

Asbury Park Board of Education
DISTRICT ENROLLMENT FORM

- | | |
|--|--|
| <input type="checkbox"/> Barack Obama Elementary School | <input type="checkbox"/> Asbury Park Middle School |
| <input type="checkbox"/> Bradley Elementary School | <input type="checkbox"/> Asbury Park High School |
| <input type="checkbox"/> Thurgood Marshall Elementary School | |

PLEASE PRINT

Student's Name: _____
 Parent/Guardian: _____
 Address: _____
 *Temporary Address: _____
(If providing a temporary address please complete next page)
 City/State/Zip Code: _____
 Home Phone: _____
 Emergency Phone: _____ Ethnicity: _____
 Date of Birth: _____ Age: _____
 Place of Birth: _____
 U.S. Entry Date (if applicable) _____ First Entry to U.S. Schools _____
 Last School Attended: _____ Last Grade Completed: _____

Name of Father: _____
 U.S. Citizen: Yes _____ No _____ Occupation: _____
 Employer's Address: _____ Work Telephone: _____
 Name of Mother: _____
 U.S. Citizen: Yes _____ No _____ Occupation: _____
 Employer's Address: _____ Work Telephone: _____
 Does either parent work in a government institution? Yes _____ No _____

IN CASE OF EMERGENCY CONTACT:

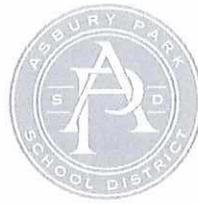
Name: _____ Phone: _____
 Address: _____

LIST OTHER PUBLIC OR PRIVATE SCHOOLS ATTENDED BY THIS STUDENT:

School/District: _____ Address: _____

CENSUS INFORMATION – LIST OTHER CHILDREN IN FAMILY (OLDEST FIRST)

Name: _____	Date of Birth: _____
Name: _____	Date of Birth: _____
Name: _____	Date of Birth: _____
Name: _____	Date of Birth: _____



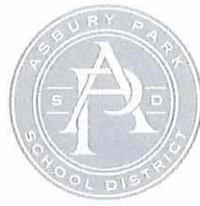
Temporary Address

Is your current address a temporary living arrangement: YES() NO()

Did you move in with a relative or friend: YES() NO()

Are you currently living in one of the following:

- () Relative
Please explain: _____
- () With more than one family in a house or apartment
- () Motel
- () Shelter
- () A place where you can't stay for an extended period of time
- () A car or other place not usually designated for sleeping



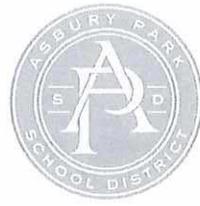
In order to register your child for school, you will need to bring in a combination of any of the following or similar forms of documentation:

Proof of Residency: Three (3) of the items listed below are needed:

- 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; insurance claims or payments; and other evidence of expenditures demonstrating personal attachment to a particular location or to support the student;
- Medical reports; counselor or social worker assessments; employment documents; unemployment claims; benefit statements; and other evidence of circumstances demonstrating 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; and
- Any other business record or document issued by a governmental entity.

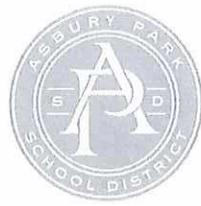
Additional Documents:

- Withdrawal Form/Transfer Card/Transcripts from previous school
- IEP (if applicable)
- Original Birth Certificate with raised seal
- Updated Immunization Record
- Physical Exam within the past 12 months



- Health Insurance Card
- Letter of Guardianship (if not living with parent)

If application is submitted online you must click on the link that corresponds to your child's grade level and complete the specified documents. Once all of the documents are completed you may return completed applications to 300 Prospect Avenue, Asbury Park.



