



MONTAGUE SCHOOL

2017 – 2018

Kindergarten
Registration Packet

MONTAGUE TOWNSHIP SCHOOL DISTRICT

475 Route 206
Montague, NJ 07827
V: 973 293 7131 / F: 973 293 3391
www.montagueschool.org

Robert Walker
Interim Chief School Administrator/Principal

Tina Palecek
Business Administrator/Bd. Secretary

Donna Pinzone
Administrative Assistant

Christopher Gregory
Assistant Principal

MONTAGUE RESIDENTS

MONTAGUE NEW STUDENT REGISTRATION

1. Completion of an entire application packet and medical forms.
2. Current immunization records including hepatitis "B" series record.
3. Copy of Birth Certificate
4. Two (2) proofs of residency with physical street address (One proof must be a NJ Driver's License and/or car registration showing a Montague Street address, a PO Box is not acceptable. A title lease, mortgage agreement, utility bill, or signed contract is acceptable as one proof)
5. Physical Examination Form completed or date of appointment.

Please remember to do a transfer card with your current school.

If you have any questions regarding the registration process, please feel free to call Montague School at 973-293-7131 extension 203.



475 Route 206
Montague, NJ 07827

DONNA PINZONE
Administrative Assistant
To the Chief School Administrator

Montague School

Tel. 973.293.7131
Fax 973.293.3391

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RESIDENCY REQUIREMENTS

In order to have your son/daughter educated by the Montague Township School District, they and you as a parent or legal guardian must be full-time residents.

So as not to delay the registration process we are accepting the information you are supplying at the time of registration. This information may or may not be sufficient for us to satisfy our residency requirements. This form, along with your registration form, will be forwarded to my office and given to an administrator for further research and verification, if necessary.

By signing this form you are declaring that to the best of your knowledge the address you are supplying is within the Montague Township boundaries and you and the student you are registering are full-time residents at that address. If our verification reveals that the address you supplied is not within our boundaries, or you are not living full-time within this District, you understand that you will be notified, the student will be removed in an appropriate manner, and you will be directed to the proper school district, if known.

If, for any reason, you choose not to sign this form, your son/ daughter will not be registered.

Thank you and welcome to the Montague Township School District.

Robert Walker

Chief School Administrator/Principal

Signed: _____
Parent/Guardian

Address: _____

Date: _____

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September 2017

TO: Parents/Guardians of Montague Students

SUBJECT: Afternoon Bus Stops

REMINDER:

Students will be dropped off at their assigned bus stop only if:

1. The student is met by a parent or legal guardian, 18 years or older.

OR:

2. A written request designating a responsible person to meet the student at the stop has been submitted and approved by the transportation office.

If there is not a parent or approved designated person to meet the student, the student will be returned to the school by the bus driver. At stops directly in front of a house, a long driveway, etc, there must be a visual contact of the parent or designated person by the bus driver or the student will be returned to the school.

Thank you for your cooperation.



Montague Township School District
Montague School
STUDENT REGISTRATION FORM
Home of the Black Bears



Child's Information

Last Name _____
First Name _____ Middle Name _____
PO Box _____ Physical Address _____
City _____ State _____
Zip Code _____ Home Phone _____
Date of Birth _____ Gender Male _____ Female _____
City, State & Country of Birth _____
Race: American Indian ___ Asian ___ Black ___ Hispanic ___ White ___
Language spoken at home _____

Parent/Guardian Information

Last Name _____ First Name _____
Relationship to child _____
Does child live with you? Yes _____ No _____
If no, Physical Address _____
Mailing Address _____
City, State & Zip _____
Home Phone _____ Cell Phone _____
Work Phone _____ Email _____
Last Name _____ First Name _____
Relationship to child _____
Does child live with you? Yes _____ No _____
If no, Physical Address _____
Mailing Address _____
City, State & Zip _____
Home Phone _____ Cell Phone _____
Work Phone _____ Email _____
Mail Information to each parent/guardian? Yes _____ No _____

Is there a court ordered:

Temporary Restraining Order? Yes _____ No _____ Dated: _____

Permanent Restraining Order? Yes _____ No _____ Dated: _____

Child Custody Order? Yes _____ No _____ Dated: _____

Guardianship? Yes _____ No _____ Dated: _____

If **yes**, a copy **must** be attached to this form.





