

**LAWNSIDE SCHOOL DISTRICT  
BOARD OF EDUCATION  
426 Charleston Avenue  
Lawnside, New Jersey 08045**

**RONN H. JOHNSON, ED. D.**  
SUPERINTENDENT  
856-546-4850  
FAX: 856-310-0901  
[ronnjohnson@lawnside.k12.nj.us](mailto:ronnjohnson@lawnside.k12.nj.us)



**Karen Willis**  
BUSINESS ADMINISTRATOR  
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***STUDENT REGISTRATION PACKET***

**Dear Parents/Guardians:**

The following documents must be submitted by the Parent/Guardian to Lawnside School District 426 East Charleston Avenue, Lawnside, New Jersey.

**1. *Proof of Residency:***

- Property Tax Bill, Mortgage Bill, Deed or Lease  
and
- Utility Bill (less than 60 days)

**2. *Credentials for families who reside with another family:***

- Proof of Residency of **homeowner** listed above
- A Notarized Letter stating that you and your child/children resides with a family member/friend.
- A McKinney-Vento Questionnaire which is included in the Registration Packet.
- A Bill with a Lawnside address

**3. *Documentation of Relationship to Student:***

- Original Birth Certificate of the student with the raised seal
- State-issued ID/Driver's License, U.S. Passport of the parent or legal guardian
- Legal custody, Court Order or Guardianship Document issued by the Court or by the State (if applicable.)

**4. *Student Records:***

- Immunization Record from Previous School District
- Physical Examination Record (PK and K)
- Transfer Card
- Report Card
- 504 Plan or IEP

**5. *Other:***

- Home Language Survey
- Emergency Form
- Free and Reduced Application

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**STUDENT REGISTRATION PACKET**

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

Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_ Sex: M \_\_\_ F \_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_ (City, State)

Home Address: \_\_\_\_\_

Race: \_\_\_ Am. Indian/Alaskan \_\_\_ Asian \_\_\_ Black \_\_\_ Hawaiian Native/Pacific Islander  
\_\_\_ Hispanic \_\_\_ White \_\_\_ Other \_\_\_\_\_ (*choose all that apply*)

Active Military Connected  Yes or  No What Branch \_\_\_\_\_

Legal Mother/Guardian: \_\_\_\_\_ Legal Father: \_\_\_\_\_  
Address: \_\_\_\_\_ Address: \_\_\_\_\_

Cell Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_  
Home Number: \_\_\_\_\_ Home Number: \_\_\_\_\_  
Work Number: \_\_\_\_\_ Work Number: \_\_\_\_\_

Email Address (Mother): \_\_\_\_\_  
Email Address (Father): \_\_\_\_\_

With whom does the child live? \_\_\_\_\_

**Name and Address of previous school District:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Was your child receiving any of the services listed below?  Yes  No  
If yes, please check the box below

- IEP
- Speech
- 504
- Other \_\_\_\_\_

**For office use only**

Assigned to grade: \_\_\_\_\_ Student Number: \_\_\_\_\_  
Starting date: \_\_\_\_\_ Teacher : \_\_\_\_\_

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*This questionnaire is intended to address the McKinney-Vento Act 11435.*

In accordance with New Jersey State Law (N.J.S.A. 18A:38-1 and 18A: 7B-12), it is necessary to determine the residence of students entering the school district by answering the following question:

1. Does the student reside in any of the following facilities (Please check where applicable)

- A home the parent/guardian owns or is renting
- Family\* or friend's home by choice (\*grandparent, aunt, uncle, etc.)
- Family or friend's home *out of necessity*
- home for adolescent school-age mothers
- motel
- migrant family dwelling
- shelter
- transitional housing facility
- other (identify)

Student's Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Grade: \_\_\_\_\_

Parent's Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

## AFFIDAVITS

*If any information does not pertain to you or your situation, please place N/A for Not Applicable and return the entire packet to the school.*

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**AFFIDAVIT OF RESIDENCY for STUDENT AND PARENT**  
*Please have this form legalized by a notary.*

Name of Student \_\_\_\_\_ Date of Birth \_\_\_\_\_

Your Name (s) \_\_\_\_\_ Relationship to student \_\_\_\_\_

Previous School Name/Address \_\_\_\_\_

Your Previous Address \_\_\_\_\_

I, \_\_\_\_\_, will be residing at \_\_\_\_\_  
Parent/Guardian Address

on a permanent basis with the above mentioned student, for whom (I/We) (am/are) the legal parent/guardian.

