



South Amboy Elementary School

249 John Street

South Amboy, NJ 08879

www.sapublicschools.com

PHONE: 732-525-2118

FAX: 732-525-0205

Sean Dunphy
Principal

Dr. Martin Gurczeski Jr.
Vice Principal

March 5, 2020

Parents/Guardians,

Kindergarten registration for the 2020-21 school year has begun and will be held between March 4, 2020, and March 27, 2020, between the hours of 9:00 AM and 1:30 PM. In order to register for Kindergarten, your child must turn 5 on or before October 31st (Policy #5111).

As a parent of a Pre-Kindergarten student already enrolled in our school you do not need to complete the registration packet. You will have to provide prior to the start of the school year the following items:

1. Updated Proof of Residency
2. Updated Immunization Records with the administered before starting school:
 - a. DPT 5th dose
 - b. Polio 4th dose
 - c. MMR 2nd dose

If you know anyone living in South Amboy that is looking to register please have them print the registration items from the South Amboy Elementary School website at <http://es.sapublicschools.com/> or pick up a Kindergarten registration packet from South Amboy Elementary School.

We are very pleased that your child will be attending our school and look forward to providing your child with the very best education possible.

Sincerely,
Sean Dunphy
School Principal



South Amboy Elementary School

249 John Street
 South Amboy, NJ 08879

www.sapublicschools.com

PHONE: 732-525-2118

FAX: 732-525-0205

Sean Dunphy
 Principal

Dr. Martin Gurzceski, Jr.
 Vice Principal

Student Name: _____ Date: _____

	Completed	Date Received	Initials
Student Information and Residency			
Student Enrollment Registration Form			
(1 item) Primary Proof of Residency: Property Tax bill, deed, lease agreement, mortgage statement, etc.			
(2 items) Secondary Proof of Residency: license, car registration, utility bill, bank statement, other bills, etc.			
Statement of Domicile			
Original Birth Certificate			
Acceptable Use Policy			
Parental Consent Form			
Genesis Parent Access Form			
Medical Information			
Physical			
Immunizations			

Please call for appointment:
Mrs. Wolfe
Registrations
Phone: 732-525-2118, ext. 2221
Fax: 732-525-0205



South Amboy Public Schools
 240 John Street, South Amboy, New Jersey 08879
 Phone: (732) 525-5400 Fax: 732-727-0730

Jorge E. Diaz
 Superintendent

www.sapublicschools.com
 jdiaz@sapublicschools.com

Enrollment Registration Form

CHILD INFORMATION: Fill out information about your child		
Last:	First/Middle:	Preferred Name:
Birth Date:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Siblings? <input type="checkbox"/> Yes <input type="checkbox"/> No
Address:		
City:	State:	Zip Code:

CHILD DEMOGRAPHICS: Fill out information about your child			
Race (Check all that apply)	Language	Primary Language?	Language Proficiency
<input type="checkbox"/> American Indian <input type="checkbox"/> Asian <input type="checkbox"/> White <input type="checkbox"/> African American <input type="checkbox"/> Hawaiian/Pacific <input type="checkbox"/> Other: _____ Island		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Speaks <input type="checkbox"/> Reads <input type="checkbox"/> Writes <input type="checkbox"/> None <input type="checkbox"/> Poor <input type="checkbox"/> Moderate <input type="checkbox"/> Proficient
Ethnicity:		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Speaks <input type="checkbox"/> Reads <input type="checkbox"/> Writes <input type="checkbox"/> None <input type="checkbox"/> Poor <input type="checkbox"/> Moderate <input type="checkbox"/> Proficient
Nationality:		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Speaks <input type="checkbox"/> Reads <input type="checkbox"/> Writes <input type="checkbox"/> None <input type="checkbox"/> Poor <input type="checkbox"/> Moderate <input type="checkbox"/> Proficient
Place of Birth:	Birth Country:	Date of Students Arrival in the US:	

CHILD ACADEMIC INFORMATION	
Has the child attended a South Amboy School before?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If so, please give the school name(s) and date of attendance:	
Has the child attended school outside of the South Amboy School District?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If so, please give the school name(s) and date of attendance:	
Has your child been classified as eligible for Special Education Services? (IEP or 504)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has your child been eligible for Basic Skills or an I&RS/RTI Plan?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Name and Birthdate of brother(s) and/or sister(s) [Include pre-school aged children also.]

