



DISTRICT ENROLLMENT FORM

FOR OFFICE USE ONLY

- | | |
|--|--|
| <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

Non Elèv la: _____
 Paran / Gadyen Legal: _____
 Adrès: _____
 Vil / Eta / Kòd Postal: _____
 Telefòn Lakay: _____
 Telefòn Ijans: _____ Race: _____
 Dat Nesans: _____ Laj: _____
 Kote ou te fèt: _____
 Dat Antre Nan US (si li aplikab) _____ Premye antre nan lekòl US _____
 Dènye lekòl ou te ale: _____ Dènye klas ki te fini: _____

Non Papa: _____
 Sitwayen Ameriken: Wi _____ Non _____ Okipasyon: _____
 Adrès Anplwayè a: _____ Travay Telefòn: _____
 Non manman: _____
 Sitwayen Ameriken: Wi _____ Non _____ Okipasyon: _____
 Adrès Anplwayè a: _____ Travay Telefòn: _____
 Èske swa paran travay nan yon enstitisyon gouvènman an? Wi _____ Non _____

KONTAK NAN KA IJANS:

Non: _____ Telefòn: _____
 Adrès: _____

LIS LÒT LEKÒL PIBLIK OSWA LEKÒL PRIVE ELÈV LA TE ALE:

Lekòl / Distri: _____ Adrès: _____
 Lekòl / Distri: _____ Adrès: _____
 Lekòl / Distri: _____ Adrès: _____

ENFÒMASYON RESANSMAN - LIS LÒT TIMOUN NAN FANMI (PI GRAN PREMYE)

Non: _____ Dat Nesans: _____
 Non: _____ Dat Nesans: _____
 Non: _____ Dat Nesans: _____
 Non: _____ Dat Nesans: _____



Adrès tanporè (Temporary Address)

Èske adrès kote wp viv kounye a se yon aranjman tanporè: WI () NON ()

Èske wap viv ak yon fanmi oswa yon zanmi: WI () NON ()

Èske w ap viv kounye a nan youn nan bagay sa yo:

() Relatif/fanmi

Tanpri eksplike: _____

() Avèk plis pase yon fanmi nan yon kay oubyen yon apatman

() Motèl

() Abri

() Yon kote ou pa ka rete pou yon peryòd tan ki pi long

() Yon machin oswa yon lòt kote pa anjeneral ki deziyen pou dòmi



Otorizasyon pou Divilgasyon (Authorization for Release of Records)

Non Elèv la _____ Dat Nesans _____

Klas aktyèl _____

Dosye yo dwe lage (tcheke atik ki apwopriye yo)

_____ Dosye Kodilatif

_____ Nòt egzamen yo

_____ Transkripsyon Klas yo

_____ Dosye Sante

_____ Prezans ak Enfòmasyon Disiplin

_____ Dosye Ekip Timoun (Edikasyon, Sikolojik, ak Sosyal Istwa Eval)

_____ Nimewo Idantifikasyon Eta New Jersey

_____ Lòt: **NJ HSPA Score & ISR Dosye** (yo) ki endike anwo a se / yo dwe lage nan:

___ **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

Mwen bay pèmision pou bay dosye ki anlè a (yo):

Siyati paran / gadyen legal

Dat

Siyati Elèv (18 an oswa plis)



Akademik Istwa (Academic History)

Pou nou ka bay yon pwogram enstriksyonèl trè edikatif, tanpri reponn kesyon sa yo:

I. ENGLISH KÒM YON DEZYÈM LANG/BILENG

1. Ki lang pitit ou a premye aprann pale? _____

2. Ki lang ou itilize pi souvan lè ou pale ak pitit ou a lakay ou?

3. Ki lang pitit ou a itilize pi souvan lè li ap pale ak paran / gadyen lakay li?

4. Ki lang pitit ou a itilize pi souvan lè li ap pale ak frè oswa sè?

5. Ki lang pitit ou a itilize pi souvan lè li ap pale ak lòt fanmi?

6. Ki lang pitit ou a itilize pi souvan lè li ap pale ak zanmi lakay li?

II. ENFÒMASYON SOU PROGRAM

Tanpri tcheke nenpòt nan pwogram sa yo kote pitit ou a te patisipe:

PWOGRAM	NIVO LEKÒL
_____ ESL, Bileng	_____
_____ Talan, Entelijan	_____
_____ Sèvis Edikasyon Espesyal	_____
_____ Okenn ladan yo	_____
_____ 504	_____
_____ Sanzabri	_____

III. PLIS ENFÒMASYON

Tanpri bay dat pitit ou a te antre nan peyi a: _____

ISTWA SOSYAL: Tanpri ekri nenpòt enfòmasyon sou pitit ou ke ou panse pwofesè a ta dwe genyen pou li ka pi byen konprann pitit ou a epi ede li:



504 Plan
(IEP & 504 Plan)

Non Elèv la: _____ Dat nesans _____

Klas aktyèl: _____

Dènye lekòl li te ale: _____ Nimewo Telefòn lekòl la: _____

Tanpri rele lekòl la anvan pou konfime enfòmasyon sa yo:

Èske elèv sa a gen yon: IEP () Plan 504 ()

Non Anplwaye: _____
 Ekri Non Siyati

Dat: _____



Sèvis Sante Enfòmasyon (Health Services Information)

Pou kapap bay pi bon sèvis sante posib pou pitit ou a, enfimyé lekòl la bezwen konnen istwa pitit ou ak sitiwayon sante aktyèl li. Tanpri endike anba a si pitit ou a te genyen youn nan bagay sa yo:

___ Opresyon oswa pwoblèm pou respire

___ Alèji / (a kisa) _____ Kalite reyaksyon _____ Epi Pen _____

___ Dènye fwa te entène / Rezon

___ Kriz malkadi, (kalite) _____ Medikaman _____

___ Enfeksyon nan zòrèy _____

___ Medikaman chak jou - Non medikaman _____

___ Dòz _____ Frekans _____

___ Dyabèt & Tretman _____

___ Nenpòt lòt kondisyon sante _____

Non Doktè _____ Nimewo Telefòn _____

Non Asirans Sante _____ Idantifikasyon Nimewo _____

Mwen bay pèmision pou lekòl la pataje enfòmasyon ki konsène sante pitit mwen ak manm fakilte / manm pèsònèl sa yo ki ka bezwen konnen. Mwen rekonèt ke pataje enfòmasyon an enpòtan pou byennèt ak sekirite pitit mwen pandan li nan lekòl la.

Mwen bay pèmision pou enfimyé lekòl la pou kontakte founisè sante pitit mwen an pou jwenn enfòmasyon nesèsè pou bay swen pitit mwen an. Li gen ladan, men se pa sèlman Dosye Iminizasyon ak Enfòmasyon Medikal, men tou, gen ladan enfòmasyon ki soti nan founisè swen sante mantal

Non Timoun lan _____

Siyati Paran

Dat



Pwogram Sèvis Lasante Enfimyè Pratik ki baze sou Enfimyè (School Based Nurse Practitioner Health Services Program)

Chè Paran / Gadyen:

Pwogram sèvis swen sante ki baze sou enfimyè lekòl la (Pwogram Sèvis Sante) li ofri sèvis evalyasyon prevantif, medikal ak sante pou elèv nan lekòl nou yo. Pwogram Sèvis Sante a opere pa Asosyasyon Enfimyè Vizite ki nan Central New Jersey ki pa koute anyin pou elèv yo.

Pwogram Sèvis Sante a ofri sèvis swen medikal prensipal ki ofri pa yon enfimyè doktè (oswa Enfimyè pratik). Yon enfimyè, ki an kolaborasyon ak yon doktè, gen lisans pou fè dyagnostik ak trete moun nan anviwònman lekòl la. Sèvis sa yo ap gen ladan egzamen ak evalyasyon kab plenyen de sante oswa ki gen yon pwoblèm de sante.

Ou pral enfòme sou rezilta yo, epi yo pral ofri tretman oswa rekòmandasyon ke pitit ou a wè founisè swen sante li. Nan demann ou ak konsantman ou, yo pral bay tretman epi suiv vizit ou pwograme. Founisè swen medikal prensipal ou pral enfòme sou nenpòt tretman yo ofri nan biwo sante a via faks ak telefòn pou yo ka kenbe swen pwofesyonèl konplè pou pitit ou a. Di byen bay enfòmasyon nesèsè sa yo.

