENT
PURSUANT TO N.J.S.A. 18A:38-1(b)

I, _____, of full age, being duly sworn according to law on my oath deposes and says:

1. I am an adult residing and domiciled within the School District of Greenwich Township, New Jersey, and live at the following address: _____.
2. I am seeking admission to Greenwich Township School District for a minor child who resides with me with his/her parent/guardian.

NAME OF MINOR: _____

NAME OF PARENT/GUARDIAN: _____

3. The minor child and parent/guardian aforesaid have resided with me since _____, and will continue to reside with me until _____.
4. I am making this Affidavit (sworn statement) to induce the Greenwich Township School District to admit _____ as a student without charge since the aforesaid child and parent/guardian are residing with me.
5. I will inform the Superintendent of Schools if there is any change in the above-stated statement.
6. I am aware that I am making an Affidavit (sworn statement) and that I may be subject to penalty for false swearing in the event any of the aforesaid is willfully false or fraudulent. I am further aware that I may be subject to pay tuition or other school charges of the Greenwich Township School District if the facts stated above are not true. This Affidavit is given pursuant to the requirements of N.J.S.A 18A:38-1 (b).

PARENT/GUARDIAN

PARENT/GUARDIAN

Sworn and Subscribed
before me on this _____
day of _____, 20____

A Notary Public of the State of New Jersey.
My commission expires:

**** Completion of this form does not guarantee approval. This must be renewed annually ****