Asbury Park Board of Education

Authorization for Release of Records

Student's Name _____ Date of Birth _____

Current Grade _____

Records to be released (check appropriate items)

_____ Cumulative Record Folder

_____ Test Scores

_____ Transcript of Grades

_____ Health Records

_____ Attendance and Discipline Information

_____ Child Study Team Records (Educational, Psychological, and Social History Eval)

_____ NJ State ID Number

_____ Other: **NJ HSPA Score & ISR**

The Record(s) indicated above is/are to be released to:

___ **Barack H. Obama Elementary**
1300 Bangs Avenue
Asbury Park, NJ 07712
ATTN: Felecia Smith

___ **Bradley Elementary**
1100 Third Avenue
Asbury Park, NJ 07712
ATTN: Nancy Aumack

___ **Thurgood Marshall Elementary**
600 Monroe Avenue
Asbury Park, NJ 07712
ATTN: Yassanah Farrakhan

___ **Asbury Park Middle School**
1200 Bangs Avenue
Asbury Park, NJ 07712
ATTN: Yvose Damour

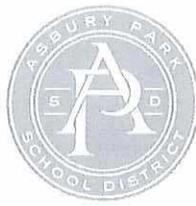
___ **Asbury Park High School**
1001 Sunset Avenue
Asbury Park, NJ 07712
ATTN: Diana Ervin

I hereby grant permission for the release of the above record(s):

Parent/Guardian Signature

Date

Student Signature (18 years or older)



Asbury Park Board of Education

Academic History

In order to provide a highly educational instructional program, please answer the following questions:

I. ENGLISH AS A SECOND LANGUAGE/BILINGUAL

1. What Language did your child first learn to speak? _____

2. What Language do you use most often when speaking to your child at home?

3. What language does your child use most often when speaking to parent/guardian at home?

4. What language does your child use most often when speaking to brother or sister?

5. What language does your child use most often when speaking to other relatives?

6. What Language does your child use most often when speaking to friends at home?

II. PROGRAM INFORMATION

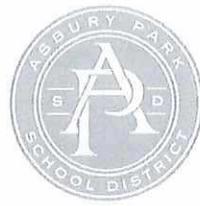
Please check any of the following programs in which your child has participated:

PROGRAM	GRADE LEVEL
_____ ESL, Bilingual	_____ 504 _____
_____ Talented and Gifted	_____ Homeless _____
_____ Special Education Services	_____
_____ None of the above	_____

III. ADDITIONAL INFORMATION

Please provide the date that your child entered the country: _____

SOCIAL HISTORY: Please write any information about your child which you think the teacher should have in order to understand and help your child:



Asbury Park Board of Education

Health Services Information

In order to provide the best possible health services for your child, the school nurse needs to know your child's history and current health status. Please indicate below if your child has had any of the following:

___ Asthma or breathing problems

___ Allergies/ (to what) _____ Type of reaction _____ Epi Pen _____

___ Recent Hospitalization/Reason _____

___ Seizure Disorder, (type) _____ Medication _____

___ Frequent ear infections _____

___ Daily Medications - Name of medication _____

Dose _____ Frequency _____

___ Diabetes & Treatment _____

___ Any other health condition _____

Doctor's Name _____ Telephone Number _____

Name of Health Insurance _____ Identification Number _____

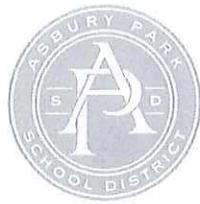
I give permission to the school to share information concerning my child's health to those faculty/staff members who may need to know. I recognize that sharing the information is important to my child's well-being and safety while attending school.

I give permission to the school nurse to contact my child's health providers to obtain necessary information to provide care to my child. This includes, but is not limited to Immunization Records and Medications Health Information, but also includes information from Mental Health care providers

Child's Name _____

Parent's Signature

Date



School Based Nurse Practitioner Health Services Program

Dear Parent/ Guardian:

The School Based Nurse Practitioner Health Services Program (Health Services Program) provides Comprehensive preventative, medical, and health education services for students in our Schools. The Health Services Program is operated by the Visiting Nurse Association of Central New Jersey at no cost to the students.

The Health Services Program offers primary health care services provided by a Nurse Practitioner (or advanced Practice Nurse). A Nurse Practitioner, in collaboration with a physician, is licensed to diagnose and treat individuals within the school setting. These services will include examination and evaluation of health complaints or problems.

You will be informed of the findings, and treatment will be offered or recommendations made that your child see his/her own health care provider. At your request and consent, treatment will be provided and follow up visit scheduled. Your primary health care provider will be informed of any treatment offered at the health office via fax and phone in order to maintain professional comprehensive care for your child. Kindly provide the following necessary information.