Tanpri ranpli fòm konsantman ki anba la a:

Mwen bay konsantman pou pitit mwen an _____ pou yo egzamine ak evalye yon enfimyè doktè nan ka maladi oswa yon pwoblèm sante ki ka entèfere ak pwogrè timoun nan lekòl. **Wi** _____ **Non** _____

Mwen ____ / **Mwen pa** ____ vle pratisyen enfimyè a pou administre swen debaz. Swen debaz ka gen ladan yo bay Tylenol pou gwo lafyèv

TANPRI REMAKE: Nou pa yon sal dijans. Si yo bezwen plis swen, nou pral rele 911. Pa gen pri pou ou pou sèvis sa yo, si wi ou non pitit ou an kouvri pa yon asirans sante oswa ou pa.

Mwen pibliye lekòl Asbury Park sa a, Konsèy Edikasyon an ak Asosyasyon Enfimyè pou vizite Central Jersey, ak nenpòt lòt ajan yo, ofisyèl eli yo oswa anplwaye yo nan nenpòt ak tout responsablite, reklamasyon, domaj, depans ak depans, ki rezilta oswa ki ka rezilta nan nenpòt aksyon, aksidan, omisyon, oswa ensidan an kondisyon an koneksyon avèk oswa ki gen rapò ak itilizasyon pitit mwen an nan Pwogram Sèvis Swen Sante Enfimyè ki bay swen sante.

Mwen sètifye lè mwen siyen ke mwen menm tou mwen divilge nenpòt reklamasyon pou pitit mwen an. Kòm yon kondisyon ak konsiderasyon pou yo te kapab itilize Pwogram Sèvis Sante Enfimyè ki bay lasante nan lekòl la, mwen dakò, nan limit konplè lalwa pèmèt, pa kòmanse, ankouraje, fasilite oswa patisipe nan nenpòt aksyon oswa pwosedi pou domaj, enjonksyon oswa nenpòt lòt kalite sekou, nan nenpòt tribinal leta, federal oswa lokal oswa anvan nenpòt ajans administratif sou non tèt mwen, pitit mwen an oswa nenpòt ki lòt moun ki gen rapò ak Pwogram Sèvis Swen Sante Enfimyè nan Lasante.

Siyati paran / Gadyenl _____ **Dat** _____

Non Paran / Gadyen _____ **Dat** _____



Fòm Medikal (Medical Home Form)

Non Elèv la _____ Dat Nesans _____

Elèv Adrès _____

Vil _____ Eta _____ Kòd Postal _____

Lekòl _____ Klas _____ Homeroom # _____

Homeroom Teacher _____ Non Paran / Gadyen _____

Tanpri Tcheke / ranpli youn nan bagay sa yo:

1. Doktè Prensipal pou swen medikal (kay medikal) se _____

Adrès _____

Nimewo telefòn _____

2. **Mwen pa gen** yon doktè

Tcheke liy ki anba a ki aplike pou ou:

_____ Mwen pa gen Medicaid

_____ Mwen pa gen NJ KidCare

Siyati Paran

Dat



Title I - Parent Involvement Survey

(Title I - Parent Involvement Survey)

Chè paran / gadyen legal,

Paran Tit I yo dwe patisipe nan desizyon yo ki fason 1% rezève lajan yo pral itilize pou patisipasyon paran yo. Lekòl nou an kwè opinyon ou konsènan enfòmasyon lekòl la ak aktivite patisipasyon paran yo enpòtan. Tanpri ranpli sondaj sa yo lè ou tcheke kalite resous ak sèvis ou ta renmen wè ki disponib nan distri a.

Yo pral itilize sondaj sa a pou devlope Règleman ak aktivite patisipasyon paran lekòl nou an.