Montague Township School District
 Montague School
 STUDENT REGISTRATION FORM
Home of the Black Bears



Does this child have any siblings in this school? Yes ____ No ____ If Yes, please complete below.

Last Name	First Name	Grade/Class

Emergency Contact/Closing Information (other than parent)
Please notify your emergency contacts that they may be contacted by the school.

1st Contact Name _____
 Relationship to child _____
 Phone _____ Cell Phone _____
 Work Phone _____ Does this person live with student? Yes ____ No ____

2nd Contact Name _____
 Relationship to child _____
 Phone _____ Cell Phone _____
 Work Phone _____ Does this person live with student? Yes ____ No ____

Children will be sent home on their daily/regular bus, **unless a parent/guardian** calls and notifies the school of different arrangements for **that** day due to the emergency closing. Due to the critical nature of an early closing, please do not request bus changes in these situations.

All after school programs will be cancelled!

Children that have brought in bus notes to stay after school for an activity will be sent home on their regular buses, unless the school is notified otherwise by a parent/guardian. **K.E.E.P. after school care will be notified of emergency dismissals. They will make calls to parents as well. K.E.E.P. children will be sent home on their regular bus (unless the school is notified otherwise by a parent/guardian).**

In an emergency closing:
 My child(ren) has permission to go directly home on his/her **regular** bus.
 Please hold my child(ren) at school (parent/guardian must arrange pick up).

Please list all persons to whom the child(ren) may be released:

Name: _____ Phone: _____ Relationship: _____
 Name: _____ Phone: _____ Relationship: _____
 Name: _____ Phone: _____ Relationship: _____

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Roster Card



Name: _____

Home () _____

Cell () _____

Office () _____

Other () _____

Please fill in and return. By returning this card, you give permission to receive calls.

Please Note:

Only fill out one Roster Card per family.

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Former School Name _____
Address _____
Phone and Fax Number _____

Re: Student's Name _____ Date of Birth _____

Please forward all mandated records for the above-named student who has enrolled in the _____ grade of the Montague Township School, including the student's State I.D. Number.

In addition, we would appreciate receiving copies of all permitted records, as per parent release below. Please include Federal Lunch Program Application or verification of eligibility, if applicable.

Thank you for your prompt attention to this matter.



Robert Walker
Chief School Administrator

I authorize the release of all permitted records of the above-named student; this includes all CST, IEP's, Speech, health and birth certificates.

Signature of Parent/Guardian

Relationship to Student

Address

Montague Township School District

475 Route 206
Montague NJ 07827

2017 ~ 2018
School Year

Student Name:

Student Homeroom:

Parent Name:

Parent email address:

The above is my correct email: Yes _____ No _____

If there is no email indicated above, or if your email is wrong, please enter your email address in the boxes below. For accuracy, please print legibly and one letter per box. If you are using the number zero (0) indicate by putting a slash through it.

																@																	
--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	---	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--



You are being given a username and password to access the Oncourse Parent Portal. You will only be given this code once. If you forget your username, you must contact the Central Office to request a reprinted copy. If you forget your password, there is a link on the parent portal to reset your password.

The letter includes directions on how to log on. If you have more than one child in this school, they will all be accessible with the one username.

Please sign and date below.

