



MONTAGUE SCHOOL

2018 – 2019

Kindergarten  
Registration Packet

## MONTAGUE TOWNSHIP SCHOOL DISTRICT

475 Route 206

Montague, NJ 07827

V: 973 293 7131 / F: 973 293 3391

[www.montagueschool.org](http://www.montagueschool.org)

Timothy C. Capone  
*Chief School Administrator/Principal*

Tina M. Palecek  
*Business Administrator/Bd. Secretary*

Donna Pinzone  
*Administrative Assistant*

Christopher Gregory  
*Assistant Principal*

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## 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.**

**Timothy C. Capone  
Chief School Administrator/Principal**

**Signed:** \_\_\_\_\_  
**Parent/Guardian**

**Address:** \_\_\_\_\_  
\_\_\_\_\_

**Date:** \_\_\_\_\_

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September 2018

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 \_\_\_\_\_

If **NOT** born in the US – first date in a US school \_\_\_\_\_

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.

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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.*

**1<sup>st</sup> Contact Name** \_\_\_\_\_  
 Relationship to child \_\_\_\_\_  
 Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
 Work Phone \_\_\_\_\_ Does this person live with student? Yes \_\_\_\_ No \_\_\_\_

**2<sup>nd</sup> 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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*Assistant Principal*

# 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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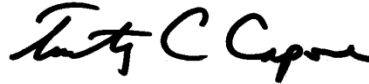
Former School Name \_\_\_\_\_  
Address \_\_\_\_\_  
Phone and Fax Number \_\_\_\_\_

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.



Timothy C. Capone  
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



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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:	Hernia	
Medication _____	High Fever	
Other _____	Hospitalization	
Chicken Pox	Mononucleosis	Operations: _____
Enuresis (bed wetting)	Pneumonia	Appendectomy: _____
Epilepsy	Tonsillitis	Hernia Repair _____
Heart Disease	Tuberculosis	Tonsillectomy _____
Hepatitis	Whooping Cough	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 \_\_\_\_\_

**MONTAGUE SCHOOL**

School Year: 2018-2019

**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 4<sup>th</sup> one being after the 4<sup>th</sup> birthday or any 5 vaccines
- IVP      **Polio**: 3 vaccines with the 3<sup>rd</sup> one being after the 4<sup>th</sup> 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 4<sup>th</sup> 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: 2018-2019**  
**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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**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.

**MONTAGUE TOWNSHIP SCHOOL DISTRICT**  
**MONTAGUE SCHOOL**  
475 Route 206  
Montague, NJ 07827  
V: 973 293 7131 / F: 973 293 3391  
[www.montagueschool.org](http://www.montagueschool.org)

**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 Tina Palecek, SEMI Coordinator at 973-293-7131 ext. 218 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? \_\_\_\_\_

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# 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.