

Hainesport Township School District

Mr. Alexander F. Fisher
Principal K-8
fisher@hainesport.k12.nj.us

Mrs. Jaime Forvour
Principal Secretary / Registrar
forvour@hainesport.k12.nj.us

Form R-1

Proof of Residency/Domicile

The Hainesport Board of Education has policies and procedures related to "Proof of Domicile" for students who attend Hainesport Township School. These policies and procedures are based upon New Jersey Statutes Annotated 28-2.5 and New Jersey Administrative Code 18A: 38-1. A procedure requiring proof of current domicile in Hainesport is mandatory for all new registrants at the time of registration.

Domicile is defined as "an individual's true, fixed, and permanent place or home to which whenever absent he or she has the intention of returning." Whether a family is renting an apartment, purchasing a home, or moving in with another Hainesport resident, concrete proof of domicile as defined by N.J.S.A.18A:38-1 et seq. shall be provided before the pupil is enrolled into Hainesport Township School.

Any false or fraudulent statements, answers or declarations contained in Affidavits or in the application for admission may render the applicant personally liable to the Hainesport Board of Education for the payment of tuition for any period of unlawful attendance. Tuition rates are determined annually in June for the next school year.

Applicants who fraudulently allow a child to use residence or who fraudulently claim to have given up custody may be charged with a Disorderly Persons Offense. 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 six 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:28-2. If convicted for such a crime, the applicant may be punished by a fine of \$7,500.00 and/or imprisoned for up to 18 months.

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

Signature of Parent/Guardian

Date

Printed Name of Parent/Guardian

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Form R-2

Kindergarten Registration Data Form for School Year 2026-27

Student Information:			Registration Date:
<i>Last</i>	<i>First</i>	<i>Middle</i>	
			Grade Level:
Date of Birth:		Gender:	City of Birth:
Home Phone:		U.S. Citizen:	Race/Ethnicity:
Primary Language Spoken at Home:			<i>Mailing Address (if different from Home Address):</i>
Street:			
City:		Zip Code:	
P.O. Box # if applicable:			
Siblings			
Name:		Name:	
Date of Birth:		Date of Birth:	
Name:		Name:	
Date of Birth:		Date of Birth:	
Parent(s)/Guardian(s)			
Parent/Guardian #1		Parent/Guardian #2	
Name:		Name:	
Relationship:		Relationship:	
Address (leave blank if same as student address):		Address (leave blank if same as student address):	
Street:		Street:	
City:		City:	
Zip Code:		Zip Code:	
Contact Information		Contact Information	
Home Phone:		Home Phone:	
Cell Phone:		Cell Phone:	
Work Phone:		Work Phone:	
Email Address:		Email Address:	
Employer:		Employer:	
Student Health Insurance Provider:			
Emergency Contacts			
Name:		Name:	
Relationship:		Relationship:	
Home Phone:		Home Phone:	
Cell Phone:		Cell Phone:	

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Form R-2 (pg. 2 of 2)

Registration Data Form for School Year 2026-27

Residence Information

*Please note, your response to the question below will not affect enrollment.

Is your family living with a friend/relative due to loss of housing, economic hardship, or homelessness? Yes ___ No ___

Custody Information

Is there a joint-custody agreement or parenting plan in effect? Yes ___ No ___ If yes, copies of custody agreements and/or court orders must be provided and kept on file with the school for enforcement.

Student Services

Has the student ever been retained? Yes ___ No ___ If yes, what grade(s)? _____

Has the student ever been homeschooled? Yes ___ No ___ If yes, what grade(s)? _____

Has the student ever received any of the following services? (Please check all that apply.)

- Special Education
- 504 Plan
- Gifted & Talented
- ELL/ESL services
- Remedial Reading
- Remedial Mathematics
- Other (Please explain): _____

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Form R-3

NJ FamilyCare Act Form

Does this child have any health insurance including NJ FamilyCare/Medicaid, Medicare, private, or other?

NO. My child does not have health insurance.

You may release my name and address to the NJ FamilyCare Program to contact me about health insurance.

Signature: _____ Printed Name: _____ Date: _____

Written consent required pursuant to 20 U.S.C. § 1232g(b)(1) and 34 C.F.R. 99.30(b). NJ FamilyCare provides free or low cost health insurance for uninsured children and certain low income parents. For more information visit <http://www.njfamilycare.org/default.aspx> to apply online or call 1-800-701-0710.

YES. My child has health insurance.

Doctor _____
Name/Address

Phone _____

Dentist _____
Name/Address

Phone _____

Hospital _____
Name/Address

Phone _____

I, the undersigned, do hereby authorize officials of New Jersey Public Schools to contact directly the person(s) named on this card and to authorize the named physicians to render such treatment as may be deemed necessary in an emergency, for the health of said child. In the event that physicians, other persons named on this card, or parents/guardians cannot be contacted, the school officials are hereby authorized to take whatever action is deemed necessary in their judgment, for the health of the aforesaid child. I will not hold the school district financially responsible for the emergency care and/or transportation for said child.