FAMILY INFORMATION: Fill out information about parent/guardian(s)

Parent/Guardian		Primary Caregiver? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Relationship to Child:	Address:		
City, State, Zip:	Languages Spoken:		
Parent Email		Phone Type (Work, Cell, Home)	Notes (When not to call)
Phone Number	Primary Phone		
	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	<input type="checkbox"/> Yes <input type="checkbox"/> No		

Parent/Guardian		Primary Caregiver? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Relationship to Child:	Address:		
City, State, Zip:	Languages Spoken:		
Parent Email		Phone Type (Work, Cell, Home)	Notes (When not to call)
Phone Number	Primary Phone		
	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	<input type="checkbox"/> Yes <input type="checkbox"/> No		

Are the parents divorced?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
If so, is there a legal document describing the child's domicile for school purposes or limiting either parent's parental rights? Please provide a copy of this document.			
If the student does not live with both parents/guardians, does the parent/guardian that they do not live have the right to the following (check all that apply):			
<input type="checkbox"/> Report Cards	<input type="checkbox"/> Discipline Reports	<input type="checkbox"/> Attendance Reports	<input type="checkbox"/> All-Calls

EMERGENCY CONTACT INFORMATION

First, Last Name	Home #	Work #	Cell #	Relationship

This Registration form has been completed by: Parent/Guardian Name (Printed) _____

Parent/Guardian Signature: _____

Date: _____

STATEMENT OF DOMICILE
(Student Residing with Parent/Guardian in the District)

Complete this section if the student is living with a parent or guardian whose permanent home is located in the South Amboy School District. If you are the student's guardian or will be the guardian of a student from out of state following expiration of the required six-month waiting period, you will be asked to provide official papers proving guardianship. You will not be asked to produce "Affidavit of Domicile" student proofs of the type requested in Section B.

How long have you lived in this home? _____

Do you have any present intention of moving from this home? If so, when and to where?

Do you have residences(s) elsewhere, and, if so, where are they and when do you live there?

Please list four forms of proof you will provide to demonstrate that the address given on this application is your permanent home. (See the list ACCEPTABLE DOCUMENTATION OF PROOF OF RESIDENCY on the first page of this packet.)

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

If the student's parents are domiciled in different school districts, regardless of which parent has legal custody, please answer the following questions:

Does the student reside with one parent for the entire year? If so, with which parent and at what address?

If not, for what portion of time does the student reside with each parent and at what addresses?

Parent

Date

TENANT FORM A
AFFIDAVIT OF RESIDENCY OF LANDLORD/OWNER

STATE OF NEW JERSEY)
)
) ss.
COUNTY OF MIDDLESEX)

To: The South Amboy Board of Education

This Affidavit of Residency of Landlord/Owner is to be completed by landlord/property owner in South Amboy where there does not exist a written lease.

I, _____, of full age, being duly sworn according to
 (Name of landlord/owner)
law, depose and say:

1. I am the landlord/owner of the premises located at

South Amboy, New Jersey.

2. _____ is a tenant at these premises.
 (Name of Tenant)

3. The following school-age child resides at the premises with the above-named tenant
 (Print name of child living with tenant below):

Signature of Landlord/Owner

Sworn and Subscribed to me
on this ____ day of _____, _____

A Notary Public of the State of New Jersey
My commission expires on _____

PLEASE NOTE: Pursuant to N.J.S.A. 2C:28-2, a person who makes a false statement under oath or equivalent affirmation when he or she does not believe the statement to be true is guilty of a crime of the fourth degree. The South Amboy Board of Education may prosecute those who provide false information.

TENANT FORM B
AFFIDAVIT OF RESIDENCY OF LANDLORD/OWNER
(Student As Additional Resident)

STATE OF NEW JERSEY)
) ss.
COUNTY OF MIDDLESEX)

To: The South Amboy Board of Education

This Affidavit of Residency of Landlord/Owner is to be completed by landlord/owner in South Amboy in instances where additional individuals reside with the original tenant.