Sign: _____ Date: _____

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Grades PreK-8 Acceptable Use Policy

Student Name: _____ Date: _____

I understand that, as an Internet user, I am responsible for acting considerately and appropriately in accordance with the following rules when using the Montague School technology resources:

- I will not send, show, or download inappropriate messages or pictures.
- I will not use bad language.
- I will not insult, annoy, or hurt others.
- I will not damage computers, networks, or other technology equipment.
- I will obey all copyright laws.
- I will not use other users' passwords.
- I will not go into other users' work or files.
- I will not intentionally waste resources like paper, power, or ink.
- I will not access any instant messaging programs like AIM© or Yahoo© instant messenger.
- I will not access any social networking sites like MySpace© or Facebook©.

I understand that any or all of the following could be imposed if I violate any of the policies and procedures regarding the use of Montague School technology resources, including the Internet.

1. Loss of access.
2. Additional disciplinary action taken by the elementary teacher and administration in line with existing district policy.
3. Legal action, when applicable.

My child has my permission to access the Internet under the supervision of a certificated member of the Montague School faculty.

Parent Name: _____ Parent Signature: _____

Student Signature (Grades 2-8 only): _____

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The Parents/Guardians of _____ class _____

PERMISSION TO PUBLISH

****Publishing Student's Name**

I understand that my child's name may be published in newsletters, newspapers or magazines or on the school website.

Parent/Guardian's Full Name (please print) _____

Parent/Guardian's Signature _____ Date _____

****Publishing Student Work**

I understand that my child's artwork or writing may be published in newspapers or magazines or on the World Wide Web, a part of the Internet, as part of classwork. I understand that copyright and ownership of the work or writing remain my child's property. I grant permission for this publishing as described. A copy of all such publishing will be printed out and brought home for me to see upon request.

Parent/Guardian's Full Name (please print) _____

Parent/Guardian's Signature _____ Date _____

****Publishing Student Image**

I understand that my child's image may be published in newspapers or magazines or on the World Wide Web, a part of the Internet, as part of classwork. No last name, home address, telephone number or email address will appear with such images.

Parent/Guardian's Full Name (please print) _____

Parent/Guardian's Signature _____ Date _____

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From the School Nurse:

No child may begin school without documentation of immunizations and a current physical within the last six months. The school nurse clears all students to begin school. Please call the school nurse at 973.293.7131 ext 214, to schedule an appointment to review immunization documents and health records.

Absence:

Your child is expected to be on time and in school every day that school is in session. If your child is sick and cannot attend school you must call the school nurse at 973.293.7131 ext 214, and report the child's name, grade, teacher, and reason for absence. When the child returns to school, a written reason of absence is needed. Please have doctor's notes given to the school.

Attendance:

Consistent attendance at school is a strong predictor of student achievement and success.

1. Children are expected to be in attendance every day school is in session.
2. Every absence from school will be documented and recorded.
3. If a child is in school less than four hours, the day is considered an absence.
4. Parents/guardians will be notified of their child's absences approximately every fifth day's absence.
5. Upon notification, parents/guardians will work to correct the absence pattern and may be required to meet with the Assistant Principal regarding attendance.
6. Parents/guardians of each absent child must call the nurse to explain the reason, or the school will call.
7. Two days after an absence a note must be brought to school explaining the cause, with a note from the doctor if that applies.
8. Any student absence without an acceptable note or at the accumulation of ten days will be considered truant. State mandates regarding truancy issues will be followed.
9. All absences are cumulative regardless of parent or physician notes.

10. If a child is ill and will be home longer than two days, parent may request the child's teacher prepare missed work after two day's absence.
11. After an absence of twenty days, retention is possible.
12. If school is required to close for extended periods, the legally required attendance of 180 days may lead to an extension of the school year, including attending on Saturdays or scheduled holidays.

Medication Policy:

It is the policy of the school board that all children's medication be administered by the parent whenever possible, If a child is required to take medication during school hours, the school nurse will administer the medication in compliance with the regulations that follow:

1. A prescription written by a physician stating child's name, diagnosis, name of medication, dosage, and time to be given.
2. This policy includes prescription and over-the-counter medications (i.e. Tylenol, Motrin, etc.)
3. Medication must be in a prescription labeled bottle.
4. Written permission signed by the parent.
5. The PARENT must deliver the medication to the school nurse.

