

**STUDENT REGISTRATION FORM**

**SUPPORTING DOCUMENTATION**

**Transfer Card from previous school**

**Birth Certificate**

**Health/Immunization Records**

**Proof of Residency (copy of utility bill, lease agreement)**

**Any Court Documentation**

COMMERCIAL TOWNSHIP SCHOOL  
Port Norris, NJ 08349  
**STUDENT REGISTRATION FORM**  
**SCHOOL YEAR 2021-2022**

Date of Registration: \_\_\_\_\_ Teacher: \_\_\_\_\_ Grade: \_\_\_\_\_

Bus # \_\_\_\_\_ Bus Stop: \_\_\_\_\_

STUDENT STATE ID NUMBER: \_\_\_\_\_

STUDENT NAME: \_\_\_\_\_  
First Middle Last Suffix (Jr., III)

BIRTH DATE: \_\_\_\_\_ Proof of Birth: \_\_\_\_\_

SEX: Male Female RACE: Hispanic \_\_\_\_\_ White \_\_\_\_\_ Asian \_\_\_\_\_ Black/African American \_\_\_\_\_  
Hawaiian/Pacific Islander \_\_\_\_\_ American Indian \_\_\_\_\_

Primary Language most often spoken by the student: \_\_\_\_\_

Primary Language used in the home, regardless of spoken by student: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

ADDRESS (Mailing): \_\_\_\_\_

ADDRESS (Physical): \_\_\_\_\_

Home Phone: \_\_\_\_\_ Father's Cell: \_\_\_\_\_ Mother's Cell: \_\_\_\_\_

FATHER'S NAME: \_\_\_\_\_ MOTHER'S NAME: \_\_\_\_\_

Employer: \_\_\_\_\_ Employer: \_\_\_\_\_

Employer's Phone #: \_\_\_\_\_ Employer's Phone #: \_\_\_\_\_

Is there a custody agreement in effect for this child: YES or NO Court Documents Received: \_\_\_\_\_

Family Doctor for Child: \_\_\_\_\_ Phone #: \_\_\_\_\_

CONTACTS IN CASE OF EMERGENCY:

|    |       |         |
|----|-------|---------|
| 1. | _____ | _____   |
|    | Name  | Phone # |
| 2. | _____ | _____   |
|    | Name  | Phone # |
| 3. | _____ | _____   |
|    | Name  | Phone # |

HEALTH INFORMATION:

Health/Immunization Records Received: YES or NO

Any Operations: \_\_\_\_\_

Allergies: \_\_\_\_\_

Other Medical Conditions: \_\_\_\_\_

MEDICATIONS: \_\_\_\_\_

Health Insurance: YES or NO Provider: \_\_\_\_\_

Special Services in Previous School:

Child Study Team Tested: YES or NO If yes, what classification: \_\_\_\_\_

Speech Services: YES or NO

SIBLINGS

NAME: \_\_\_\_\_ DOB: \_\_\_\_\_

NAME: \_\_\_\_\_ DOB: \_\_\_\_\_

NAME: \_\_\_\_\_ DOB: \_\_\_\_\_

NAME: \_\_\_\_\_ DOB: \_\_\_\_\_

SCHOOL TRANSFERRED FROM: \_\_\_\_\_

Phone #: \_\_\_\_\_

Fax #: \_\_\_\_\_

**IMPORTANT PARENT NOTIFICATION**

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**

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**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

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.



1308 North Avenue, Port Norris, NJ 08349 Phone: 856.785.0840 Fax: 856.785.2354

**Kristin Schell**  
Superintendent/Principal

**Darren Harris, SBA**  
School Business Administrator

**John Lavell**  
CST Supervisor/Supervisor of Special Services

**Alysia R. Thomson, M.Ed.**  
District Assistant Principal

### 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 public 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, loss of eligibility or impact on lifetime benefits.

Child's Name: \_\_\_\_\_ Child's Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Parent/Guardian: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

I give consent to bill for SEMI:  Yes  No

## 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.