In order to document the validity of this living arrangement, I am providing the Lawnside Board of Education with the following proofs of my residency.

**NO OTHER PROOF OF RESIDENCY WILL BE ACCEPTED**

- Signed and notarized Lease or Mortgage/Settlement Papers with a Lawnside Address
- Tax bill with a Lawnside Address
- Utility Bill with a Lawnside Address (PSEG, sewer, CCMUA)
- NJ Driver's License, NJ Photo I.D., U.S. Passport

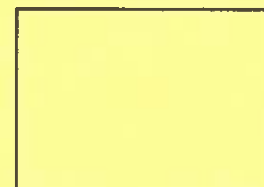
I have initialed here \_\_\_\_\_ to acknowledge receiving a copy of N.J.S.A. 18A:38-1.

I have read, or had read to me, this affidavit of residency that I have completed, and it's true and correct to the best of my knowledge. I understand that I can be held legally responsible for my involvement in any violations of N.J.S.A. 18A:38-1 for fraudulently completing this legal/notarized statement which I have signed below.

\_\_\_\_\_  
Print Your Name

\_\_\_\_\_  
Your Signature

Sworn to and subscribed before me  
this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_



\_\_\_\_\_  
Signature of Notary

Seal

Lawnside School District  
Residency Affidavit 2

*If you're a parent/guardian residing with a family member/friend's home, please have homeowner/lessee complete this form and have it notarized.*

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

I, the home owner/lessee \_\_\_\_\_ currently reside at the following

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_

Email Address: \_\_\_\_\_

Please list the following person(s) who will be residing at the above address:

1. Parent/Guardian: \_\_\_\_\_ Parent/Guardian: \_\_\_\_\_

2. Student: \_\_\_\_\_ Student: \_\_\_\_\_

***Please return the following documents to the school provided by the homeowner:***

- Notarized Residency Affidavit 2
- Lease, Mortgage Deed/Statement, or Tax Bill from Lawnside Boro Hall
- 2 Proof of Residency ~ water bill, gas bill, pseg bill, bank statement, etc.

***Please have the Residency Affidavit signed by both parties in front of a notary.***

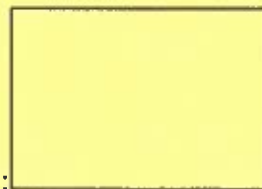
Property Owner's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

The above individuals appeared before me on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

Notary Public Name \_\_\_\_\_ Notary Public Signature \_\_\_\_\_

Seal:



***Submission of false statements or false participation in this process violates the law and offenders may be prosecuted and/or charged tuition for illegal days of attendance. Lawnside's District Investigator reserves the right to verify the residency of any pupil and the validity of any affidavit concerning residency.***

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**DECLARATION OF RESIDENCY FORM For Homeless Students**

This is to inform the Lawnside Board of Education that my child:

Name of Student: \_\_\_\_\_ DOB: \_\_\_\_\_ Grade: \_\_\_\_\_

and I, \_\_\_\_\_ (parent/Guardian) are temporarily residing at

the following address: \_\_\_\_\_  
(street address, city, state & zip code)

We are living with \_\_\_\_\_ telephone: \_\_\_\_\_  
(Name & Relationship)

My last address that I rented/owned was: \_\_\_\_\_  
(street address, city, state & zip code)

The school district that my child attended while living at that address was:

\_\_\_\_\_ (City & State)

My child attended \_\_\_\_\_ School.

The causes of my becoming homeless are: \_\_\_\_\_

\_\_\_\_ I request to register my child in the Lawnside School District.