NO medication will be dispensed without the physician and parent written authorizations.

MONTAGUE SCHOOL

Growth and Development

Registration _____

Date

Child's Last Name _____

First Name _____

Middle Name _____

Date of Birth _____

Address (Number, Street, Town) _____

Phone Number _____

Mailing Address (if different than street address) _____

Father's Name _____

Mother's Name _____

Last School Attended _____

Is your child subject to: (Please circle Yes or No) Has your child had:

Frequent Colds	Yes	No	Poor eating habits	Yes	No
Bronchitis	Yes	No	Eye Disease	Yes	No
Frequent sore throats	Yes	No	Head Injury	Yes	No
Speech Difficulties	Yes	No	A severe fall	Yes	No
Ear Aches	Yes	No	Difficulty sleeping	Yes	No
Development:			Eye Injury	Yes	No
Age Walked _____			Eyeglasses Prescribed	Yes	No
Age Talked _____			Hearing Loss	Yes	No

Has your child had a history of (Please circle and give dates)

Allergy:

Medication _____

Other _____

Chicken Pox

Enuresis (bed wetting)

Epilepsy

Heart Disease

Hepatitis

Hernia

High Fever

Hospitalization

Mononucleosis

Pneumonia

Tonsillitis

Tuberculosis

Whooping Cough

Operations:

Appendectomy: _____

Hernia Repair _____

Tonsillectomy _____

Ear Surgery _____

Other _____

Please list any childhood diseases, accidents or problems: _____

Medication: Please list medications your child takes both at home and in school. If your child must take prescription or over-the-counter medication (i.e. Tylenol, Motrin, etc) in school, a medical authorization form must be completed and signed by the parent/guardian and physician.

Please list my child and his/her health concern on your confidential list to be distributed to teachers and cafeteria staff. ___ Yes ___ No

Parent/Guardian Signature _____

Date _____

475 Route 206

Montague, NJ 07827

Phone 973.293.7131

Fax: 973.293.3391

Rev 08/15

MONTAGUE SCHOOL

School Year: 2017-2018

MEDICAL HEALTH HISTORY AND EMERGENCY CONTACT FORM

Student Name _____ Grade & Teacher _____ DOB _____

Mailing Address _____ PO Box _____

Name _____ Address _____ Telephone _____
Mother/Guardian _____ Home _____ Home _____

Work _____ Work _____
Cell _____

Father _____ Home _____ Home _____

Work _____ Work _____

Cell _____

Parent Email Address _____

Emergency Contact #1 _____ Phone _____

#2 _____ Phone _____

Does your child have health insurance?

Yes _____ Name of Insurance Company or NJ FamilyCare Insurance Provider: _____

No _____ NJ FamilyCare provides free or low cost health insurance for uninsured children and certain low income parents. For more info call **800-701-0710** or visit **www.njfamilycare.org** to apply online. You may release my name and address to the NJ FamilyCare Program to contact me about health insurance.

Signature _____ Date _____

MEDICAL HISTORY

(Most recent)

Allergies: _____ Plants _____ Animals _____ Food _____ Mold _____ Drugs _____ Bees _____ Date of reaction _____

Life Threatening? _____ Yes _____ No

There should be a meeting with the School Nurse to discuss medication or treatment orders.

Please describe the reaction & treatment _____

Documented Medical Condition & Restrictions if any: _____ Date _____

Daily Medications & Dosages: _____ Date _____

If your child needs to take medication at school, please download and print the form from the school website and have the doctor complete it. This form must be completed prior to the administration of any medication at school. The school nurse cannot give OTC (over the counter) medications without a doctor's note. An adult must bring to school any medication, including OTC meds to be given by the school nurse.

