

# Pine Hill School District

1003 Turnerville Rd. Pine Hill, NJ 08021

Kenneth K. Koczur, Ed.D.  
Superintendent

Office 856-783-6900

## 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 (*Skip remaining homeless registration procedures. Pages 2-4*)

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.

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## DECLARATION OF RESIDENCY FORM

To be completed at time of enrollment by parent/guardian

This is to inform the Pine Hill Board of Education that my child(ren)

\_\_\_\_\_

and I \_\_\_\_\_ (Parent/Guardian)

are temporarily residing at the following address:

\_\_\_\_\_

We are living with \_\_\_\_\_ Telephone # \_\_\_\_\_  
(Name & Relationship)

My last address that I rented, leased or owned was \_\_\_\_\_

\_\_\_\_\_

The school district that my child(ren) attended while living at that address was \_\_\_\_\_

My child(ren) attended \_\_\_\_\_ School.

The causes of my becoming homeless are \_\_\_\_\_

\_\_\_\_\_

\_\_\_ I request to register my child(ren) in the Pine Hill School District.

\_\_\_ I prefer for my child(ren) to attend school in the former school district.

Name of former district \_\_\_\_\_

Parent/Guardian Name (please print) \_\_\_\_\_

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

Date \_\_\_\_\_

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## PARENT/GUARDIAN AFFIDAVIT

To be completed by the parent/guardian

I, \_\_\_\_\_, of full age, being duly sworn upon my oath, deposes and says:

1. I am domiciled at the following address:

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

2. I affirm that my child(ren) \_\_\_\_\_ is/are temporarily residing in the residence of relatives or friends named here:

\_\_\_\_\_

because my family lacks a regular or permanent residence of our own in accordance with N.J.A.C. 6A:17-2.3(a)(3).

3. I certify that I am not capable of supporting or providing care to my child(ren) due to family or economic hardship and my child(ren) is/are not residing with relatives or friends solely to receive a free and/or better education per N.J.A.C. 6A:22-3.2.
4. I understand that my child(ren)'s eligibility may be subject to re-evaluation, and that tuition may be sought in the event that my child(ren) is/are determined not to be eligible as a result of fraud or untruthful information.
5. I have been consulted and understand that the district of residence will make the decision regarding the educational placement of my child(ren). If I disagree with that decision, I have the right to appeal to the County Superintendent of Schools.
6. This affidavit is made in order to satisfy the requirements of N.J.S.A. 18A:38-1 and N.J.A.C. 6A:17-2.
7. This statement is made under oath. I am aware that if any of the foregoing statements made in the Affidavit are willfully false, I may be subject to punishment.

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

Sworn and Subscribed to before me the \_\_\_\_\_ day of \_\_\_\_\_.

\_\_\_\_\_  
Signature of Notary Public

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Fax 856-783-2955

## **RESIDENT AFFIDAVIT**

To be completed by the homeowner

I, \_\_\_\_\_, of full age, being duly sworn upon my oath, deposes and says:

1. I am domiciled at the following address within Pine Hill:

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

2. I affirm that the school aged child(ren):

\_\_\_\_\_ is/are residing in my residence temporarily out of necessity because the child(ren)'s family lacks a regular or permanent residence of their own in accordance with N.J.A.C. 6A:17-2.3(a)(3).

3. This affidavit is made in order to satisfy the requirements of N.J.S.A. 18A:38-1 and N.J.A.C. 6A:17-2.
4. This statement is made under oath. I am aware that if any of the foregoing statements made in the Affidavit are willfully false, I may be subject to punishment.

\_\_\_\_\_  
Signature of homeowner

Sworn and Subscribed to before me this \_\_\_\_\_ day of \_\_\_\_\_.

\_\_\_\_\_  
Signature of Notary Public

## PARENT CONSULTATION

I, the parent/guardian of the above named child(ren) understand that the district of residence will make the decision for his/her/their educational placement based upon the best interests of the child(ren) after consulting with me. If I disagree with that decision, I know that I may appeal to the county Superintendent of Schools.

Parent/Guardian agrees with placement: Yes: \_\_\_\_\_ No: \_\_\_\_\_

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

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## Registration Form

Date \_\_\_\_\_

SID# \_\_\_\_\_

### **FULL NAME AS IT APPEARS ON LEGAL DOCUMENTS**

STUDENT		
LAST NAME	FIRST NAME	MIDDLE NAME

### **STUDENTS PERSONAL INFORMATION**

Date of birth (mm/dd/yyyy)	Grade Level at Registration	Gender <input type="radio"/> Male <input type="radio"/> Female
Birthplace: City	State	Country
Former Pine Hill Student yes/no	Country of Birth	Date first enrolled in ANY U.S. School (mm/dd/yyyy)

### **ETHNICITY AND RACE INFORMATION**

Ethnicity (check only one): <input type="radio"/> Hispanic or Latino <input type="radio"/> Not Hispanic or Latino	Race: (check one or more) <input type="radio"/> American Indian <input type="radio"/> Asian <input type="radio"/> Black or African American <input type="radio"/> Native Hawaiian or other <input type="radio"/> White
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### **OTHER SCHOOL AGE CHILDREN**

Child's Name	School Name/Location	Grade	DOB

**PREVIOUS SCHOOL ATTENDED**

School Name	Date of Attendance
School Address	Grade Level(s) Attended
School Phone Number	Public School          Private School Other _____
School Name	Date of Attendance
School Address	Grade Level (s) Attended
School Phone Number	Public School          Private School Other _____

**Preschool Attendance**

Yes / No	Name and Location	Attendance Dates

**PARENT/ LEGAL GUARDIAN NAME- PRIMARY**

		Circle:
First Name	Last Name	Mr./Mrs/Ms./Dr.
<i>For Security Purposes Only Parent/Guardian Date of Birth (MM/DD/YYYY)</i>		
Relationship to Child: <input type="radio"/> Mother <input type="radio"/> Father Other: _____	Divorced or Separated?   Y / N *If yes, <input type="radio"/> Sole Custody <input type="radio"/> Joint Custody Please provide documentation of physical custody.	

