

BERLIN TOWNSHIP SCHOOL DISTRICT
225 GROVE AVENUE, WEST BERLIN, NJ 08091
Phone: (856) 767-9480 Fax: (856) 767-8235

Student Name: _____ Date: _____

In order that the requirements of various State and Federal laws are met, the following information is necessary for the registration of students in the Berlin Township School District:

1. RESIDENCY REQUIREMENT

If the student is the child of a parent or guardian, or an adult student, whose permanent home is in the Berlin Township School District or if the student is living with a parent or guardian temporarily residing within the Berlin Township School District, even if the parent has a domicile elsewhere — please provide, if possible, TWO or more of 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.
- Any other form of documentation relevant to demonstrating entitlement to attend school.

Please Note: The forms of documentation may demonstrate your student's eligibility for enrollment in the district. The totality of information and documentation you offer will be considered in evaluating an application, and, unless expressly required by law, the student will not be denied enrollment based on your inability to provide certain form(s) of documentation where other acceptable evidence is presented. You will not be asked for any information or document protected from disclosure by law, or pertaining to criteria which are not legitimate bases for determining eligibility to attend school. You may voluntarily disclose any document or information you believe will help establish that the student meets the requirements of law for entitlement to attend school in the district, but we may not, directly or indirectly, require or request: income tax returns, documentation/information relating to citizenship or immigration/visa status or social security numbers.

If the student's parents are domiciled in different districts, regardless of which parent has custody, please provide a copy of a court order or written agreement between the parents of the student designating the district for school attendance.

If the student resides with a Berlin Township School District resident (other than a parent or guardian), please provide ALL of the following:

- Student Residency Form (included in this registration packet).
- A sworn statement from the student's parent or guardian, together with documentation to support its validity, that he or she is not capable of supporting or providing care for the student due to family or economic hardship and the student is not residing with the Berlin Township School District resident solely for the purpose of receiving a free public education.
- A sworn statement from the person keeping the student that he or she is domiciled within the school district, is supporting the child without remuneration and intends to do so for a time longer than the school term, and will assume

all personal obligations for the student pertaining to school requirements *and* a copy of his or her lease if a tenant, a sworn landlord's statement if residing as a tenant without written lease, or a mortgage or tax bill if an owner.

Please Note: A student will not be considered ineligible because required sworn statements(s) cannot be obtained, so long as evidence is presented that the underlying requirements of the law are being met. A student will not be considered ineligible when evidence is presented that the student has no home or possibility of school attendance other than with a non-parent district resident who is acting as the sole caretaker and supporter of the student. A student will not be considered ineligible solely because a parent or guardian provides gifts or limited contributions, financial or otherwise, toward the welfare of the student, provided that the resident keeping the student receives no payment or other remuneration from the parent or guardian for the student's actual housing and support. Receipt by the resident of social security or other similar benefits on behalf of the student do not render a student ineligible. It is not necessary that guardianship or custody be obtained before a student will be considered for enrollment on an "affidavit" basis.

2. DOCUMENTATION OF RELATIONSHIP TO STUDENT

- Parent – Provide a certified copy of the student's birth certificate (within thirty days of registration)
- Legal Guardian – Provide official records appointing the student's legal guardian
- Foster Parent – Provide official records from the agency appointing the student's foster parent
- Domicile Affidavit (signed by Berlin Township resident)
- Affidavit of Non-Support (signed by Parent – corresponds with above)

3. DOCUMENTATION OF GRADE PLACEMENT

Please provide one or more of the following items as documentation of grade placement:

- Transfer Card
- Current Report Card
- Official Transcript

Please Note: Absence of a student's prior educational record does not affect a student's eligibility to enroll in school, although the initial educational placement of the student may be subject to revision upon receipt of records or further assessment by the District.

4. DOCUMENTATION OF HEALTH

Please provide one of the following items as documentation of health:

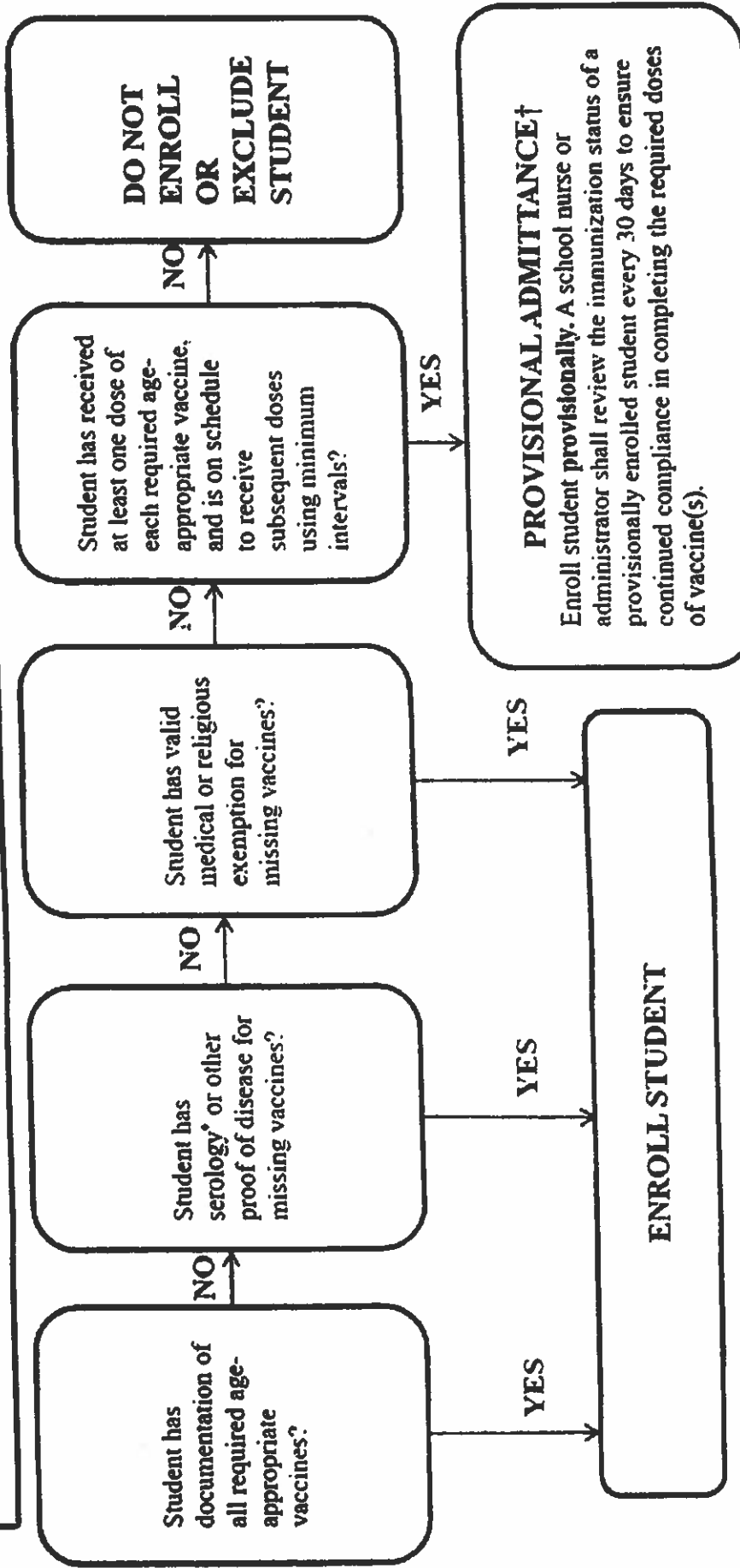
- Immunization Record
- Religious Exemption Letter

Please Note: Absence of student medical information does not affect a student's eligibility to enroll in school, although actual attendance at school may be deferred as necessary in compliance with rules regarding immunization of students.

Any person who fraudulently allows a child of another person to use his residence and is not the primary financial supporter of that child AND any person who fraudulently claims to have given up custody of his child to a person in another district commits a disorderly person offense. It is illegal for any person to make a false statement on this form in an attempt to cause the Berlin Township School District to provide a free education to a person under false pretenses. It is illegal for any person to offer a written instrument that contains a false statement or false information to the Berlin Township School District in an attempt to secure a free education.