Recent Surgeries or Injuries _____ **Date** _____

Physical Exam Date _____ **Doctor & Phone** _____

Dental Exam Date _____ **Dentist & Phone** _____

Eye Examination Date _____

*****REMINDER*****

Please be advised that physicians recommend that a child have a **physical examination** at least once during each of the student's developmental stages: early childhood (preschool-grade 3), pre-adolescence (grades 4-6), and adolescence (grades 7-12). When your child receives a physical examination, please **submit a copy** of the report to the School Nurse so that your child's health history can be updated.

I am aware that my child will participate in the following School Health Services where applicable:

1. Vision & hearing screening

3. Height, weight & blood pressure

2. Scoliosis screening every 2 yrs starting at age 10

4. Periodic head lice checks

Have you ever been told by a physician or health care professional that your child has:

____ Asthma ____ Seizure Disorder ____ Bleeding Disorder ____ ADD/ADHD
____ Diabetes ____ Bone/Muscle Disorder ____ Skin Condition
____ Heart Condition ____ Mental Health Condition (i.e. depression, anxiety, eating disorder)
____ Learning Disability

Does your child experience any of the following:

____ Nose Bleeds ____ Frequent Earaches ____ Overweight for Age ____ Underweight for age
____ Physical Disability ____ Poor Appetite ____ Frequent Stomachaches ____ Frequent Headaches
____ Fainting Spells ____ Tires Easily ____ Emotional concerns

Do any of the above condition(s) limit/effect your child at school? Yes ____ No ____

Describe _____

Hearing: Does your child wear hearing aids? ____ Yes ____ No

Vision: Does your child wear glasses or contacts? ____ Yes ____ Distance
____ Reading

I understand that the information given above will be shared with appropriate school staff to provide for the health and safety of my child. If either I or an authorized emergency contact person cannot be reached at the time of a medical emergency, I authorize and direct school staff to send my child to the most easily accessible hospital or physician. I understand that I will assume full responsibility for payment of any transport or emergency medical services rendered.

Parent/Guardian Signature _____ **Date** _____

Immunizations required to begin Kindergarten:

- DPT **Diphtheria, Pertussis and Tetanus**: 4 vaccines with the 4th one being after the 4th birthday or any 5 vaccines
- IVP **Polio**: 3 vaccines with the 3rd one being after the 4th birthday or any 4 vaccines
- HPT **Hepatitis**: 3 vaccines (one usually at birth, the second vaccine one month later and the third one 5 months after the second one)
- MMR **Measles, Mumps and Rubella**: 2 vaccines (first one after the First birthday and the second one after the 4th birthday)
- Varicella **Chicken Pox**: 1 vaccine after the first birthday
- Hib **Influenza**: 4 vaccines before 18 months of age

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MEDICAL AUTHORIZATION

TO BE COMPLETED BY PHYSICIAN

Students Name _____ Age _____ Grade _____

Diagnosis _____

Medication _____

Dosage _____

Time of Administration _____

Possible Side Effects _____

Restrictions on Activities _____

Physicians Name (Printed)

Date

Physicians Signature

TO BE COMPLETED BY PARENT

I request that my child _____ receive the medication prescribed by his/her physician. The medication is to be provided by me as required by School Board Policy. I understand that the district is rendering a service and does not assume any responsibility for this matter. I further understand that the school nurse, or substitute school nurse, will administer the medication.

NOTE: All medication, prescribed and over-the-counter, must be brought to the school by the parent, in the original, labeled bottle or container.