Tanpri tcheke tout sa ki aplike:

Lis anba a se opòtinite nou ta renmen ofri. Tanpri, tcheke nenpòt nantout nan sa yo ke ou ta renmen wè ak oswa patisipe nan

- | | |
|---|--|
| <input type="checkbox"/> Konferans Enrichment Paran nan tout Distri aa | <input type="checkbox"/> Amelyore imaj pwòp tèt ou pitit ou a |
| <input type="checkbox"/> Angle kòm yon dezyèm lang | <input type="checkbox"/> Atelye pou prevansyon dwòg ak gang |
| <input type="checkbox"/> Resous atelye ekri | <input type="checkbox"/> Kou preparasyon pou GED |
| <input type="checkbox"/> Estrateji pou amelyore siksè elèv nan lekti ak redaksyon | <input type="checkbox"/> Club Echèk |
| <input type="checkbox"/> Ladrès òdinatè debaz | <input type="checkbox"/> Jesyon estrès pou paran jodi a |
| <input type="checkbox"/> Resous pou Grand Paran kap leve timoun | <input type="checkbox"/> 411 sou HIB (Arasman, Entimidasyon ak Entimidasyon) |
| <input type="checkbox"/> Asire pitit ou a byen fè egzamen NJ ASK | <input type="checkbox"/> Prepare timoun pou lekòl la |
| <input type="checkbox"/> Konprann ADHD ak fè yon bagay sou li | <input type="checkbox"/> Amelyore komunikasyon avèk pwofesè timoun lan |
| <input type="checkbox"/> Benefis ki itil pou manman sèl ki ogmante ti gason yo | <input type="checkbox"/> Jwenn Mentors pou timoun yo |
| <input type="checkbox"/> Devlope yon sistèm aprantisaj lakay ou | <input type="checkbox"/> Diagnostik Depresyon ak lòt pwoblèm sante mantal |
| <input type="checkbox"/> Siveye pitit nou an nan teknoloji | <input type="checkbox"/> Navigasyon Sistèm Edikasyon Ameriken (Panyòl ak Kreyòl) |
| <input type="checkbox"/> Talent kache pitit ou a | <input type="checkbox"/> Pale ak jèn sou sèks |
| <input type="checkbox"/> PTO (òganizasyon pwofesè paran) | <input type="checkbox"/> PAC (Konsèy Konsiltatif paran) |
| <input type="checkbox"/> Lòt | <input type="checkbox"/> Lòt |

Tan reyinyon (Tcheke yon sèl): ___AM ___ PM / ___ Lun ___ Mad ___ Mek ___ Jedi ___ Van ___ Sam

Non Paran / Gadyen: _____

Pi bon Nimewo Kontak: _____ Imèl Adrès: _____

Lekòl Timoun nan: _____ Klas: _____



Kontra Paran / Gadyen legal (School-Parent/Guardian Compact)

Distri lekòl Asbury Park la, ak paran elèv k ap patisipe nan aktivite, sèvis ak pwogram ki finanse pa Tit I, Pati A nan Lwa sou Edikasyon Primè ak Segondè (ESEA) (timoun kap patisipe yo), dakò ke kontra sa a esplike ki jan paran yo, tout anplwaye lekòl la, ak elèv yo pral pataje responsablite pou amelyore siksè akademik elèv yo ak mwayen kote lekòl la ak paran yo pral bati ak devlope yon patenarya ki pral ede timoun yo reyalize yon estanda ki wo nivo pou Eta a.

Kontra enfòmèl ant lekòl-paran sa a anvigè pandan lekòl ane lekòl la.

Responsablite lekòl yo

Asbury Park School Distri a pral:

1. Bay kourikoulòm ak enstriksyon bon kalite nan yon anviwònman aprantisaj de sipò e efikas ki pèmèt timoun kap patisipe esatisfè nan yon estanda reyisit akademik Eta a.
2. Fe konferans paran-pwofesè yo pandan yap diskite kontra jan li gen rapò ak siksè timoun nan.
3. Bay paran yo rapò souvan sou pwogrè timoun yo. Espesyalman, lekòl la ap bay rapò yo jan sa a.
4. Bay paran yo aksè rezonab pou anplwaye yo. Espesyalman, anplwaye yo ap disponib pou konsiltasyon ak paran yo sou demann ak sou yon baz jan sa nesèsè.
5. Bay paran yo opòtinite pou yo fè volontè epi patisipe nan klas pitit yo, epi pou yo obsève aktivite salklas yo sou demann ak sou yon baz nesèsè.