New Jersey Department of Health Vaccine Preventable Disease Program

STUDENTS WITH AN IMMUNIZATION RECORD



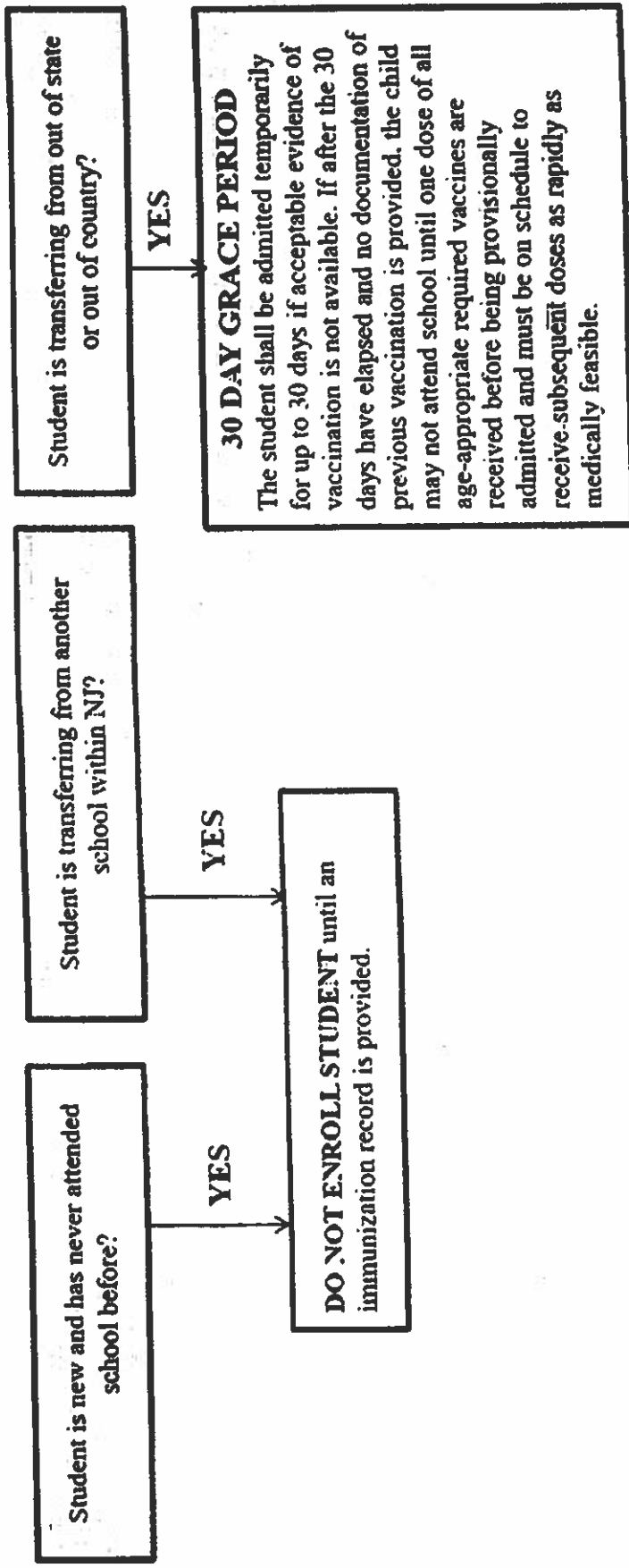
*Serology cannot be used in lieu of completing the ACP recommended vaccination series. A list of ACP approved serologic tests for school immunization requirements can be accessed in the NJ Immunization Requirements Frequently Asked Questions at http://nj.gov/health/cd/documents/vaccine_qa.pdf.

†Provisional Admittance: The student has received at least one dose of each age-appropriate vaccine required, and is on schedule to receive subsequent doses as rapidly as medically feasible.

Please note: Once enrolled, track students to ensure continued compliance with immunization requirements (N.J.A.C. 8:57-4). For instructions on viewing these requirements, please visit <http://www.nj.gov/health/cd/reporting.shtml>.

New Jersey Department of Health Vaccine Preventable Disease Program

STUDENTS WITHOUT AN IMMUNIZATION RECORD



Once the student's immunization record is obtained, follow the "STUDENTS WITH AN IMMUNIZATION RECORD" Flow Chart.



STUDENT REGISTRATION FORM

(For office use only)

LID Number: _____ SID Number: _____

School Start Date: _____

A. BASIC INFORMATION - PARENTS/GUARDIANS - PLEASE COMPLETE

1. STUDENT NAME (as it appears on birth certificate):

Last	First	Middle	Suffix
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2. GENDER (circle one): MALE FEMALE

3. DATE OF BIRTH: _____

4. CITY OF BIRTH: _____

5. STATE OF BIRTH: _____

6. COUNTRY OF BIRTH: _____

7. PRIMARY LANGUAGE SPOKEN IN HOME: _____

8. HOME PHONE NUMBER: _____

9. CELL PHONE NUMBER: _____

10. HOME ADDRESS: _____

11. MAILING ADDRESS (if different from above): _____

12. STUDENT'S PREVIOUS MAILING ADDRESS: _____

13. FATHER'S FULL NAME: _____

14. MOTHER'S FULL NAME: _____

15. MOTHER'S MAIDEN NAME: _____

16. GUARDIAN'S FULL NAME (if applicable): _____

17. IF. GUARDIAN, WHAT IS YOUR RELATIONSHIP TO THE STUDENT?

18. LEGAL PAPERWORK INVOLVED FOR STUDENT (circle below):

CUSTODY: YES	NO	Date Received: _____
DCP & P: YES	NO	Date Received: _____
OTHER: _____		Date Received: _____

PLEASE SUPPLY YOUR EMAIL ADDRESS:

19. NAME OF PREVIOUS SCHOOL ATTENDED: _____

20. ADDRESS OF PREVIOUS SCHOOL ATTENDED:

21. PHONE NUMBER OF PREVIOUS SCHOOL ATTENDED: _____

22. IS YOUR CHILD CLASSIFIED BY THE CHILD STUDY TEAM? (CIRCLE ONE) Y N

23. IF YOU ANSWERED YES TO THE ABOVE, THE MOST RECENT IEP MUST BE
SUPPLIED AS SOON AS POSSIBLE TO DETERMINE STUDENT SERVICES

OTHER: (The information that is requested below is required by the New Jersey State Department of Education. The State Department of Education has begun an initiative to track background information and test scores for each child enrolled in public schools throughout the state. NJ Standards Measurement and Resources for Teaching (NJSMART) Information will be collected by the state each year. It is pertinent that we have this information for the completion of our reports.)

A. CHILD'S ETHNICITY: HISPANIC OR LATINO – PLEASE CIRCLE ONE

YES NO

B. CHILD'S RACE: PLEASE CIRCLE ALL THAT APPLY

AMERICAN INDIAN

BLACK OR AFRICAN AMERICAN

ASIAN

CAUCASIAN

NATIVE AMERICAN OR OTHER PACIFIC ISLANDER

C. HEALTH INSURANCE

DOES YOUR CHILD HAVE ANY HEALTH INSURANCE INCLUDING NJ FAMILYCARE,
MEDICAID OR OTHER PRIVATE INSURANCE?

YES NO

IF SO, PLEASE LIST YOUR INSURANCE PROVIDER'S NAME (ie AETNA, BCBS, HORIZON)

IF NO INSURANCE, MAY A REPRESENTATIVE OF NJ FAMILYCARE CONTACT YOU? Y N
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 insurance for uninsured children and certain low income parents. For more information please call: 1-800-701-0710.

D. MILITARY CONNECTED STUDENT INDICATOR:

Please check the appropriate description below, please only check ONE description

_____ Not Military Connected – Parent is not military connected

_____ Active Duty – Student is a dependent of a member of the U.S. Active Duty Forces

_____ National Guard or Reserve – Student is a dependent of a member of the National Guard or Reserve Forces

PLEASE PRINT YOUR NAME HERE: _____

PLEASE SIGN YOUR NAME HERE: _____

DATE: _____

BERLIN TOWNSHIP BEFORE AND/OR AFTER SCHOOL CHILDCARE PROGRAM

C.A.R.E. (Children's Afterschool Recreation Education)

C.A.R.E. is a convenient and reasonably priced before/after school program for students in PK – 8th grades. This program is located in the John F. Kennedy School.

C.A.R.E. provides a healthy snack, homework time and help, age appropriate games, outdoor activities, crafts, trips and more.

If interested, please call (609) 929-4271

UNIVERSAL CHILD HEALTH RECORD

Endorsed by *American Academy of Pediatrics, New Jersey Chapter
New Jersey Academy of Family Physicians
New Jersey Department of Health*

SECTION I - TO BE COMPLETED BY PARENT(S)			
Child's Name (Last)	(First)	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth / /
Does Child Have Health Insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No		If Yes, Name of Child's Health Insurance Carrier	
Parent/Guardian Name	Home Telephone Number () -	Work Telephone/Cell Phone Number () -	
Parent/Guardian Name	Home Telephone Number () -	Work Telephone/Cell Phone Number () -	
I give my consent for my child's Health Care Provider and Child Care Provider/School Nurse to discuss the information on this form.			
Signature/Date		This form may be released to WIC. <input type="checkbox"/> Yes <input type="checkbox"/> No	

SECTION II - TO BE COMPLETED BY HEALTH CARE PROVIDER			
Date of Physical Examination	Results of physical examination normal? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Abnormalities Noted	Weight (must be taken within 30 days for WIC)		
	Height (must be taken within 30 days for WIC)		
	Head Circumference (if <2 Years)		
	Blood Pressure (if ≥3 Years)		

IMMUNIZATIONS	<input type="checkbox"/> Immunization Record Attached <input type="checkbox"/> Date Next Immunization Due _____
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MEDICAL CONDITIONS		
Chronic Medical Conditions/Related Surgeries • List medical conditions/ongoing surgical concerns:	<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached	Comments
Medications/Treatments • List medications/treatments	<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached	Comments
Limitations to Physical Activity • List limitations/special considerations	<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached	Comments
Special Equipment Needs • List items necessary for daily activities	<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached	Comments
Allergies/Sensitivities • List allergies	<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached	Comments
Special Diet/Vitamin & Mineral Supplements • List dietary specifications	<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached	Comments
Behavioral Issues/Mental Health Diagnosis • List behavioral/mental health issues/concerns:	<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached	Comments
Emergency Plans • List emergency plan that might be needed and the sign/symptoms to watch for:	<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached	Comments

