

COMMERCIAL TOWNSHIP SCHOOL DISTRICT
Port Norris, New Jersey 08349

PUPIL REGISTRATION FORM

2020-2021

Date: of Registration: _____ Teacher: _____ Grade: _____

Bus No. _____ Bus Stop: _____

STATE STUDENT ID NUMBER: _____

Name: _____

First

Middle

Last

Suffix (Sr. Jr. III)

Sex: Female Male Race: White _____ Hispanic _____ Asian _____ Black/African American _____

Hawaiian/Pacific Islander _____ American Indian _____

What is the primary language used in the home, regardless of the language spoken by the student: _____

What is the language most often spoken by the student: _____

Birth date: _____ Proof of Birth: _____

Proof of Residency Received: yes _____ no-pending _____

Email address: _____

Address: (Mailing)

Address: (Physical Street)

Home Phone: _____ Father's Cell: _____ Mother's Cell: _____

Father's Name

Mother's Name

Employer

Employer

Employer's Phone No. _____ Employer's Phone No. _____

Is there a custody agreement in effect for this child: yes _____ no _____ Custody papers received: _____

Family Doctor for Children: _____ Phone No. _____

Contacts in case of emergency 1. _____

Name

Phone Number

2. _____

Name

Phone Number

Continued on Back

Health Information:

Health Records Received: yes ___ no ___

Any operations: _____

Allergies: _____

Other medical conditions: _____

Medications: _____

Health Insurance: yes ___ no ___ Provider _____

Special Services in Previous School

Child Study Team Tested _____ If so, what classification _____

Speech Services: _____

Siblings

Name: _____

DOB: _____

Name: _____

DOB: _____

Name: _____

DOB: _____

Name: _____

DOB: _____

School Transferred From

Phone: _____

Fax: _____

COMMERCIAL TOWNSHIP SCHOOL DISTRICT
PORT NORRIS, NEW JERSEY 08349

REQUEST FOR PUPIL RECORDS

Date: _____

Dear Principal:

The student(s) listed below have recently enrolled in our school. Please forward all available health, academic, test scores, **NJ SMART ID #**, and if applicable, **CHILD STUDY TEAM RECORDS**. This request also includes all grades for each grading period for the current school year. These records will insure proper placement and continuity of record keeping.

Please send to:

Commercial Township School District
1308 North Avenue, Port Norris, NJ 08349
Attn: Student Records
Phone: 856-785-2333 ext. 2133 Fax: 856-785-8120

Student Name _____	Grade _____	DOB _____
Student Name _____	Grade _____	DOB _____
Student Name _____	Grade _____	DOB _____
Student Name _____	Grade _____	DOB _____

Authorization to release pupil's records:

I have enrolled my child in the Commercial Twp School District. I hereby authorize you to release my child's school records to the school listed above.

Parent/Guardian Signature

Thank you for your assistance and early attention to this request.

Kim Day
Lisa Robbins
Registrars

Sending School District's Name & Address

Phone: _____
Fax: _____

IMPORTANT PARENT NOTIFICATION

2020-2021

By law, if parents are legally separated or divorced, each parent has equal rights to the custody of their child UNLESS a parent has a court order that indicates which parent has custody of the child.

The school **MUST HAVE A COPY OF THE COURT PAPERS** on file; otherwise, with proper identification, either parent may sign the child out of school and obtain information or records regarding the child.

Please fill in the information below and return to school immediately.

Name(s) of child(ren) attending Commercial Township Schools:

Child's Name

Date of Birth

PLEASE CHECK ONE:

Court documents **DO EXIST** regarding custody of my child(ren).

Attached is a copy of my court document

Court documents **DO NOT EXIST** regarding custody of my child(ren).

Signature of Parent/Guardian: _____

Date: _____

COMMERCIAL TOWNSHIP SCHOOL DISTRICT
Port Norris, New Jersey 08349

2020-2021 ENROLLMENT RESIDENCY QUESTIONNAIRE

Student's Name: _____ School: _____

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.

Please indicate if the student resides in any of the following facilities:

- _____ hotel/motel
- _____ shelter
- _____ transitional housing facility
- _____ domestic violence shelter
- _____ runaway youth shelter
- _____ home for adolescent school-age mothers
- _____ migrant family dwelling
- _____ family's home out of necessity (grandparent, aunt, uncle, cousin, sister/brother etc.)
- _____ friends home out of necessity

- _____ none of the above situations apply

- _____ PROOF OF RESIDENCY RECEIVED

Parent/Guardian Signature: _____ Date: _____

SCHOOL STAFF: If any of the first nine items have been checked, please send this form along with the student's registration form to John Lavell, Homeless Liaison.

STUDENT UNIFORM POLICY

The Commercial Township Board of Education recognizes its right to mandate students to wear standardized uniforms in their schools. It is our belief that neatly attired students take pride in themselves; therefore, they are more likely to practice habits of self-discipline and display a positive attitude and demeanor in the school setting.

The Board of Education required students at both schools to dress in the district specified uniform beginning in September of 2006 and was modified May of 2014. (Policy 5132)

The district specified uniform shall be as follows:

Tops (any color plain polo shirt)

Polo shirts (collared), Turtleneck (short or long sleeve)

- Sweater- Cardigan, Vest over collared top (collar must show)
- Sweatshirt (Plain Navy, with crewneck, no insignia and no hood)
- Proper fit, not baggy, not tight
- No logo on any articles

Bottoms (Khaki or Black)

- Pants
- Shorts, Skirts, Skorts (fingertip length minimum and no longer than the knee)
- Capri Pants
- Jumpers
- Proper fit, not baggy, not tight, must be worn at the waist line

Gym Uniforms

- Plain Navy Top, Plain Navy Bottom (Navy T-Shirt or sweatshirt, sweatpants, or athletic shorts)

School regulations prohibit student dress or grooming practices which:

1. Present a hazard to the health or safety of the student or to others in the school.
2. Interfere with school work by creating disorder or disruption in the education process.
3. Prevent the student from achieving his/her own educational objectives because of block vision or restricted movement.

In addition:

1. Clothing and jewelry shall be free of writings, pictures, or any other insignia. Any clothing which contain sexually explicit ideas, profanity or vulgarity; advertise illegal substances or promote any activity the administration considers illegal or inappropriate; or advocates racial, ethnic, sexual or religious prejudice; or encourages the use of drugs or alcohol is prohibited. Students shall not wear any type of clothing, apparel, or accessories that indicate the student is a member or is affiliated with a gang.
2. Clothes shall be sufficient to conceal undergarments at all times. See-through or fishnet fabrics, halter tops, off the shoulder or low cut tops, midriff/half shirts, low hanging pants, and skirts or shorts shorter than mid-thigh are prohibited.
3. Shoes or sneakers must be worn at all times. Bedroom slippers, flip-flops, or any footwear considered unsafe are not permitted.
4. Hats, caps, bandanas, or other head coverings shall not be worn indoors. Curlers and combs in hair are not permitted.
5. Long-sleeve T-shirts worn underneath polo must be plain white or plain navy blue (no designs).
6. Socks long/short, leggings, or tights must be plain white or plain navy blue (no designs).
7. Shorts may be worn from April 15th to October 15th.