Parent/Guardian Signature

Date

School Year: 2017-2018
PHYSICAL EXAMINATION – To be completed by a medical doctor

Name _____ **DOB** _____ **Grade** _____

Height _____ **Weight** _____ **Blood Pressure** _____ **Pulse** _____

Significant Medical History: _____

Allergies: Insects Food Environmental _____

Vision Screening _____ **Hearing Screening** _____

Examination Findings

Ears _____	Abdomen _____
Eyes _____	Hernia _____
Nose _____	Scoliosis _____
Throat _____	Skin _____
Heart _____	General Appearance _____
Lungs _____	Neurological _____
Other _____	

Summary of Findings

Immunization History: M/D/YY (OR PLEASE ATTACH IMMUN. RECORD)

DPT _____	Trivalent Polio _____	Measles _____
_____	_____	MMR _____
_____	_____	_____
_____	_____	_____
Booster _____	Booster _____	Hepatitis B _____
Varicella _____	H.I.B. _____	_____
_____	_____	_____
_____	_____	_____

Physician Signature

Date of Exam

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MONTAGUE SCHOOL
475 Route 206**

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HOME LANGUAGE SURVEY*

Date: _____

School District: _____

School: _____ Grade: _____

Student's Name: _____

1. What was the student's first language? _____

2. Does the student speak a language other than English? ___ Yes ___ No

If yes, specify language: _____

3. What language(s) is/are spoken in your home? _____

4. Has the student ever received English as a second language (ESL) services?

___ Yes ___ No If yes, when? _____ and

from what school district? _____

5. Has your family ever received migrant services? ___ Yes ___ No

If yes, please list the dates service was received: _____

6. Do either of the parents/guardians work in any field pertaining to agriculture?

___ Yes ___ No If yes, please specify where: _____

Person completing this form, if other than parent/guardian: _____

Parent/Guardian Signature

- * The school district/charter school has the responsibility under the federal law to serve students who are limited English proficient and need English instructional services. Given this responsibility, the school district/charter school has the right to ask for the information it needs to identify English Language Learners (ELLs). AS part of the responsibility to locate and identify the ELL's, the school district/charter school may conduct screenings or ask for related information about students who are already enrolled in the district as well as from students who enrolled in the school district/charter school in the future.

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CHILD CUSTODY INFORMATION FORM

(Please complete only if applicable)

The parent with whom the child resides will be considered the custodial parent; however the non-custodial parent has many rights in the absence of an explicit Court Order that limits those rights. It is the responsibility of the custodial parent to provide the school with a copy of any Court Order that limits the custodial rights of the non-custodial parent. Unless specified in the Court Order, the child may be released from school to the non-custodial. It is also expected that the custodial parent will provide the non custodial parent with academic progress information such as report cards or other academic information.

Child's Full Name _____

School child will be attending _____

Name of custodial parent with whom child resides _____

Do you, as the custodial parent, have legal custody through a Court Order?
 Yes No Pending*

*Date finalization is expected: _____
(If pending, please inform the school when finalized)

If there is a Court Order, does it limit the non-custodial parent's access to school records? Yes* No

*If Yes, a copy of the order must be given to the school office.

Please provide any additional information regarding custody of which the school should be aware: _____

Date

Signature of Custodial Parent

****In summary, this form allows us to bill Medicaid for Speech, OT, PT, Counseling, School Nursing services, Transportation (if this applies) and IEP services. It DOES NOT give consent to speak to your physicians or outside services. It DOES NOT affect your benefits or cost to you at all. It DOES NOT sign you up for any type of insurance or Medicaid. It allows the school to get reimbursed for services, helping to generate income for the school system.

Medicaid Annual Notification Regarding Parental Consent

Dear Montague Parents:

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
- Speech Therapy
- Occupational Therapy
- Physical Therapy
- Psychological Counseling
- Audiology
- Nursing
- 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 Michele Hordyszynski, SEMI Coordinator at 973-293-7131 ext. 220 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 meet Hand Delivered

Special Education Medicaid Initiative (SEMI) Parental Consent Form

Dear parents of Montague School:

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).

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

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

MONTAGUE SCHOOL

CHILD'S NAME: _____

DATE OF BIRTH: _____

Please check (√) appropriate responses and supply information requested.