PREVENTIVE HEALTH SCREENINGS					
Type Screening	Date Performed	Record Value	Type Screening	Date Performed	Note if Abnormal
Hgb/Hct			Hearing		
Lead: <input type="checkbox"/> Capillary <input type="checkbox"/> Venous			Vision		
TB (mm of Induration)			Dental		
Other:			Developmental		
Other:			Scoliosis		

I have examined the above student and reviewed his/her health history. It is my opinion that he/she is medically cleared to participate fully in all child care/school activities, including physical education and competitive contact sports, unless noted above.

Name of Health Care Provider (Print)	Health Care Provider Stamp
Signature/Date	

Instructions for Completing the Universal Child Health Record (CH-14)

Section 1 - Parent

Please have the parent/guardian complete the top section and sign the consent for the child care provider/school nurse to discuss any information on this form with the health care provider.

The WIC box needs to be checked only if this form is being sent to the WIC office. WIC is a supplemental nutrition program for Women, Infants and Children that provides nutritious foods, nutrition counseling, health care referrals and breast feeding support to income eligible families. For more information about WIC in your area call 1-800-328-3838.

Section 2 - Health Care Provider

1. Please enter the date of the physical exam that is being used to complete the form. Note significant abnormalities especially if the child needs treatment for that abnormality (e.g. creams for eczema; asthma medications for wheezing etc.)

- **Weight** - Please note pounds vs. kilograms. If the form is being used for WIC, the weight must have been taken within the last 30 days.
- **Height** - Please note inches vs. centimeters. If the form is being used for WIC, the height must have been taken within the last 30 days.
- **Head Circumference** - Only enter if the child is less than 2 years.
- **Blood Pressure** - Only enter if the child is 3 years or older.

2. **Immunization** - A copy of an immunization record may be copied and attached. If you need a blank form on which to enter the immunization dates, you can request a supply of Personal Immunization Record (IMM-9) cards from the New Jersey Department of Health, Vaccine Preventable Diseases Program at 609-826-4860. The immunization record must be attached for the form to be valid.

- "Date next immunization is due" is optional but helps child care providers to assure that children in their care are up-to-date with immunizations.

3. **Medical Conditions** - Please list any ongoing medical conditions that might impact the child's health and well being in the child care or school setting.

- a. Note any significant medical conditions or major surgical history. **If the child has a complex medical condition, a special care plan should be completed and attached for any of the medical issue blocks that follow.** A generic care plan (CH-15) can be downloaded at www.nj.gov/health/forms/ch-15.dot or pdf. Hard copies of the CH-15 can be requested from the Division of Family Health Services at 609-292-5666.
- b. **Medications** - List any ongoing medications. Include any medications given at home if they might impact the child's health while in child care (seizure, cardiac or asthma medications, etc.). Short-term medications such as antibiotics do not need to be listed on this form. Long-term antibiotics such as antibiotics for urinary tract infections or sickle cell prophylaxis should be included.

PRN Medications are medications given only as needed and should have guidelines as to specific factors that should trigger medication administration.

Please be specific about what over-the-counter (OTC) medications you recommend, and include information for the parent and child care provider as to dosage, route, frequency, and possible side effects. Many child care providers may require separate permissions slips for prescription and OTC medications.

c. **Limitations to physical activity** - Please be as specific as possible and include dates of limitation as appropriate. Any limitation to field trips should be noted. Note any special considerations such as avoiding sun exposure or exposure to allergens. Potential severe reaction to insect stings should be noted. Special considerations such as back-only sleeping for infants should be noted.

d. **Special Equipment** - Enter if the child wears glasses, orthodontic devices, orthotics, or other special equipment. Children with complex equipment needs should have a care plan.

e. **Allergies/Sensitivities** - Children with life-threatening allergies should have a special care plan. Severe allergic reactions to animals or foods (wheezing etc.) should be noted. Pediatric asthma action plans can be obtained from The Pediatric Asthma Coalition of New Jersey at www.pacnj.org or by phone at 908-687-9340.

f. **Special Diets** - Any special diet and/or supplements that are medically indicated should be included. Exclusive breastfeeding should be noted.

g. **Behavioral/Mental Health issues** - Please note any significant behavioral problems or mental health diagnoses such as autism, breath holding, or ADHD.

h. **Emergency Plans** - May require a special care plan if interventions are complex. Be specific about signs and symptoms to watch for. Use simple language and avoid the use of complex medical terms.