Responsablite paran / gadyen legal

Mwen (Nou), kòm paran (yo), ap sipòte aprantisaj pitit mwen an nan fason sa yo:

- Siveye prezans.
- Fè sèten devwa yo konplete.
- Kontwòle kantite televizyon pitit mwen an ap angaje.
- Volontè nan salklas pitit mwen an.
- Patisipe, jan sa apwopriye, nan desizyon ki gen rapò ak edikasyon pitit mwen.
- Fason pou ankouraje itilizasyon pozitif nan tan ki pa nan kourikoulòm pitit mwen an.
- Rete enfòmè sou edikasyon pitit mwen an epi kominike avèk lekòl la e li tout avi ki soti nan lekòl la oswa distri eskolè kit resevwa pa pitit mwen an oswa pa lapòs epi reponn, si sa apwopriye.
- Sèvi, nan limit posib sou polisi oswa gwoup konseye yo.



Responsablite Elèv

Mwen menm, kòm yon elèv, pral pataje responsablite pou amelyore siksè akademik mwen epi reyalize estanda wo nivo Eta a. Espesyalman, mwen pral:

- Fè devwa mwen chak jou epi mande èd lè m bezwen.
- Li omwen 30 minit chak jou andeyò lè lekòl la.
- Bay paran mwen oswa adilt ki responsab pou byennèt mwen tout avi ak enfòmasyon mwen resevwa nan lekòl mwen an.

Asbury Park School Distri a pral:

1. Fe paran yo patisipe nan planifikasyon, revize ak amelyorasyon règleman patisipasyon paran lekòl la, nan yon fason ki òganize, kontinyèl e yon tan apwopriye.
2. Patisipe ansanam ak paran yo nan devlopman nan nenpòt plan pwogram nan tout lekòl la, nan yon fason òganize, kontinyèl e yon tan apwopriye.
3. Fe yon reyinyon anyèl pou enfòmasyon paran yo nan patisipasyon distri a nan pwogram Tit I, Pati A, epi eksplike kondisyon Tit I, Pati A, ak dwa pou paran yo patisipe nan pwogram Tit I, Pati A. Distri a / lekòl yo ap òganize reyinyon an nan yon moman pratik pou paran yo, epi yo pral ofri yon kantite fleksib nan reyinyon patisipasyon paran adisyonèl, tankou nan maten oswa nan aswè, pou ke anpil paran ke posib yo kapab ale nan. Distri a / lekòl yo ap envite nan reyinyon sa a tout paran timoun kap patisipe nan pwogram Title I, Part A (elèv kap patisipe yo), epi yo pral ankouraje yo pou yo ale na.
4. Bay enfòmasyon pou paran elèv kap patisipe yo nan yon fòm ki konprann ak inifòm, tankou fòm altènatif sou demann paran ki gen andikap yo, epi, nan limit posib, nan yon lang paran yo ka konprann Bay paran yo enfòmasyon sou timoun ki patisipe yo nan yon fason apwopriye sou pwogram Title I, Part A ki gen ladan yon deskripsyon ak eksplikasyon sou kourikoulòm lekòl la, fòm evalyasyon akademik yo itilize pou mezire pwogrè timoun yo, ak nivo konpetans elèv yo atann rankontre.
5. Sou demann paran, bay opòtinite pou reyinyon regilye pou paran yo fòmile sijesyon, epi patisipe, jan sa apwopriye, nan desizyon sou edikasyon pitit yo. Distri a / lekòl yo pral reponn nenpòt sijesyon sa yo le pli vit ke posib.
6. Bay chak paran yon rapò endividyèl sou pèfòmans pitit yo nan evalyasyon Eta a nan omwen matematik, langaj ak li.
7. Bay chak paran avi a alè lè yo te asiye pitit yo oswa yo te asiye pou kat (4) semèn youn apre lòt pa yon pwofesè ki pa trè kalifye nan siyifikasyon tèm nan nan seksyon 200.56 nan Règleman Final Title (67 Fed. Reg. 71710, 2 Desanm 2002).

Siyati reprezantan Distri / Lekòl la _____ Dat _____

Siyati paran / gadyen legal _____ Dat _____

Siyati elèv la _____ Dat _____



Fòm Konsantman Medya Paran / Gadyen (Parental/Guardian Media Consent Form)

Medya Paran / Gadyen

Nou voye fòm sa a konsantman paran an tou pou enfòm ou epi pou mande pèmisyon pou foto / imaj pitit ou a ak enfòmasyon ki idantifye moun pèsònèlman pou pibliye pa plòg medya oswa itilize sou sit wèb distri a ak / oswa sou entènèt la ak / oswa medya sosyal.