Please complete the consent form below:

- I give consent for my child _____ to be examined and evaluated by a Nurse Practitioner in the case of illness or a health problem that may interfere with the child's progress in school. **Yes**____ **No**____
- **I do** ___/___**do not**___ want the Nurse Practitioner to administer basic care. Basic care may include giving Tylenol for high fevers

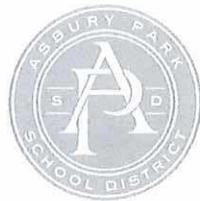
PLEASE NOTE: We are not an emergency room. If further care is needed, we will call 911. There is no cost to you for these services, whether your child is covered by a health insurance policy or not.

I hereby release this Asbury Park school, the Board of Education and the visiting Nurse Association of Central Jersey, and any other of their agents, elected officials or employees from any and all liability, claims, damages, costs and expenses, which result or may result from any action, accident, omission, or incident in condition in connection with or related to my child's use of the School- Based Nurse Practitioner Health Services Program.

I certify by signing that I am also releasing any claims for my child. As a condition and consideration for being able to use the School-Based Nurse Practitioner Health Services Program, I agree, to the fullest extent permitted by law, not to commence, encourage, facilitate or participate in any action or proceeding for damages, injunctive or any other type of relief, in any state, federal or local court or before any administrative agency on behalf of myself, my child or any other person relating to the School-Based Nurse Practitioner Health Services Program.

Parent /Guardian Signature _____ Date _____

Parent/ Guardian Print Name _____ Date _____



Medical Home Form

Student's Name _____ Date of Birth _____

Students Address _____

City _____ State _____ Zip Code _____

School _____ Grade _____ Homeroom# _____

Homeroom Teacher _____ Parent/ Guardian Name _____

Please Check/complete one of the following:

1. My primary care Physician or clinic (medical home) is _____

Address _____

Phone Number _____

2. I **Do Not** have a Primary Care Physician

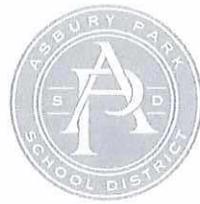
Check the lines below that apply to you:

_____ I do not have Medicaid

_____ I do not have NJ KidCare

Parent Signature

Date



Title I - Parent Involvement Survey

Dear Parent/Guardian,

Title I parents are to be involved in the decisions regarding how the 1% reserved funds will be used for parental involvement. Our school believes your input regarding school information and parental involvement activities is crucial. Please complete the following survey by checking the kinds of resources and services you would like to see made available in the district.

This survey will be used to develop our school's Parental Involvement Policy and Activities.

Please check all that apply:

Listed below are opportunities we would like to offer. Please check any/all of those that you would like to see and or be involved in:

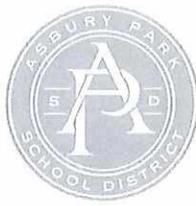
- District-wide Parent Enrichment Conference
- English as a second language
- Resume writing workshop
- Strategies for improving Student achievement in reading and writing
- Basic Computer Skills
- Resources for Grand Parents Raising Children
- Ensuring your child does well on the NJ ASK Test
- Understanding ADHD and doing something about it
- Helpful Hints for single Mothers raising boys
- Developing a Home Learning System
- Monitoring your child's use of technology
- Discovering your child's hidden Talent
- PTO (Parent Teacher Organization)
- Other
- Improving your child's self-image
- Drug and Gang Prevention workshops
- GED prep classes
- Chess Club
- Stress Management for Today's parent
- The 411 on HIB (Harassment, Intimidation and Bullying)
- Preparing Children for school
- Improving Communication with the Child's Teacher
- Finding Mentors for children
- Diagnosing Depression and other Mental health issues
- Navigating The American Education System (Spanish and Creole)
- Talking with youth about sex
- PAC (Parent Advisory Council)
- Other

Time of meetings (Check one): ___ AM ___ PM / ___ Mon ___ Tues ___ Wed ___ Thurs ___ Fri ___ Sat

Parent/Guardian Name: _____

Best Contact Number: _____ Email Address: _____

Child's School: _____ Grade: _____



School-Parent/Guardian Compact

The Asbury Park School District , and the parents of the students participating in activities, services, and programs funded by Title I, Part A of the Elementary and Secondary Education Act (ESEA) (participating children), agree that this compact outlines how the parents, all school staff, and the students will share the responsibility for improved student academic achievement and the means by which the school and parents will build and develop a partnership that will help children achieve the State's high standards.