4. **Screening** - This section is required for school, WIC, Head Start, child care settings, and some other programs. This section can provide valuable data for public health personnel to track children's health. Please enter the date that the test was performed. Note if the test was abnormal or place an "N" if it was normal.

- For lead screening state if the blood sample was capillary or venous and the value of the test performed.
- For PPD enter millimeters of induration, and the date listed should be the date read. If a chest x-ray was done, record results.
- Scoliosis screenings are done biennially in the public schools beginning at age 10.

This form may be used for clearance for sports or physical education. As such, please check the box above the signature line and make any appropriate notations in the Limitation to Physical Activities block.

5. Please sign and date the form with the date the form was completed (note the date of the exam, if different)

- Print the health care provider's name.
- Stamp with health care site's name, address and phone number.

Student Residency Questionnaire

NOTE: PLEASE REMOVE ALL INFORMATION IN THIS BOX BEFORE USING THIS FORM; UPDATE THIS FORM TO REFLECT THE NEEDS AND SPECIFICS PERTAINING TO YOUR DISTRICT. This form is an example of what most districts in Texas have found useful to include in their student enrollment packets to help identify students in homeless situations as required by the McKinney-Vento Homeless Assistance Improvements Act, 42 U.S.C.11435. Answers to this residency information help determine the services the student may be eligible to receive. This form is adapted from one developed by Cypress Fairbanks ISD.

Name of School _____

Name of Student: _____ Sex: Male
Last First Middle Female

Birth Date / / Age: _____
Month / Day / Year NISMART Student Identification Number
Supplied by School District

This questionnaire is intended to address the McKinney-Vento Act 42 U.S.C. 11435. The answers to this residency information help determine the services the student may be eligible to receive.

1. Is your current address a temporary living arrangement? Yes No
2. Is this temporary living arrangement due to loss of housing or economic hardship?
 Yes No

If you answered YES to the above questions, please complete the remainder of this form.
If you answered NO, you may stop here.

Where is the student presently living? (Check one box.)

- In a motel
- In a shelter
- With more than one family in a house or apartment
- Moving from place to place
- In a place not designed for ordinary sleeping accommodations such as a car, park, or campsite

Name of Parent(s)/Legal Guardians(s) _____

Address _____ Zip _____ Phone _____

Presenting a false record or falsifying records is an offense under Section 37.10, Penal code, and enrollment of the child under false documents subjects the person to liability for tuition or other costs. TEC Sec. 25.002(3)(d).

Signature of Parent/Legal Guardian _____ Date _____

Please send a copy to _____ at the Central Office.

Fax: ~~xxx-xxx-xxxx~~

I certify the above named student qualifies for the Child Nutrition Program under the provisions of the McKinney-Vento Act.

Date

McKinney-Vento Liaison Signature

Berlin Township Schools

Yearly Medical Update

Child's Name: _____ Grade/Teacher: _____

Family Doctor: _____ Office #: _____

1. Does your child take medication on a regular basis? ____ Yes ____ No. If yes, please indicate the exact name and reason: _____
a. Will medication be needed at school? ____ Yes ____ No

2. Does your child any corrective/assistive devices? ____ Yes ____ No
a. ____ Glasses ____ Hearing Aide/Device ____ Orthopedic Brace

3. PLEASE LIST ANY MEDICAL PROBLEMS or CONDITIONS INCLUDING ALLERGIES: _____

4. Does your child have specific food allergies? ____ Yes ____ No If yes, please describe: _____

5. Does your child require an epi-pen for any allergies? ____ Yes ____ No If yes, please explain: _____

6. Does your child have any physical limitations? ____ Yes ____ No If yes, please explain: _____

Please list the telephone numbers in order of importance to call between 8:00am and 3:00pm in case your child is sick and needs to be picked up from school. These are the 1st numbers we will use in case of an emergency.

<u>Name/Relationship</u>	<u>Phone Number</u>
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____

Please indicate your primary language and preferred method of communication with the School Nurse.

Primary Language of Parent/Guardian _____ Email ____ Telephone ____ Text ____

I GIVE PERMISSION FOR PERTINENT MEDICAL INFORMATION TO BE SHARED WITH APPROPRIATE STAFF IN ORDER TO ENHANCE YOUR CHILD'S EDUCATION AND SAFETY.

____ YES ____ NO Parent/Guardian Signature: _____

Health Screening Permission Form

The State of NJ requires schools to perform yearly health screenings. The purpose of these screenings is for early detection of problems which may affect your child's health and/or learning. Listed below are the screening services that are provided at each grade level. **Please inform the school nurse in writing if you do not wish for your child to participate in these services.**

Height/weight/Blood Pressure – Grades K-8th

Vision Screening – Grades K, 2,4,6, & 8

Hearing Screening – Grades K,1,2,3,&7

Scoliosis Screening – Grades 5 & 7

Please contact your school nurse if any information changes during the year. We look forward to a happy and healthy year with your student. By signing below, I agree all medical information is up to date and give permission for my student's yearly screening.