Kòm okouran, gen danje potansyèl ki asosye ak afiche a e ak pataje enfòmasyon ki idantifye moun pèsònèlman. Danje sa yo toujou egziste; sepandan, nou lekòl yo vle selebre pitit ou ak travay li. Lwa a egzije pou nou mande pèmisyon pou itilize enfòmasyon sou pitit ou a.

Dapre lalwa, nou pap mete nenpòt enfòmasyon ki idantifye pèsònèlman san konsantman alekri ou te genyen antanke paran oswa gadyen. Enfòmasyon ki idantifye pèsònèlman gen ladan non elèv, foto oswa imaj, adrès rezidansyèl, adrès imel, nimewo telefòn ak kote ak lè vwayaj klas yo. Si ou menm, kom paran oswa gadyen legal la, vle ranvwaye akò sa a, ou ka fè sa nan yon lèt alekri bay direktè lekòl pitit ou a epi yap anile li lekòl la resevwa li.

Tcheke YON nan chwa sa yo:

- Mwen / Nou bay pèmisyon pou yon foto / imaj / videyo ki gen ladan elèv la san okenn lòt idantifyan pèsònèl yo dwe pibliye oswa itilize sou sit entènèt lekòl la ak / oswa distri a.
- Mwen / Nou bay pèmisyon pou foto / imaj / videyo ak non elèv la yo dwe pibliye oswa itilize sou sit entènèt lekòl la ak / oswa distri a.
- Mwen / Nou bay pèmisyon pou foto / imaj / videyo elèv la ak tout lòt idantifyan pèsònèl ki endike anwo a yo dwe pibliye oswa itilize sou sit entènèt lekòl la ak / oswa distri a.
- Mwen / Nou pa bay pèmisyon pou foto / imaj / videyo ki gen ladan elèv sa a yo dwe pibliye oswa itilize sou sit entènèt lekòl la ak / oswa distri a.

Non Elèv la: (Tanpri enprime) _____

Non fanmi paran / gadyen legal: (ekri an lèt detache) _____

Siyati paran / gadyen: (siy) _____

Relasyon ak elèv: _____ Klas elèv la: _____ Dat: _____



Akò Elèv pou Aksè Entènèt

(Student Agreement for Internet Access Account)

Lè mwen siyen akò sa a, mwen / nou siyifi ke mwen / nou te li Asbury Park Règleman Itilizasyon an e nou dakò pou obeyi tèm li yo. Mwen / nou konprann ke òdinatè yo, rezo yo ak teknoloji yo dwe itilize sèlman pou rezon edikatif e ke pa gen anyin kab prive ki gen rapò ak itilize nan menm bagay la tou.

Lè kontra sa a fin fèt, li dwe retounen nan biwo Direktè lekòl la. Si gen nenpòt kesyon konsènan règleman sa a, tanpri kontakte yon pwofesè patwone, koòdonatè teknoloji, oswa yon administratè.

Denye Non: _____ **Prenon:** _____

Adrès lakay: _____

Telefòn Lakay: _____ **Laj:** _____

Ane ke ou espere wap gradye: _____

Siyati itilizatè: _____ **Dat:** ___ / ___ / _____

Paran oswa Gadyen (Si aplikan an poko gen laj 18 an, yon paran oswa gadyen an ak li dwe siyen akò sa a tou):

Kòm paran oswa gadyen elèv sa a mwen li tout tèm la an epi mwen dakò ak li pou pitit mwen an. Mwen bay pèmisyon pou bay yon kont ak pitit mwen epi mwen sètifye ke enfòmasyon ki nan aplikasyon sa kòrèk.

Non Paran oswa Gadyen (tanpri enprime): _____

Siyati Paran oswa Gadyen: _____

Dat: ___ / ___ / _____

Telefòn lajounen: _____ **Telefòn aswè:** _____



SEMI Annual Notification Regarding Parental Consent

(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

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: _____

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 _____	

New Jersey Required Immunizations: School Age Children

Student Name: _____ Birth Date: _____

The Asbury Park School District, in compliance with New Jersey law, requires that a child receive the following immunizations prior to entering school. Please have your doctor record the dates below.