I, _____, of full age, being duly sworn according to
 (Name of landlord/owner)
law, depose and say:

- 1. I am the landlord/owner of the premises located at _____,
 South Amboy, New Jersey.
- 2. I am aware that the _____ family has moved in with _____, who is
 the tenant of this premises.
- 3. The following school-age child resides at the premises with the above-named tenant
 (Print name of child living with tenant below):

Signature of Landlord/Owner

Sworn and Subscribed to me
on this _____ day of _____, _____

A Notary Public of the State of New Jersey
My commission expires on _____

PLEASE NOTE: Pursuant to N.J.S.A. 2C:28-2, a person who makes a false statement under oath or equivalent affirmation when he or she does not believe the statement to be true is guilty of a crime of the fourth degree. The South Amboy Board of Education may prosecute those who provide false information.

HEALTH HISTORY FORM

STUDENT'S NAME: _____

DATE OF BIRTH: _____

ADDRESS: _____

GRADE: _____

PARENT/GUARDIAN: _____

TELEPHONE: (____) _____

1. Disease History – Please check and if yes explain if needed:

Contra-indications (kind)

<u>DISEASE HISTORY</u>	<u>TYPE</u>	<u>AGE</u>	<u>AGE</u>
Allergies	Asthma	Otitis Media	Eyes
Drug Sensitivities	Chicken Pox	Rheumatic Fever	Ears
Congen. Problems	Seizure Disorders	Strep Infection	
Hepatitis	Diabetes	Mononucleosis/EBV	
Neuromusc Disease	Heart Disease	Fractures	
Blood Disorder/Anemia		Bone Disorder	

2. Explain any of the above:

3. List any medication – reason and doctor's name and telephone#

4. Hospitalizations & Reason:

5. Gym or any activity limitations:

6. Immediate family history of: Heart, Diabetes, Blood Pressure, etc.:

Any changes that the school should be aware of, please send in information:

Parent/Guardian Signature

Date

SOUTH AMBOY PUBLIC SCHOOLS

MEDICAL EMERGENCY PROCEDURE FORM 2020-21

Pupil _____ School _____ Grade _____
(Last Name) (First Name)

Home Phone No. _____ Cell No. _____

Birth Date _____ Sex: M F

Parent/Legal Guardian _____

Address _____ Zip _____

Father's Place of Business _____ Phone _____

Mother's Place of Business _____ Phone _____

Person to be contacted if neither parent is available

(1) _____ Phone _____
(Name) (Address) (Relationship)

(2) _____ Phone _____
(Name) (Address) (Relationship)

In case of an emergency, I have arranged for the person named above to pick-up and care for him/her.
Names of other children in family: (if more space is required, attach sheet)

_____ School _____ Grade _____
_____ School _____ Grade _____
_____ School _____ Grade _____

List any operation, illness or special medications your child has had recently. Also, list other medical problems.

Allergies _____

Child's Physician _____ Phone _____

In emergency: Hospital of choice 1. _____ 2. _____

Are Medicaid Services being rendered? Yes ___ No ___

Does Child have Health Insurance?

Yes ___ If Yes, Name of Insurance Company _____

No ___ NJ FamilyCare provides free or low cost Health Insurance for uninsured children and certain low income parents.
For more information call 800-701-0710 or visit www.njfamilycare.org to apply online

I give permission for the nurse to share medical information with teachers on a need to know basis Yes ___ No ___

Notify parent of every visit to the nurse (excludes annual screenings) Yes ___ No ___

Parent/Legal Guardian signature _____ 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 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

Immunization Record Attached
 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	



South Amboy Elementary School

249 John Street

South Amboy, NJ 08879

www.sapublicschools.com

PHONE: 732-525-2118

FAX: 732-525-0205

Sean Dunphy
Principal

Dr. Martin Gurczeski
Vice Principal

GENESIS PARENT ACCESS FORM

(Student Information System)

Date of Request: _____

I am requesting access to the district's Genesis-Parent Access Web server. I accept sole responsibility for securing my user account and password.

PARENT INFORMATION: Name: _____

Address: _____

Phone# _____

E-mail Address: _____
(This will be your user name) (Please use only lowercase letters for your e-mail address)

I certify that the information that I have provided is factual.

Parent's Signature: _____ Date: _____

Student Name: _____

Grade: _____



South Amboy Elementary School

249 John Street

South Amboy, NJ 08879

www.sapublicschools.com

PHONE: 732-525-2118

FAX: 732-525-0205

Sean Dunphy
Principal

Dr. Martin Gurczeski
Vice Principal

BOE WWW PARENTAL CONSENT FORM

South Amboy Board of Education, 240 John Street, South Amboy, NJ 08879

I hereby give permission for my child's photograph, artwork, poetry or other work produced in conjunction with a school project, class or extracurricular activity to be put on the Board of Education's website, in accordance with the policies set forth in the BOE's World Wide Web Procedures and Guidelines.

I understand that the information to be posted does not include information from my child's academic, guidance, permanent or cumulative record (i.e. grades or attendance records). I also understand that the information to be posted does not include other personal information such as my child's address or phone number.

Parent's Signature: _____ Date: _____

Student Name: _____

Grade: _____

**SOUTH AMBOY SCHOOL DISTRICT
ACCEPTABLE USE POLICY FOR
ELECTRONIC MAIL AND INTERNET SERVICES**

Information Systems Usage

The South Amboy School District provides computer equipment, Internet, and E-Mail as on-line resources to its staff and students. These services are provided for educational use only, with the primary idea being to improve teaching and learning through research and exploration of the rapidly expanding global electronic resources. To gain access to these services students under the age of eighteen must obtain parental permission and must sign and return the permission form to the Media Specialist in each respective building. Students eighteen and over (proof of age required) may sign their own forms. The South Amboy School District reserves the right to monitor all activity on district owned network facilities.

Included are district guidelines so that staff, community users, and parents/guardians of students are aware of their responsibilities. The signatures on this document are legally binding and indicate that the signee agrees to abide by established rules and understands the terms and conditions of this agreement.

Access to the Internet, and E-Mail will enable students to explore thousands of libraries, data bases, bulletin boards, and news groups, while exchanging information with other users throughout the world. Parents/guardians should be advised that some material may contain items that are illegal, inappropriate, or potentially offensive to some people. It is our intent to supervise student use as we make computer services available to further educational goals but while doing so students may find access to other materials as well. We believe the benefits to students from this access in the form of increased information resources and collaboration opportunities exceed any disadvantages.

Parents and guardians of minors are responsible for setting standards for their children to follow when using media and information sources. Therefore South Amboy School District respects each family's decision whether or not they allow students to participate.

On-Line Conduct

Any actions by students that may be determined by system administrators as inappropriate use of network resources or to restrict other students from using those resources is prohibited. Any action in this area may result in the termination of student use of all on-line services and/or action in compliance with the district's discipline policies. The following online rules are to be followed:

- Use of the Internet is a privilege not a right that may be revoked or suspended by the system administrator.
- Be polite in all on-line messages
- Use appropriate language (no abusive, obscene, profane or inaccurate language)
- Do not reveal personal home addresses or telephone numbers of yourself, other students

or colleagues.

- Electronic mail (E-Mail) is not guaranteed to be private, anyone using the system has access to E-mail. Any illegal messages may be reported to the authorities.
- Do not use the network in a way that would disrupt its use for someone else.
- Vandalism (any malicious attempt to destroy data of another user or of the network) will result in cancellation of all privileges.
- Any user identified as a security risk may be denied access.
- Transmission of any material which violates United States or State regulations are prohibited.
- The use of on-line services for advertisement, political lobbying, or religious solicitation is also prohibited.

South Amboy School District is not responsible for the accuracy or quality of information obtained through these services. The South Amboy School District will not be responsible for any damages incurred by the user. This includes loss of data, nondeliveries, misdeliveries, or service interruptions. Use of any information obtained through the Internet or any other online service is used at your own risk.

User Agreement and Parent Permission Form

As a user of the South Amboy School District computer network I hereby agree to comply with the above stated rules - communicating over the network in a reliable fashion while honoring all relevant laws and restrictions.

Student Signature

Date

As the parent or legal guardian of the student signing above, I grant permission for my son or daughter to access networked computer services such as Internet and E-Mail. I understand that individuals and families are held liable for violations. I understand that some materials on the Internet may be objectionable, but I accept responsibility for guidance of Internet use - setting and conveying standards for my son or daughter to follow when selecting, sharing or exploring information and media.

Parent Signature

Date

Name of Student

Grade

School

Birth Date

Home Telephone number
