

*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
ronnjohanson@lawnside.k12.nj.us



DAWN LEARY
BUSINESS ADMINISTRATOR
856-547-2585
FAX: 856-547-3865
dleary@lawnside.k12.nj.us

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
- 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

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STUDENT REGISTRATION PACKET

Child's Name: _____ Age: _____ Grade: _____

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 _____

Mother/Guardian: _____ Father/Guardian: _____

Cell Number: _____ Cell Number: _____

Home Number: _____ Home Number: _____

Work Number: _____ Work Number: _____

Email Address: _____

With whom does the child live? _____

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: _____ Teacher: _____

Starting date: _____ Assigned by: _____

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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)

FOR OFFICIAL USE ONLY

1st Request _____

2nd Request _____

3rd Request _____

PERMISSION TO OBTAIN/RELEASE RECORDS

To Whom It May Concern:

I hereby give my permission for the Lawnside School District, 426 East Charleston Avenue Lawnside, NJ 08045 to OBTAIN/RELEASE the permanent file, health record, and Child Study Team records for my child.

Name of Child: _____ Date of Birth: _____ Grade: _____

Address: _____

Parent's/Guardian's Name (Print): _____

Records are to be OBTAINED from:

Name of previous school: _____

Address of previous school: _____

City, State and Zip Code: _____

Fax: _____

I understand that my child's records are confidential and therefore will not be shared by Lawnside School District staff without my permission.

Signature of Parent/Guardian: _____ *Date:* _____

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

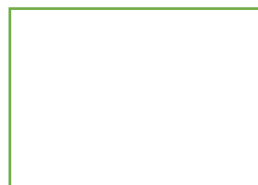
I have initialed here _____ to acknowledge receiving a copy of N.J.S.A. 18A:38-1.

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

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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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AFFIDAVIT BY PARENT OF NON-SUPPORT CHILD

_____ being duly sworn according to the law, on his/her oath,
deposes and says: (Parent/Guardian of child to be enrolled)

1. _____, my child, is currently residing in the Borough of Lawnside, NJ.
2. _____, my child, is not being supported by me in any way, financially or otherwise, and will not be supported by me during the term of this school year _____
3. I am assuming NO personal obligations for the child relative to school requirements.
4. I understand that if the above information is fraudulent, the resident with whom my child is living, may be assessed tuition for the student prorated to the time of the Board of Education's request for a sworn statement from the resident. Tuition shall be computed on the basis of 1/180 of the total annual per pupil cost to the local district, multiplied by the number of days ineligible attendance.
5. Any person who fraudulently allows a child of 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 person's offense.
6. **I will not claim** said child as a dependent on my Federal Income Tax Return, nor shall I receive any form of public assistance or welfare for said child.
7. I make this affidavit pursuant to Statutes of New Jersey Title 18A, Chapter 38, Article 1, and for the purpose of inducing the Board of Education of Lawnside to accept such child tuition free as a pupil in the school district. I realize that I am making this affidavit under oath, and that I may be severely punished if any statement herein is untrue.

Print Your Name

Sworn to and subscribed before me
this ____ day of _____ 20__

Signature of Notary

Your Signature



Seal



AFFIDAVIT BY PARENT OF NON-SUPPORT CHILD

Name of Student _____

1. I, _____, hereby swear that I reside and am domiciled within the school district of Lawnside, New Jersey and live at the following address: _____.
2. I have resided and been domiciled at the aforesaid address since the __ day of _____, 20__.
3. I am an adult and I am seeking admission to the Lawnside School District for a minor child who resides with me. The name, birthdate, age and present residence of the minor child is as follows:
4. The minor child aforesaid has resided with me since _____ and will continue to reside with me until _____. Attach any court papers or other documents giving you custody of the child.
5. I am supporting this child gratis, as if he or she were my own. I am assuming all personal obligations for the child relative to school requirements.
6. I intend to keep and support the child without financial or other assistance from anyone else for a longer time than merely through the school term.
7. The reason the child resides in my home and at my sole expense is: _____

8. I have claimed, or hereafter will claim said child as a dependent on my Federal Income Tax return.
9. I make this affidavit pursuant to Statutes of New Jersey Title 18A, Chapter 38, Article 1, and for the purpose of inducing the Board of Education of Lawnside to accept such child tuition free as a pupil in the school district. I realize that I am making this affidavit under oath, and that I may be severely punished if any statement herein is untrue.
10. I realize that if in proceedings before the Commissioner of Education, resident shall have the burden of proving by preponderance of the evidence that the child is eligible for a free education under the criteria herein listed, and if this evidence does not support the claim of the resident, the Commissioner may assess the resident tuition for the student on the basis of 1/180 of the total annual per pupil cost to the local district, multiplied by the number of days of ineligible attendance.

Print Your Name

Your Signature

Sworn to and subscribed before me
this _____ day of _____ 20__



Signature of Notary

Seal

**LAWNSIDE SCHOOL DISTRICT
BOARD OF EDUCATION
426 Charleston Avenue
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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 _____

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 8th 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 8th 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