1. Is your child able to dress him/herself? ____ Yes ____ No
Can your child ____ Button ____ Zip ____ Tie Shoes?
2. Which hand does your child use? ____ Right ____ Left
3. Do you read to your child? ____ No ____ Yes If so, how often?
____ Everyday ____ 3 times a week ____ On occasion
____ Rarely
4. Has your child had the opportunity to play with children his/her own age? ____ Yes ____ No
5. Can your child handle ALL bathroom needs? ____ Yes ____ No
6. Has your child attended a pre-school? ____ Yes ____ No

If yes:

Pre-School Name: _____

Teacher's Name: _____

School Phone: _____

May we contact the pre-school teacher? ____ Yes ____ No

7. Can your child carry out a two-step direction? ____ Yes ____ No

8. Family situations the teacher should be aware of?

____ Yes ____ No If yes, what are they? _____

Kindergarten 101

What does my child need to know to be “ready for kindergarten?”

This is a frequently asked question. Kindergarten is not the same as it used to be in the past when kindergarten focused mainly on the development of social skills. This is no longer the case. Now the focus is on reading and writing skills. Your child will be required to do a significant amount of seat work. They will also learn to read and to write simple sentences. Due to this, your child needs to acquire many skills prior to starting kindergarten in order to keep up with the high standards of today’s kindergarten programs.

How is kindergarten different from Preschool?

- Kindergarten follows a more rigorous daily schedule; children are not free to do as he/she pleases.
- Kindergarten may offer similar activities as preschool but with a more structured expectation. Any result is accepted in preschools; kindergarten is moving toward a more concrete standard and has definite goals.
- Kindergarten students are required to conform more to school behavior. A child must be more self-disciplined.

Children who are successful in kindergarten have the following abilities:

- Children must be socially and emotionally ready for school. This is one of the most important areas of readiness for children. Children must be able to cooperate with their peers in group situations and activities. Children also must be able to control their impulses and be able to relate to non-family authority figures.
- Children must have acquired motor skills. Motor skills include large muscle activities necessary for walking in a straight line and throwing a ball. Motor skills also include small muscle skills such as drawing, coloring, cutting, and handwriting.
- Children must be cognitively and intellectually ready for school. Intellectual readiness is a term used to describe the learning skills a child needs to make a smooth transition into kindergarten. These skills include knowledge of colors, numbers through 10, most of the letters of the alphabet, especially the letters in his/her name, and shapes. Other skills that children need are the ability to assemble simple puzzles, answer questions about his/her environment (e.g. how many legs does this spider have?), and understand similarities (e.g. how are an apple and an orange alike?), differences (e.g. how is an apple different from an orange?), and opposites (e.g. ice cream is cold, coffee is hot).
- Children must be curious and eager to learn. Our children will be most successful if they learn to ask questions, think independently, and be creative. Our children need to be curious about the world, interested in how things work, and know how to creatively approach problems. So, if your child asks you a question like, "Do mosquitoes sleep?", resist the urge to answer (you may not know anyway!) or to give them the answer right away. Instead try asking them, "What do

you think?" or "Where do you think we could find the answer to that question?". By doing this, you are encouraging them to think for themselves. This also helps build a child's self-esteem!

When should your child start kindergarten? Questions to ask yourself:

- Children must be 5 years old before October 1st to start kindergarten.
- Can my child be alone in a strange place outside the home without crying or behaving overly fearful?
- Does my child know to respect the school personnel as authority figures? Can my child accept being told no, wait their turn to speak, and control themselves appropriately for a school environment?
- Can my child attend to his personal needs without difficulty?
- Can my child follow spoken directions, particularly several at one time?
- Can my child keep his attention on a task long enough to finish? Can my child work independently to complete simple tasks?
- Can my child play with other children without being overly fearful or overly aggressive? Can my child take turns, share, and follow the rules of fair play?
- Can my child tell people his needs with a loud enough voice, a clear voice and using the right words?