This school-parent compact is in effect during school the current school year.

School Responsibilities

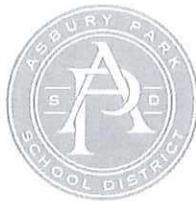
The Asbury Park School District will:

1. Provide high-quality curriculum and instruction in a supportive and effective learning environment that enables the participating children to meet the State's student academic achievement standards.
2. Hold parent-teacher conferences during which this compact can be discussed as it relates to the individual child's achievement.
3. Provide parents with frequent reports on their children's progress. Specifically, the school will provide reports as follows.
4. Provide parents reasonable access to staff. Specifically, staff will be available for consultation with parents upon request and on an as needed basis.
5. Provide parents opportunities to volunteer and participate in their child's class, and to observe classroom activities upon request and on an as needed basis.

Parent/Guardian Responsibilities

I (We), as parent(s), will support my child's learning in the following ways:

- Monitoring attendance.
- Making sure that homework is completed.
- Monitoring amount of television my child engages in.
- Volunteering in my child's classroom.
- Participating, as appropriate, in decisions relating to my child's education.
- Promoting positive use of my child's extracurricular time.
- Staying informed about my child's education and communicating with the school by promptly reading all notices from the school or the school district either received by my child or by mail and responding, as appropriate.
- Serving, to the extent possible on policy or advisory groups.



Student Responsibilities

I, as a student, will share the responsibility to improve my academic achievement and achieve the State’s high standards. Specifically, I will:

- Do my homework every day and ask for help when I need to.
- Read at least 30 minutes every day outside of school time.
- Give to my parents or the adult who is responsible for my welfare all notices and information received by me from my school.

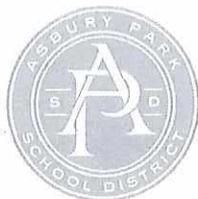
The Asbury Park School District will:

1. Involve parents in the planning, review, and improvement of the school’s parental involvement policy, in an organized, ongoing, and timely way.
2. Involve parents in the joint development of any school-wide program plan, in an organized, ongoing, and timely way.
3. Hold an annual meeting to inform parents of the district’s participation in Title I, Part A programs, and to explain the Title I, Part A requirements, and the right of parents to be involved in Title I, Part A programs. The district/schools will convene the meeting at a convenient time to parents, and will offer a flexible number of additional parental involvement meetings, such as in the morning or evening, so that as many parents as possible are able to attend. The district/schools will invite to this meeting all parents of children participating in Title I, Part A programs (participating students), and will encourage them to attend.
4. Provide information to parents of participating students in an understandable and uniform format, including alternative formats upon the request of parents with disabilities, and, to the extent practicable, in a language that parents can understand.
5. Provide to parents of participating children information in a timely manner about Title I, Part A programs that includes a description and explanation of the school’s curriculum, the forms of academic assessment used to measure children’s progress, and the proficiency levels students are expected to meet.
6. On the request of parents, provide opportunities for regular meetings for parents to formulate suggestions, and to participate, as appropriate, in decisions about the education of their children. The district/schools will respond to any such suggestions as soon as practicably possible.
7. Provide to each parent an individual student report about the performance of their child on the State assessment in at least math, language arts and reading.
8. Provide each parent timely notice when their child has been assigned or has been taught for four (4) or more consecutive weeks by a teacher who is not highly qualified within the meaning of the term in section 200.56 of the Title I Final Regulations (67 Fed. Reg. 71710, December 2, 2002).

Signature of District/School Representative _____ Date _____

Signature of Parent/Guardian _____ Date _____

Signature of Student _____ Date _____



Parental/Guardian Media Consent Form

Dear Parents/Guardians:

We are sending you this parental consent form to both inform you and to request permission for your child's photo/image and personally identifiable information to be published by media outlets or used on the district and/or school's web site and/or social media.