1. Diphtheria, Tetanus, and Pertussis (DTaP):

Minimum four (4) doses with one dose given on or after the fourth birthday OR any (5) doses.

- 1. _____
- 2. _____
- 3. _____
- 4. _____
- 5. _____

2. Polio:

Minimum three (3) doses with one dose given on or after the fourth birthday OR any (4) doses.

- 1. _____
- 2. _____
- 3. _____
- 4. _____

3. Measles, Mumps, Rubella:

Minimum two (2) doses of live measles-containing vaccine given on or after the first birthday.

- 1. _____
- 2. _____

4. Hepatitis B:

Minimum three doses hepatitis B vaccine.

- 1. _____
- 2. _____
- 3. _____

5. Varicella:

Every pupil born after Jan. 1, 1998, shall have received one dose of Varicella before entering kindergarten.

- 1. _____
- 2. _____

6. Haemophilus Influenza B (HIB):

(Required for day/child care enrollees 2 months to 5th birthday only)

Age 2 – 11 months: 2 doses minimum

Age 12 – 59 months: 1 dose minimum given after the first birthday

- 1. _____
- 2. _____
- 3. _____

7. Pneumococcal:

(Required for day/child care enrollees 2 months to 5th birthday only)

Age 2 – 11 months: 2 doses minimum

Age 12 – 59 months: 1 dose minimum given after the first birthday

- 1. _____
- 2. _____
- 3. _____

8. A physical exam performed within the last 365 days is also required.

Please attach a copy of this exam.

If the pupil has had any other immunization, please provide the type and date: _____

Place Physician's stamp below: Physician's 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 1: 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.

¿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: _____ Medications Yes No Allergic Reaction: _____
Immunizations/Tetanus: Date: _____ Type: _____ Restrictions: _____
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



Asbury Park School District

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

Paran / Gadyen

Distri Lekòl Asbury Park la itilize yon sistèm enfòmasyon elèv ki rele Jenèz ki la pou konsève tout enfòmasyon demografik elèv yo nan prezans, nòt ak disiplin ak plis ankò. Youn nan karakteristik yo ki nan Jenèz nan Jenèz Paran Portal la. Sa a itilize pou paran yo ka wè informatiion pitit li sou entènèt la.

Atravè pòtal paran an, paran yo pral kapab wè prezans pitit / li, disiplin, nòt ak kanè yo. Paran ka gin preferans pou fason yo voye enfòmasyon pou yo oswa pa imèl pou ka konnen absans, reta, ak dènye nòt yo. Disponiblité enfòmasyon yo ka varye ant lekòl yo pandan yap modènize sistèm yo ak pwosesis yo. Si gen yon bagay ou pa ka wè, kite ou administratè lekòl konnen.

Pou bay sèvis sa a, enskripsyon pou paran li obligatwa. Tanpri ranpli fòm ki atache a epi retounen li ak sekretè biwo lekòl ou an. Lè yo fin fè verifikasyon idantifikasyon, yo pral voye fòm lan pou konfigirasyon ka konplete.

Ou pral resevwa non itilizatè ou an, modpas ak yon gid pou ka itilizatè via imèl nan 10 jou verifikasyon.

Tanpri sonje, sèlman verifye papye, gadyen ak elèv yo ki ka gen aksè a enfòmasyon sa a. Si moun ka fè demann lan se pa elèv la, moun sa dwe nan sistèm Jenèz kòm yon kontak.

Asbury Park School District



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

Genesis Parent Access Registration Form

Please Print/Tanpri Enprime

Parent/Guardian Last Name Paran/Gadyen Siyati	Parent/Guardian First Name /Paran/Gadyen Premye	Role (ex.Parent/Guardian) Wòl (ansyen.Paran / Gadyen)
Telephone Telefòn	Cell Phone# Telefòn Selilè	Email Adress adrès imèl
Child's Name Non Timoun lan	School Nivo	Grade Level Klas Lekòl
1	1	1
2	2	2
3	3	3
4	4	4
5	5	5
6	6	6
7	7	7

Requestor Signature

Siyati Demandè a

Date

Dat

Print Verifier Name
 Enprime Non Verifier

Verifier Signature
 Siyati Verifier