Parent/Guardian

Signature _____ Date _____

(OVER)

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 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 your school district's Special Education department with questions or concerns, or to obtain a copy of the parental consent form.

Method of Delivery: (check one) Mailed to parent(s) Mailed to parent(s) IEP meeting Hand Delivered



BERLIN TOWNSHIP SCHOOL DISTRICT

Huster Administrative Building

225 Grove Avenue
West Berlin, New Jersey 08091
(856) 767-9480

"Educating Today for Tomorrow's Success"

SUPERINTENDENT OF SCHOOLS
Dr. Edythe Austernuhl

BUSINESS ADMINISTRATOR
Megan Stoddart

SUPERVISOR OF SPECIAL SERVICES
Kristin Braidwood

Special Education Medicaid Initiative (SEMI) Parental Consent form

Our school district is participating in the Special Education Medicaid Initiative (SEMI) program that allows school districts to bill Medicaid for services that are provided to students.

In accordance with the Family Educational Rights and Privacy Act, 34 CFR §99.30 and Section 617 of the IDEA Part B, consent requirements in 34 CFR §300.622 require a one-time consent before accessing public benefits.

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

As parent/guardian of the child named below, I give permission to disclose information as described above and I understand and agree that Medicaid may access my child's or my public benefits or 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.



Dr. Lythe B. Austermaul
Superintendent

Megan Stahler
Business Administrator

Kristin Baulwood
Director of Special Services

BERLIN TOWNSHIP SCHOOL DISTRICT
(856) 767-9480 Fax (856) 767-8235 225 Grove Avenue West Berlin, NJ 08091
www.bttwpschools.org

PERMISSION TO RELEASE ALL STUDENT RECORDS TO:

Berlin Township School District
Huster Administration Building
225 Grove Avenue
West Berlin, NJ 08091
ATTN: RECORDS

Last School Attended: _____

School's Mailing Address: _____

City, State, Zip _____

The following student has enrolled in Berlin Township School District on: _____

NAME: _____

GRADE _____

DATE OF BIRTH _____

I give permission for you to release the records for the student indicated above. (Note - permission is not required under NJAC)

I understand under the Federal No Child Left Behind requirements, I must now also authorize the release of my child's discipline records to be included with the release of my child's permanent records, and my signature below indicates my authorization and permission to release the records to the above-mentioned school as soon as possible.

Parent Guardian Signature

Date

**** According to New Jersey Administrative Code 6:3-2.1 to 2.3, "Mandated pupil records shall be forwarded to the receiving district...". Cumulative Folder, Health Records, Grade-to-date, Child Study Team Records, Test Results and any other mandated records on the pupil listed above as soon as possible.**

"Educating Today For Tomorrow's Success"

Berlin Township School District Consent for Use of Electronic Signature **Valid July 2020 – student graduates from BTWP**

Consent of Electronic Signature

The Berlin Township School District is moving to a process of completing forms and permission slips online, using an Electronic Signature Agreement authorization. In accordance with Board Policy 3570.1, Electronic Signatures, parents will be asked to complete Berlin Township School District's forms and permission slips online and sign them electronically, thus replacing the handwritten form and wet signatures. The new process will require all documents to be sent through the Berlin Township School District's Formality program.

This Electronic Signature Authorization will allow us to use your electronic signature on all important forms and permission slips from July 2020 until student graduates from BTWP.

Electronic Signature Agreement

You agree your electronic signature is the legal equivalent of your manual/handwritten signature on this Agreement. You further agree that your e-signature, used on our online document forms (through Formality), is as valid as if you signed the document in writing. You also agree that no certification authority or other third party verification is necessary to validate your E-Signature, and that the lack of such certification or third party verification will not in any way affect the enforceability of your E-Signature or any resulting agreement between you and Berlin Township School District. You are also confirming that you are the parent or legal guardian authorized to enter into this Agreement. You further agree that each use constitutes your agreement to be bound by the terms and conditions of these Disclosures and Agreement as they exist on the date of your signature on this form.

Consent to Electronic Delivery. By signing below, you specifically agree to receive, obtain, and/or submit any and all Berlin Township School District documents and information electronically. These documents and information will be collectively known as "Electronic Communications," and will include, but not be limited to, any and all current and future required notices and/or disclosures concerning permission slips, online forms, agreements, and medical forms, as well as such documents, statements, data, records and other communications regarding your student. You are acknowledging that you are able to use Formality and are able to retain Electronic Communications by printing and/or downloading and saving this Agreement and any other agreements, Electronic Communications, documents, or records that are signed using your E-Signature. You accept Electronic Communications provided via Formality as reasonable and proper notice for the purpose of fulfilling any and all rules and regulations, and agree that such Electronic Communications fully satisfy any requirement that communications be provided to you in writing or in a form that you may keep.

Definitions

- **Electronic** means technology having electrical, digital, magnetic, wireless, optical, electromagnetic, or similar capabilities.
- **Electronic Signature** means an electronic symbol or process attached to, or logically associated with, a record and used by a person with the intent to sign the record.
- **Student File** means the paper and/or electronic record pertaining to the student.
- **System** means a data processing or student information system used to create, store, sign, retrieve and/or manage the documents or records that constitute the student file.
- **System Rules** mean rules that apply to all participants using a particular system. For example, such rules might cover issues relating to access rights, distribution of system risk, sending and receiving electronic documents, intellectual property rights, and remedies for breach of system rules.

Paper version of Electronic Communications

You acknowledge and agree that you may request a paper version of any document by emailing or calling the main office of your child's school.

Revocation of electronic delivery

You have the right to withdraw your consent to submit communications via Berlin Township School District's Formality at any time. You acknowledge that you are aware this action may delay the process of reviewing your forms. If you wish to withdraw your consent, you must contact the Main Office.

Valid email address

Your current valid email address is required for you to receive communication from Berlin Township School District. It is your responsibility to check your email regularly for Electronic Communications. You will be deemed to have received an electronic communication from the school/district when the communication is sent to you. You are responsible for notifying the schools of your email address change in order to receive messages.

Violations

A. It is a violation of this provision for an individual to sign/e-sign a transaction on behalf of another individual, unless he or she has been granted specific, written and legal authority to do so by that individual or by a court of competent jurisdiction.

B. Individuals shall report any suspected fraudulent activities related to electronic signatures immediately to the Berlin Township School District.

C. Students and/or parents who falsify electronic signatures or otherwise violate this regulation are subject to disciplinary action under the Student Code of Conduct and/or criminal prosecution under applicable State laws.

We recommend that you print a copy of this Agreement for future reference

Parents/legal guardians are urged to carefully read the terms and conditions of this Agreement. Please keep all records relating to this Agreement and print or make an electronic copy of the Terms and Conditions.

I understand and agree to each and all of the Terms and Conditions in this Berlin Township School District Consent for Use of Electronic Signature Agreement. My electronic signature is legally binding. Please check the appropriate box and provide your signature.

****If you do not have an email address, please check "I Decline". ****

I Accept

I Decline

Date: _____

Parent 1 name (printed): _____

Signature: _____

Email Address (mandatory): _____

Parent 2 name (printed): _____

Signature: _____

Email Address (mandatory): _____

Student #1 name: _____

School attending: _____

Student #2 name: _____

School attending: _____

Student #3 name: _____

School attending: _____

Student #4 name: _____

School attending: _____

Appendix A: Home Language Survey Forms

In addition to this static form, an [online version of the HLS](#) is available for school districts/charter schools to copy and utilize. In addition, HLS translations will be made available on the [NJDOE's Bilingual/ESL Education](#).

Home Language Survey Form

Introduction

This survey is the first of three steps to identify whether or not a student is eligible to be an English language learner (ELL). Start with "Question 1" and continue until the HLS is complete. Select the answer for each question and follow the directions.

Student Information

Student name:

Student birth date:

Street Address:

City:

State:

Zip Code:

Phone number:

Survey Questions

Question 1

What was the first language used by the student?

A language other than English. Proceed to question 2a.

English. Proceed to question 2b.

Question 2a

At home, does the student hear or use a language other than English more than half of the time?

Yes. Proceed to question 7.

No. Proceed to question 4.

Question 2b

At home, does the student hear or use a language other than English more than half of the time?

Yes. Proceed to question 4.

No. Proceed to question 3.

Question 3

Does the student understand a language other than English?

Yes. Proceed to question 4.

No. Proceed to 9.

Question 4

When interacting with his/her parents or guardians, does the student use a language other than English more than half of the time?

Yes. Proceed to question 7.

No. Proceed to question 5.

Question 5

When interacting with caregivers other than their parents or guardians, does the student use a language other than English more than half of the time?

Yes

No

Question 6

Has the student recently moved from another school district/charter school where he/she was identified as an English language learner?

Yes

No

Question 7. What are the home languages spoken? Proceed to 8.

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8. Proceed to Step 2: Records Review Process.

Home Language Survey is complete.

9. Do not proceed to Step 2: Records Review Process.

Home Language Survey is complete. Student is not an English-Language Learner (ELL)