Points to Consider When Making Your Decision

- Age cannot guarantee readiness for kindergarten. It is only one of many indicators.
- Readiness for kindergarten does not simply mean the ability to recognize alphabet letters and numbers. Even a child who can almost read may not be ready emotionally and physically for the demand of a school environment.
- The younger a child starts school, the more stress they will be under. It is always better to be at the top of the class than struggling to keep up.
- In many cases, waiting a year gives a child a twelve month edge in both physical and mental growth.

I Know My Child is Emotionally & Socially Ready to Start Kindergarten but are they academically ready?

The Alphabet

Your child should know the alphabet before kindergarten because they will find school far less confusing if they already know all the letters — but don't panic if they don't have all the letters down pat. There are many different ways to "know" the alphabet. At the simplest level, your child should be able to recite the alphabet, probably with the help of the alphabet song. Learning the alphabet song is fun but doesn't indicate any real understanding of the letters. Your child should know the names of the letters when you point to them in random order, they should be able to find letters in words by name, and ideally should be able to associate some of the letters with the sounds they make in words.

Math

Basic shapes and colors are skills your child should know before kindergarten. Your child should know his numbers 1-10. This includes counting and recognizing them on paper. Your child should be able to sort objects by color, shapes and size. Your child should be able to count to 20 without skipping any numbers. Basic math concepts like patterning, measurement using nonstandard tools, adding, subtracting, 3 dimensional shapes, will be introduced in kindergarten.

The World Around Us

The world around us is also a common theme in kindergarten. This means knowing the days of the week, months of the year, the weather and appropriate clothes, colors, holidays, and more. The more your child knows about the world and daily activities the better. These are all discussed in detail during kindergarten, but if your child has already been exposed to these details and has a basic understanding then his learning will be increased during kindergarten.

Is your child ready for kindergarten? A survival skills check list:

- I can say my first and last name.
- I know my address and phone number.
- I know my parent's first and last names.
- I can recognize my own printed name.
- I know how to use a zipper, tie shoes, and buttons and can take my outer garments on and off.
- I can speak in a voice loud enough so people can hear me.
- I know how to use a tissue and can ask for one.
- I can use the toilet, toilet paper and the flusher.
- I know what to do with crayons, glue and scissors.
- I can take responsibility for my own actions.
- I can listen and sit quietly while others are talking.
- I can share things, take turns and play by the rules.
- I can count to 20.
- I can recognize most of the letters of the alphabet (in random order)
- I can recognize the numbers 1-10 (in random order)
- I know my colors.
- I know the basic shapes (circle, square, triangle, rectangle)
- I can write my first name.

Teaching Your Child

You may be worried your child is not prepared for kindergarten and are wondering what to do. Make sure you are reading educational books every day and talking about the meaning with your child. Ask your child the colors and to count. The more you make learning fun the more likely you will ensure your

child is learning and that he will be ready for kindergarten. Attached you will find activities to promote your child's reading and mathematical skills.

Activities to promote your child's beginning reading skills

- Go through letter flashcards for a few minutes each day with your child,
- Start simple with only 5 or 6 letters at time working up to the whole alphabet.
- Remember to mix them up.
- Match up capital and lowercase letter cards.
- Find the letters in the newspaper and circle them.
- Go on a letter hunt while you are driving in the car, or around your house.
- Practice writing the letters.
- Put the letters in order. Start with capital letters and work your way to the lowercase letters, then do both.

Activities to promote your child's math skills

- Go through numeral flashcards for a few minutes each day with your child.
- Practice counting to 20 or higher!
- Practice counting sets of objects. (Silverware, cereal, goldfish crackers, people in your family, letters in your name, windows in your house)
- Be sure to learn the shapes and color names.
- Practice sorting objects around the house. (sort and match socks, towels, cars, or other toys)
- Practice writing the numbers 1-10.

**Information adapted from; Lake View Kindergarten Teachers, Denver. Barnes, Bruce & Christine, Bonnie McDonald. What Did You Learn in School Today? Warner Books, New York, NY 1983.