As you are aware, there are potential dangers associated with the posting and sharing of personally identifiable information. These dangers have always existed; however, we as schools do want to celebrate your child and his/her work. The law requires that we ask for your permission to use information about your child.

Pursuant to law, we will not release any personally identifiable information without prior written consent from you as a parent or guardian. Personally identifiable information includes student names, photo or image, residential addresses, email address, phone numbers and locations and times of class trips. If you, as the parent or guardian, wish to rescind this agreement, you may do so at any time in writing by sending a letter to the principal of your child's school and such rescission will take effect upon receipt by the school.

Check ONE of the following choices:

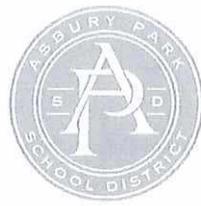
- I /We GRANT permission for a photo/image/video that includes this student without any other personal identifiers to be published or used on the school and/or district's public Internet site.
- I /We GRANT permission for this student's photo/image/video and name to be published or used on the school and/or district's public Internet site.
- I /We GRANT permission for this student's photo/image/video and all other personal identifiers listed above to be published or used on the school and/or district's public Internet site.
- I /We DO NOT GRANT permission for photo/image/video that includes this student to be published or used on the school and/or district's public Internet site.

Student's Name: (please print) _____

Print name of Parent/Guardian: (print) _____

Signature of Parent/Guardian: (sign) _____

Relationship to student: _____ Student's Grade: _____ Date: _____



Student Agreement for Internet Access Account

By signing this agreement, I/we are signifying that I /we have read the Asbury Park Acceptable Use Policy and agree to abide by its terms. I/we understand that the computers, networks and technologies are to be used solely for educational purposes and that there is no expectation of privacy with respect to the use of the same.

When this contract is complete, it must be returned to the principal's office. If there are any questions regarding this policy, please contact a sponsoring teacher, technology coordinator, or an administrator.

Last Name: _____ First Name: _____

Home Address: _____

Home Phone: _____ Age: _____

Expected Year of Graduation: _____

User Signature: _____ Date: ___ / ___ / ___

Parent or Guardian (If the applicant is under the age of 18, a parent or guardian must also read and sign this agreement):

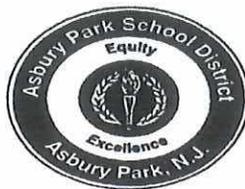
As the parent or guardian of this student I have read the policy in its entirety and agree to its terms on behalf of my child. I hereby give my permission to issue an account for my child and certify that the information contained in this application is correct.

Parent or Guardian's Name (please print): _____

Parent or Guardian Signature: _____

Date: ___ / ___ / ___

Daytime Phone: _____ Evening Phone: _____



SEMI Annual 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.

Asbury Park Board of Education
Ms. Melanie Pelosi
SEMI Coordinator
910 4th Avenue
Asbury Park, NJ 07712

PHONE 732-776-2606 x2957
FAX 732-869-9561
WEB SITE asburypark.k12.nj.us

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

NO. My child does not have health insurance. You may release my name and address to the NJ Family Care Program to contact me about Health Insurance.

Signature: _____ Printed Name: _____ Date: _____

Written consent required pursuant to 20 U.S.C. § 1232g(b)(1) and 34 C.F.R. 99.30(b).

- NJ FamilyCare provides free or low cost health insurance for uninsured children and certain low income parents. For more information visit www.njfamilycare.org to apply online or call 1-800-701-0710.

YES. My child has health insurance.