**PHONE/EMAIL CONTACT INFORMATION**

Phone	Type (choose one)	Phone Number (Ext)	Automated Contact System
Primary	<input type="radio"/> Cell <input type="radio"/> Home <input type="radio"/> Work <input type="radio"/> Other		
Phone 2	<input type="radio"/> Cell <input type="radio"/> Home <input type="radio"/> Work <input type="radio"/> Other		

<b>Email Address:</b>
-----------------------

**PHYSICAL ADDRESS**

Street #	Street Name	Apt # (if applicable)
City/Town	State	Zip Code

**PARENT/ LEGAL GUARDIAN NAME- SECONDARY**

Can pick up child : Yes / No		Circle:
First Name	Last Name	Mr./Mrs/Ms./Dr.
<i>For Security Purposes Only Parent/Guardian Date of Birth (MM/DD/YYYY)</i>		
Relationship to Child: <input type="radio"/> Mother <input type="radio"/> Father Other: _____	Divorced or Separated? Y / N *If yes, <input type="radio"/> Sole Custody <input type="radio"/> Joint Custody Please provide documentation of physical custody.	

**PHONE/EMAIL CONTACT INFORMATION**

Phone	Type (choose one)	Phone Number (Ext)	Automated Contact System
Primary	<input type="radio"/> Cell <input type="radio"/> Home <input type="radio"/> Work <input type="radio"/> Other		
Phone 2	<input type="radio"/> Cell <input type="radio"/> Home <input type="radio"/> Work <input type="radio"/> Other		

<b>Email Address:</b>
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**PHYSICAL ADDRESS**

Street #	Street Name	Apt # (if applicable)
City/Town	State	Zip Code

**EMERGENCY CONTACT –PRIMARY- \*OTHER THAN GUARDIAN\***

		Circle:	
	First Name	Last Name	Mr./Mrs/Ms./Dr.
Relationship to Child:		Is this person authorized to pick-up/transport your child in case of emergency Y/N	
Phone	Type (choose one)	Phone Number	Ext
Primary	<input type="radio"/> Cell <input type="radio"/> Home <input type="radio"/> Work <input type="radio"/> Other		
Phone 2	<input type="radio"/> Cell <input type="radio"/> Home <input type="radio"/> Work <input type="radio"/> Other		



**EMERGENCY CONTACT –SECONDARY- \*OTHER THAN GUARDIAN\***

		Circle: Mr./Mrs/Ms./Dr.	
	First Name	Last Name	
Relationship to Child:		Is this person authorized to pick-up/transport your child in case of emergency Y/N	
Phone	Type (choose one)	Phone Number	Ext
Primary	<input type="radio"/> Cell <input type="radio"/> Home <input type="radio"/> Work <input type="radio"/> Other		
Phone 2	<input type="radio"/> Cell <input type="radio"/> Home <input type="radio"/> Work <input type="radio"/> Other		

**HEALTH INSURANCE INFORMATION**

Health Insurance Provider	Name of Provider:
Primary Care Doctor	Name: Number: Address:

**IEP / 504 PLAN – Yes / No**

<b>IEP</b>	<b>504 Plan</b>
<input type="radio"/> Special Ed <input type="radio"/> Speech <input type="radio"/> Basic Skills Math <input type="radio"/> Basic Skills Reading <input type="radio"/> Resource Room	<input type="radio"/> Basic Skills Math <input type="radio"/> Basic Skills Reading <input type="radio"/> Other

Person Enrolling Student

Relationship to student if other than parent

\_\_\_\_\_

\_\_\_\_\_

Parent/Guardian Signature

Date

\_\_\_\_\_

\_\_\_\_\_

**For Office Use Only**

Home School _____	Out of Assigned District Program placement (ELL,Spec.Ed) _____
School Enrolled, If different _____	Tuition Student _____
Missing Documents _____	Date of Packet Complete _____
_____	

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## 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

### 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



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## 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:

	Yes	No
Oxygen Therapy		
Difficulty Breathing		
Difficulty Swallowing		
Jaundice		

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:

	Yes	No	Explain
Diabetes	_____	_____	_____
Tuberculosis	_____	_____	_____
Heart Disease	_____	_____	_____
High Blood Pressure	_____	_____	_____
Stroke	_____	_____	_____
Kidney Disease	_____	_____	_____
Cancer	_____	_____	_____
Mental Illness	_____	_____	_____
Asthma	_____	_____	_____
Genetic Diseases	_____	_____	_____

**Has Child Had:**

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

**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

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## *Speech and Language Case History Summary*

Dr. Albert Bean School  
Paulette Taylor  
Speech/Language Specialist

John H. Glenn School  
Ruth Blake  
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 combining two or more words as a sentence? _____