Signature of Parent(s)/Guardian(s)

Date

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Form R-4 (pg. 1 of 2)

Student Health History Questionnaire
(to be completed by Parent/Guardian)

Student's Name _____ Date of Birth _____

Date of Last Physical Exam _____ Last Eye Exam _____ Last Dental Exam _____

Child's Physician _____ Physician's Phone Number _____

Please "x" if a close family member has had:

Diabetes _____ Heart Disease _____ Asthma _____ High Blood Pressure _____

Scoliosis _____ Allergy (list) _____

Other _____

Please "x" if child has had:

- Anemia, Frequent colds, Asthma, Frequent earaches, Pneumonia, Frequent sore throats, Chickenpox, Frequent stomach aches, Strep Throat, Frequent vomiting, Frequent diarrhea, Frequent constipation, Scarlet Fever, Meningitis, Rheumatic Fever, Lyme Disease, Heart Problems (murmur), Past concussions (number), Head or Neck Injury, Seizures/Seizure Disorder, Headaches, Trouble with vision, Glasses worn, Trouble with hearing, Hearing Aid, Problems with speech, Operations, Orthopedic problems, Chronic Illness, Tendency to bleed easily, Use of adaptive aids (braces, wheelchair, etc.), Tuberculosis/positive Mantoux test, Problems with toileting/bedwetting

Allergies your child has, Type of allergy (environmental, food, insect bite/sting, medication):

Type of allergic reaction:

Medication(s) used to treat reaction:

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Form R-4 (pg. 2 of 2)

Medications:

Please list any medications (prescription or over-the-counter) your child is taking regularly and reason for taking.

Birth and Early Development:

Birth Weight: Was the baby full term? Yes No

Cesarean delivery: Yes No Cesarean delivery: Scheduled Emergency

Explain any problems during pregnancy, birth or neonatal period:

At what age did your child:

Crawl Stand unassisted Walk
Speak Speak in sentences Feed Self
Become toilet trained

About Your Child:

Please "x" if your child:

Bites Nails Sucks fingers/thumb Has trouble sleeping

Describe any fears your child has (e.g., the dark, loud noises, etc.)

What is your child's usual bedtime?

Would you consider your child:

Usually quiet and reserved Almost always active Sometimes quiet and sometimes active
Your child is: Right handed Left handed

Is there any additional information that you think would assist us in planning an educational program for your child?

Parent/Guardian Signature Date

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Form R-5

Acknowledgement of Required Documentation for Immunizations & Physical Examination

New Jersey State Law requires the following immunizations:

- o DTap (4 doses)
- o Polio (3 doses)
- o Hib (At least 1 dose given on or after first birthday)
- o MMR immunization (1 dose on or after first birthday)
- o Varicella (1 dose on or after first birthday)
- o Pneumococcal Conjugate Vaccine (At least 1 dose given on or after first birthday)
- o Influenza Vaccine (At least 1 dose annually between September 1 and December 31)

I, the undersigned, hereby acknowledge that I have read and understand that if I do not provide an up-to-date and doctor certified immunization record for my child by August 31, 2026, my child will be excluded from school until such time that I provide this documentation.

Signature of Parent/Guardian

Date

Printed Name of Parent/Guardian

A physical exam is required within 365 days of entrance to school and must be presented by August 31, 2026.

I, the undersigned, hereby acknowledge that I have read and understand that if I do not provide proof from a doctor that my child has had a physical examination within the previous 365 days, by August 31, 2026, my child will be excluded from school until such time that I provide this documentation.

Signature of Parent/Guardian

Date

I, the undersigned, hereby acknowledge that I have read and understand that the District also requires that all incoming preschool students have the Hainesport Township School District Physical Examination form completed by a doctor and submitted to the Health Office by August 31, 2026; and also acknowledge that failure to do this will result in my child being excluded from school until such time that I provide this documentation.