List any medical/surgical care your child has received during the past year: _____

Dental Exam: Date: _____ Braces Yes No Eye Exam Date: _____ Glasses/Contacts Yes No
Allergy Kind: _____ Medications Yes No Allergic Reaction: _____
Immunizations/Tetanus: Date: _____ Type: _____ Restrictions: Type: _____
Doctor _____ Phone _____
Dentist _____ Phone _____
Hospital (Hospital Name) _____ Phone _____
Hospital (Address) _____

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

Signature of Parent(s) / Guardian(s) _____ Date _____

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>I give my consent for my child's Health Care Provider and Child Care Provider/School Nurse to discuss the information on this form.</i>			
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		

<input type="checkbox"/> 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	



Asbury Park School District Emergency Card

ID # _____

Last Name _____ First _____ Initial _____ Date of Birth (MM/DD/YYYY) _____
 Address _____ School _____
 City _____ Zip _____ Grade _____
 Home Phone (____) _____ Teacher/H.R. _____ Email _____

To Parent/Guardian: To serve your child in case of accident or sudden illness, it is necessary that you give the following information for EMERGENCY CALLS.

Parent/Guardian 1: Name _____ Relationship _____
 Phone Numbers: Home (____) _____ Cell (____) _____ Work (____) _____ Email _____

Parent/Guardian 2: Name _____ Relationship _____
 Phone Numbers: Home (____) _____ Cell (____) _____ Work (____) _____ Email _____

List four neighbors or nearby relatives who will assume temporary care of your child(ren) if you cannot be reached:

Neighbor/Relative 1 Name _____ Address _____
 Phone Numbers: Home (____) _____ Cell (____) _____ Work (____) _____ Email _____

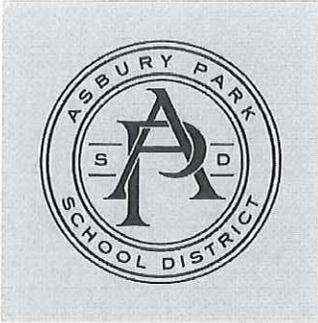
Neighbor/Relative 2 Name _____ Address _____
 Phone Numbers: Home (____) _____ Cell (____) _____ Work (____) _____ Email _____

Neighbor/Relative 3 Name _____ Address _____
 Phone Numbers: Home (____) _____ Cell (____) _____ Work (____) _____ Email _____

Neighbor/Relative 4 Name _____ Address _____
 Phone Numbers: Home (____) _____ Cell (____) _____ Work (____) _____ Email _____

Please list other children attending New Jersey Public Schools (Name, Grade, School)

Please check this box if there has been a name change of parent/guardian, address or telephone number.



Asbury Park School District

910 Fourth Avenue
Asbury Park, New Jersey 07712
Telephone: 732-776-2606 ext: 2415
Email: schetlickl@asburypark.k12.nj.us

Parents & Guardians

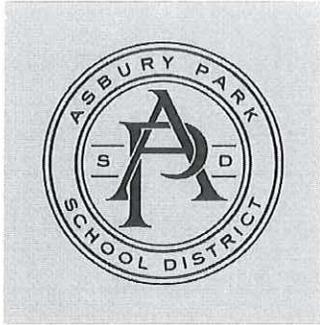
The Asbury Park School District uses the Genesis Student Information System to store all student information from demographic information to attendance, grades and discipline and much more. One of the features of Genesis is the Genesis Parental Portal. This is used for parents to view his/her child's information via the Internet.

Through the Parent Portal, parents will be able to view his/her child's attendance, discipline, grading (report cards) and gradebooks. Parents can set preferences to have alerts sent to his/her email regarding absences, tardies, and gradebook updates. Information availability may vary between schools while systems are upgraded and processes are streamlined. If there is something you cannot see, let you school administrator know.

To provide this service, parent registration is required. Please complete the attached form and return it to your school's main office secretary. Upon identification verification, the form will be sent for the setup to be completed.

You will receive your username, password and a user guide via email within 10 days of verification.

Please be reminded, only verified Parents, Guardians and Students may have access to this information. If the requestor is not the student, the requestor **MUST** be in Genesis as a contact.



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910 Fourth Avenue
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 Email: schetlickl@asburypark.k12.nj.us

Genesis Parent Access Registration Form

Please Print

Parent/Guardian Last Name		Parent/Guardian First Name		Role (ex.Parent/Guardian)	
Telephone#		Cell Phone#		Email Address	
Child's Name		School		Grade Level	
1		1		1	
2		2		2	
3		3		3	
4		4		4	
5		5		5	
6		6		6	
7		7		7	

_____ Requestor Signature _____ Date

_____ Print Verifier Name _____ Verifier Signature