\_\_\_\_ I prefer for my child to attend school in the former school district

Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

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

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

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*Dear Resident,*

*It has come to my attention of the Lawnside Board of Education that residents are allowing children who do not live within the Borough to use their address to attend Lawnside Public School and Haddon Heights High School, or to collect reimbursement for private school transportation. The use of your address for this purpose is illegal, and could subject a person to be prosecuted as a disorderly person. Secondly, a resident who improperly allows an address to be used can be forced to reimburse the School board the cost of the non-resident child's education. For a child attending Lawnside School this could be up to \$9,744.00 and for Haddon Heights up to \$14,620.00.*

*This policy of the taxpayers only paying for the education of bona fide Lawnside children will be strictly enforced. If you have any questions about this policy or know of a student who you think is improperly attending the elementary school or attending Haddon Heights, please call the Superintendent at 856-546-4850.*

*Sincerely,*

*Ronn H. Johnson, Ed. D.  
Superintendent*

**ANY PERSON WHO FRAUDULENTLY ALLOWS A CHILD OR ANOTHER PERSON TO USE HIS/HER RESIDENCE AND IS NOT THE PRIMARY FINANCIAL SUPPORTER OF THAT CHILD, AND ANY PERSON WHO FRAUDULENTLY CLAIMS TO HAVE GIVEN UP CUSTODY OF HIS/HER CHILD TO A PERSON IN ANOTHER DISTRICT COMMITS A DISORDERLY PERSONS OFFENSE. New Jersey State Law – 18A-38-1**

In order that the Board, Township, State and Federal laws requiring mandatory school attendance be met, the following information is necessary before a student can be registered in the Lawnside School system.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_



**Please complete all Medical Forms**

**Universal Child Health Record to be completed  
by your Health Care Provider**

# 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)

<b>IMMUNIZATIONS</b>	<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 _____	

# MEDICAL HISTORY FORM

Student's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_

## Instructions to Parent/Guardian:

Please provide the following information concerning your child and return this form to the health office. If you have specific health conditions, please call me to discuss your concerns at 856-546-1473.

### 1. Please check any of the following that your child has had.

- |   |   |
|---|---|
| <input type="checkbox"/> Seizures/convulsions         | <input type="checkbox"/> Diabetes       |
| <input type="checkbox"/> Head Injury                  | <input type="checkbox"/> Asthma         |
| <input type="checkbox"/> Orthopedic Problems/Injuries | <input type="checkbox"/> Scarlet Fever  |
| <input type="checkbox"/> Sickle Cell                  | <input type="checkbox"/> Heart Problems |
| <input type="checkbox"/> allergies                    | <input type="checkbox"/> chicken pox    |

### 2. Please check all of the following areas in which your child has problems

- |  |   |
|--|---|
| <input type="checkbox"/> Speech                      | <input type="checkbox"/> Playing with other children  |
| <input type="checkbox"/> Hearing                     | <input type="checkbox"/> Attention  |
| <input type="checkbox"/> Vision                      | <input type="checkbox"/> Behavior   |
| <input type="checkbox"/> Following verbal directions | <input type="checkbox"/> Walking, running, balance, holding objects, other motor skill problems |

3. Is your child frequently sick? \_\_\_ Yes \_\_\_ No If yes, what is the most common cause of the problem?

\_\_\_\_\_

4. Is there anything about your child's health, habits, or behaviors that you would like to tell us?

\_\_\_\_\_

5. Does your child take medication regularly? \_\_\_ Yes \_\_\_ No if yes, please list

\_\_\_\_\_

\*If your child needs to take medication during school hours, please see the nurse for the appropriate forms and/or questions.

6. Is your child under a physician's care for an ongoing condition, asthma, or allergies? \_\_\_ Yes \_\_\_ No

*If yes, please see School Nurse*

7. Does your child have any special dietary allergies or needs? \_\_\_ Yes \_\_\_ No If yes, please explain and send in

documentation from your physician. \_\_\_\_\_

8. Does your child have any special toileting issues of which we should be aware? \_\_\_ Yes \_\_\_ No If yes, please explain

\_\_\_\_\_

9. Health Insurance Provider \_\_\_\_\_

Provider ID number \_\_\_\_\_

10. If you do not have health insurance check here

Health Screening Permission Form

Student's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_

I hereby give my permission to Lawnside School for my child named above, to receive the following screening and services as part of the school health program. I understand that the school nurse will be present at all times. I also understand that I can refuse any of these health assessments by submitting a written refusal to the school nurse. I understand that the school nurse will contact me if any problems are detected during the health screenings.

1. Height, weight, and blood pressure screening
2. Vision and hearing screenings
3. A scoliosis screening examination by the school physician and/or nurse will be done bi-annually on all students between 10 and 11 years old. Scoliosis is a lateral curve of the spine, most commonly found during the adolescent growth period.
4. Medical screening on selected grades by the school physician, as needed, if time permits

*This medical permission for allows your child to participate in the School Health Program. It will cover your child from Pre-Kindergarten through 8<sup>th</sup> grade. It will be incorporated into your child's health records.*

\_\_\_\_\_  
\*Signature of Parent/Guardian

\_\_\_\_\_  
Date

\*do you wish to be present for any of the above screenings? \_\_\_ Yes \_\_\_ No  
If yes, please contact school nurse at 856-546-4850 x2205

Student's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_

Medication Allergies/sensitivities: \_\_\_\_\_

Long-term medications your child receives: \_\_\_\_\_

---

I give my permission for the School Nurse to give my child any of the medications I have checked below (which have been approved by the school's physician) as deemed necessary. I understand that the generic equivalent medication may be used. It will cover your child from Pre-Kindergarten through 8<sup>th</sup> grade.

\_\_\_\_\_ for abrasions, minor lacerations, brush burns  
(Neosporin, polysporin, bactine, mediquick)

\_\_\_\_\_ for first- and second-degree burns (burn gel)

\_\_\_\_\_ for cold sore/fever blister (blistex, camphophenique/carmex)

\_\_\_\_\_ for eye irritation (eye wash, collyrium sol., saline eye wash, visine)

\_\_\_\_\_ for insect bites, itchy skin, minor skin irritations  
(sting kill/itch X, caladryl, or hydrocortisone cream)

\_\_\_\_\_ for mouth ulcers/tooth pain (anbesol, oil of clove, glyoxide)

\_\_\_\_\_ for cough/sore throat (chloroseptic throat spray, cough drops/lozenges)

\_\_\_\_\_ for headache, pain, cramps (Tylenol)

\_\_\_\_\_  
Parent/Guardian's Signature

\_\_\_\_\_  
Date

# New Jersey Department of Education

Household Information Survey 2024-2025



County: Camden

District: Lawnside School District

School: Lawnside

Please complete, sign, and return this form to your child's school.

## Part A. Household Members

Fill in the information for every person living in your household (adults & children). For help determining who should be included in the household, see instructions on the second page.

List all who live in the household: Names (Last Name, First Name)	Date of Birth XX-XX-XXXX	Name of School the Student Attends (if applicable)	Grade Level	Student Information (mark as applicable)			
				Migrant	Homeless	Foster	In Head Start
1.							
2.							
3.							
4.							
5.							
6.							
7.							
8.							

\* If household size is greater than 8, list additional household members on a separate paper, and follow special instructions in Part C.

## Part B. Benefits Received (if applicable)

- 1) If anyone in the household receives FDPIR, TANF, or SNAP, check the appropriate box(es):  FDPIR  TANF  SNAP
- 2) If you checked a box, write the full name (Last, First) and 10-digit case number of any one person receiving the benefit and skip to Part D.

Name: \_\_\_\_\_ Case #: \_\_\_\_\_

**Part C. Household Size and Gross Income (before deductions).** For help determining your annual income, see page 2 of the survey.

- Households with 8 or fewer people: Check a box below for the Annual Income Range that reflects your total annual household income.
- If Household Size is greater than 8, DO NOT check an income range, but follow the special instructions below boxes 1 through 17.

### Annual Household Income Ranges\*

1. <input type="checkbox"/> \$0 - \$16,744	5. <input type="checkbox"/> \$28,549 - \$32,227	9. <input type="checkbox"/> \$40,627 - \$46,254	13. <input type="checkbox"/> \$57,425 - \$58,058
2. <input type="checkbox"/> \$16,745 - \$22,646	6. <input type="checkbox"/> \$32,228 - \$34,450	10. <input type="checkbox"/> \$46,255 - \$49,025	14. <input type="checkbox"/> \$58,059 - \$65,823
3. <input type="checkbox"/> \$22,647 - \$23,828	7. <input type="checkbox"/> \$34,451 - \$40,352	11. <input type="checkbox"/> \$49,026 - \$52,156	15. <input type="checkbox"/> \$65,824 - \$74,222
4. <input type="checkbox"/> \$23,829 - \$28,548	8. <input type="checkbox"/> \$40,353 - \$40,626	12. <input type="checkbox"/> \$52,157 - \$57,424	16. <input type="checkbox"/> \$74,223 - \$82,621
			17. <input type="checkbox"/> \$82,622+

\* **Special Instructions for households with more than 8 people:** DO NOT check the boxes above. Instead, fill in items below:  
 Household size (# people): \_\_\_\_\_ Total annual Income: \$ \_\_\_\_\_

**Part D: Certification** - The head of household or adult designee who completed this form must complete this certification section. I certify (promise) that all information on this form is true and that all income is reported to the best of my knowledge. I understand that this form may impact the amount of State or Federal funding allocated to my local school district. I understand that the information I have provided may be verified.

Sign Here: X \_\_\_\_\_ Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

Last Four (4) Digits of Social Security Number (Optional): XXX-XX-\_\_-\_\_-\_\_-\_\_ (may be used to verify the accuracy of the information provided)

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Email (optional): \_\_\_\_\_

**Do NOT fill out this section. This is for school use only.**

Status: F  R:  N:

Reason for ineligibility:

Determining Official's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Confirming Official's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# New Jersey Department of Education

## Household Information Survey

This survey is used to determine eligibility for state benefits for which your child(ren)'s school may qualify.

Please complete, sign, and return this form to your child's school.

### Part A: Who should I include in "Household"?

You must include yourself and all people living in your household, related or not (for example, children, grandparents, other relatives, or friends) who share income and expenses. If you live with other people who are economically independent (they do not share income with you/your children and they pay a share of the expenses), do not include them.

### Part B: What are benefits received?

- **TANF:** NJ's Temporary Assistance for Needy Families (WorkFirst NJ)
- **SNAP:** Supplemental Nutrition Assistance Program (formerly food stamps)
- **FDPIR:** Food Distribution Program on Indian Reservations

### Part C: What is included in "Annual Household Income"?

Annual Household Income includes the following:

- **Gross earnings from work:** Use your gross income, not your take-home pay. Gross income is the amount earned before taxes and other deductions. This information can be found on your pay stub or, if you are unsure, your supervisor can provide this information. Net income should only be reported for self-owned business, farm, or rental income.
- **Welfare, Child Support, Alimony:** Include the total amount everyone in your household receives from these sources. Do *not* include SNAP or FDPIR payments.
- **Pensions, Retirement, Social Security, Supplemental Security Income (SSI), Veteran's benefits (VA benefits), and disability benefits:** Include the amount everyone in your household receives from these sources.
- **All Other Income:** Include for everyone in the household: worker's compensation, unemployment or strike benefits, rental income, interest and dividends, regular contributions received from others who do not live in your household, and any other income received. Do *not* include income from WIC, federal education benefits and foster payments received by your household.
- **Military Housing Allowances and Combat Pay:** Include off-base housing allowances, and food or clothing allowances. Do *not* include Military Privatized Housing Initiative or combat pay.
- **Overtime Pay:** Include overtime pay **ONLY** if it is received on a regular basis.

How do I calculate total household income received from multiple sources and/or on a weekly, every two weeks, twice a month, or monthly basis?

- 1) Annualize pay for each source of income based on the above definitions for every household member.

- a. Use the table below to convert your pay to an Annual Income amount.

Frequency of payment	Annual Income Conversion Amount
Weekly	= 52 × weekly gross (not take-home) income
Bi-Weekly (every two weeks)	= 26 × bi-weekly gross (not take-home) income
Twice per Month	= 24 × gross (not take-home) amount received twice per month
Monthly	= 12 × monthly gross (not take-home) income

- 2) Add together the annualized pay from every person in the household for the total annual household income for Part C.

- 3) If your household has 8 or fewer people, check the box that shows the range for your total income. If your household has more than 8 people, do not check a box; instead, write household size and total annual household income in the space provided.

If your income fluctuates, include the wages/salary that you regularly receive. For example, if you normally make \$1,000 each month, but you missed some work last month and made \$900, use \$1,000/month as the basis for your annual income. If you have lost your job or had your hours or wages reduced, enter zero or your current reduced income.

Additional information about this survey is available at: <http://www.nj.gov/education/finance/cep/>.



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### Home Language Survey

**Purpose:** The home language survey is used solely to offer appropriate educational services. This survey is the first of three steps to identify whether or not a student is eligible to be identified as an English language learner (ELL). "Home" is defined as a student's current place of residence.

#### Student Information:

Student Name: \_\_\_\_\_ Date of Birth (MM/DD/YYYY): \_\_\_\_\_

Current Address:

\_\_\_\_\_  
\_\_\_\_\_

#### Survey Questions:

1.) List all languages used in the student's home.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2.) Was the first language used by the student a language other than English?

\_\_\_\_\_ No                      \_\_\_\_\_ Yes

3.) Does the student speak or understand a language other than English?

\_\_\_\_\_ No                      \_\_\_\_\_ Yes

4.) When interacting with others at home (example: parents, guardians, siblings), does the student understand or use a language other than English most of the time?

\_\_\_\_\_ No                      \_\_\_\_\_ Yes

5.) When interacting with others outside the home (example: friends, caregivers), does the student understand or use a language other than English most of the time?

\_\_\_\_\_ No                      \_\_\_\_\_ Yes

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### Paso 1: Encuesta sobre el idioma que se habla en casa

**Objetivo:** la encuesta sobre el idioma que se habla en casa se utiliza únicamente con el fin de ofrecer servicios educativos adecuados (de acuerdo con el capítulo 1 de la Herramienta EL del Departamento de Educación de EE. UU.). Esta encuesta es el primero de los tres pasos para determinar si un estudiante es elegible para ser identificado como estudiante de inglés (ELL, por sus siglas en inglés). En este sentido, se entiende por "Casa" el lugar de residencia actual del estudiante.

#### Información del estudiante:

Nombre del estudiante: \_\_\_\_\_

Fecha de nacimiento (AAAA/MM/DD): \_\_\_\_\_

Dirección actual:

\_\_\_\_\_

#### Preguntas de la encuesta:

1.) Liste todos los idiomas que se hablan en la casa del estudiante.

\_\_\_\_\_

2.) ¿El primer idioma hablado por el estudiante fue un idioma distinto del inglés?

\_\_\_\_\_ No                      \_\_\_\_\_ Sí

3.) ¿El estudiante habla o entiende un idioma distinto del inglés?

\_\_\_\_\_ No                      \_\_\_\_\_ Sí

4.) Cuando se relaciona con otras personas en casa (por ejemplo: padres, encargados, hermanos), ¿el estudiante entiende o habla en un idioma distinto del inglés la mayor parte del tiempo?

\_\_\_\_\_ No                      \_\_\_\_\_ Sí

5.) Cuando se relaciona con otras personas fuera de casa (por ejemplo, amigos, cuidadores), ¿el estudiante entiende o habla en un idioma distinto del inglés la mayor parte del tiempo?

\_\_\_\_\_ No                      \_\_\_\_\_ Sí

**Please Note: Your child is not registered until all documents have been received. Thank you**

If you have any questions, please call Ms. Williams at 856-546-4850 extension 2201