Signature of Parent/Guardian

Date

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Form R-6

Physical Examination Form

NAME OF CHILD: _____ DATE OF BIRTH: _____

HEIGHT: _____ WEIGHT: _____ PULSE: _____ BP: _____

SKIN: _____ EYES: _____

EARS: _____ NOSE: _____

MOUTH: _____ THROAT: _____

SPEECH: _____ HEART: _____

LUNGS: _____ ABDOMEN: _____

GENITALIA: _____ SCOLIOSIS: _____

JOINTS: _____

ALLERGIES: _____

ASTHMA: _____

SIGNIFICANT ILLNESSES/INJURIES: _____

SURGICAL HISTORY: _____

MEDICATIONS: _____

RECENT IMMUNIZATIONS AND DATES: _____

Student may participate fully in all school activities: _____ Yes _____ No

Please list restrictions and reasons: _____

Date of Exam: _____

Physician's Signature: _____

Physician's Stamp:

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Form R-8

New Jersey Home Language Survey

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 (MM/DD/YYYY): _____

Current Address: _____

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

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Form R-9

Registration Checklist & Submission Form

The following forms must be completed and submitted at the time of registration:
(All forms are mandatory unless otherwise stated)

- Form R-1, Proof of Residency/Domicile
Form R-2, Registration Data Form for School Year 2026-2027
Form R-3, NJ FamilyCare Act Form
Form R-4, Student Health History Questionnaire
Form R-5, Acknowledgement of Required Documentation for Immunizations & Physical Examination
Form R-7, Request for Student Records Form (if applicable)
Form R-8, New Jersey Home-Language Survey
Form R-9, Registration Checklist & Submission Form
Form R-10, McKinney Vento Verification Form
Form R-11, Affidavit of Domicile

The following documents must be presented at the time of registration:

- Original Birth Certificate or Letter from DCP&P
One (1) proof of residency must be one of the following:
Deed
Mortgage Statement
Lease Agreement
Tax Record
Three(3) additional proofs of residency/domicile from the following:
Property tax bills, deeds, contracts of sale, leases, mortgages, signed letters from landlords and other evidence of property ownership, tenancy or residency
Voter registrations, licenses, permits, financial account information, utility bills, delivery receipts, and other evidence of personal attachment to a particular location
Court orders, State agency agreements and other evidence of court or agency placements or directives
Receipts, bills, cancelled checks and other evidence of expenditures demonstrating personal attachment to a particular location, or where applicable, to support of the student
Medical reports, counselor or social worker assessments, employment documents, benefit statements, and other evidence of circumstances demonstrating, where applicable, family or economic hardship, or temporary residency
Affidavits, certifications and sworn attestations pertaining to statutory criteria for school attendance, from the parent, guardian, person keeping an "affidavit student," adult student, person(s) with whom a family is living, or others as appropriate
Documents pertaining to military status and assignment
Any business record or document issued by a governmental entity
IEP/Evaluation Reports (if applicable)

The following documents must be submitted on or before August 31, 2026:

- Up-to-date, doctor certified immunization record
Form R-6, Hainesport Township School District Physical Examination Form

I, the undersigned, hereby acknowledge that I am lawfully permitted to register the above child at the Hainesport Township School District.

Signature of Parent/Guardian

Printed Name of Parent/Guardian

Date

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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. This information may be disclosed only to Medicaid and the Department of the Treasury for the purpose of receiving Medicaid reimbursement at the school district.

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

Please complete the section below.

Child's Name: _____ Birthdate: _____

I have received the Notification Regarding Parental Consent Form and confirm that I am able to provide informed consent.

Parent/Guardian Signature: _____

As parent/guardian of the child named above, 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 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.

I give consent to bill for SEMI: YES NO Date: _____

This consent can be revoked at any time by contacting the administrator at your child's school.

Revised January 2023 SEMI Parental Consent

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Medicaid 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 the 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, 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.

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Form-R10

2026-2027 McKinney-Vento Homeless Assistance Act Verification Form
Student Residency Status

Table with 4 columns: Student Name, Date of Birth, Grade, Previous School. Three empty rows for data entry.

- Property Owner (Parent's/Guardian's name appears on the attached Deed/Mortgage)
Renters (Parent's/Guardian's name appears on the attached Lease Contract)

*If you did not check off one of the above, please indicate your current living situation below:

- Shared Housing (The student and the family live with a Hainesport Resident). Check all that apply:
- Temporarily waiting for a house or apartment
- Provide care for a family member
- Parent/Guardian is deployed and is expected to return from active military duty
- Loss of housing (sharing housing with relatives or others due to lack or loss of housing)
- Economic situation
- Other (please explain)
Living in a Motel, Hotel, Park, Car, RV, or public place due to lack of or loss of adequate housing.
Living in a Shelter or other temporary housing.
Unaccompanied Youth (The student is not in the physical custody of a parent/legal guardian due to hardship or loss of housing.)

Since (date) our family has not had a permanent home.
Last permanent address:

If your family meets the requirements of being "homeless" (to be determined by the school district) your child may be eligible to remain at their former school.

- I wish to register my child in the Hainesport Township School District
I prefer that my child continue at their former school district.

I declare under penalty of perjury under the laws of this state that the information provided here is true and correct and of my knowledge, and that, if called upon to testify, I would be competent to do so.

Signature: Date:
Name: Phone:
Email: