

**PISCATAWAY TOWNSHIP SCHOOLS
ENROLLMENT REQUIREMENTS**

Piscataway Township Administration Building
1515 Stelton Road
P.O. Box 1332
Piscataway, New Jersey 08855-1332

Monday-Friday 8:00 AM to 4:00 PM
July-August Monday – Thursday
Telephone (732)572-2289 Ext. 2-2573
Fax (732)985-2969

STUDENTS ARE ELIGIBLE TO REGISTER FOR PISCATAWAY TOWNSHIP SCHOOLS IF THEY LIVE WITH A PARENT OR GUARDIAN WHO IS A LEGAL RESIDENT OF THE DISTRICT OR WITH ANOTHER LEGAL RESIDENT WHO PROVIDES FULL FINANCIAL SUPPORT OF THE STUDENT

REGISTRATIONS ARE BY APPOINTMENT ONLY

Please complete the online pre-registration process available on our website at www.piscatawayschools.org *before* calling for an appointment. Once you have completed the online registration and collected the items below please call the Enrollment Center at 732-572-2289 x 2-2573 for an appointment date

_____ **Completed Registration Forms:** May be obtained on our website or picked up at the Enrollment Center and completed before your scheduled appointment

_____ **Proof of Residency - Must present EACH of the following:**

- **Homeowners:** current property tax/sewer bill *or* current mortgage statement *or* HUD US One Settlement with buyer's and seller's signatures
- **Renters:** current lease *or* notarized letter from the landlord
- **Additional documentation (at least two (2) items) which include the parent's name and reflect the Piscataway address such as:** PSE&G bill, cable bill, driver's license, passport, work ID, county ID, current medical bills, bank statement, voter registration card, state agency documents, etc.
- **All bills/statements must be dated within 30 days of registration date**
- **Affidavit of Residency Forms (if applicable)**
These forms are for parents who do not rent or own property in Piscataway but are residing in the home of a Piscataway resident. These forms are available on our website or at the Enrollment Center. **The homeowner must accompany the parent/guardian at the time of registration. For your convenience we notarize signatures at the time of your appointment**

_____ **Original Birth Certificate and/or passport of your child(ren)**

_____ **Proof of custody (if applicable) – Legal document for divorce, separation, single parent or guardianship**

_____ **Immunization records (translated to English on a doctor's letterhead if in another language) for your child(ren)**

_____ **Previous School Records if applicable:**

- **For all students:** copy of transfer card, report card, test scores and previous school phone number, mail and email addresses
- **For High School students:** an unofficial transcript
- **For Special Education students:** a current IEP

_____ **Parent / Guardian Piscataway home telephone number, work number and email address**

_____ **Emergency Contact: Name, relationship, and phone number (other than child's parents)**

Special Circumstances: If for any reason you are unable to produce the above documentation, you may still be eligible to enroll. Please call the Enrollment Center at the telephone number listed above.



100 Behmer Road
 Piscataway, NJ 08855-1332
 732 981-0700 x2075
 Fax 732 844-9407
 www.piscataway schools.org

Teresa M. Rafferty
 Superintendent of Schools
Deborah I. Dawson, Psy.D.
 Supervisor of Counseling and Health Services

Health History/Record Update

Pupil's Name _____
 Last First Middle Grade (as of September)

Address _____ Date of Birth _____ Sex _____

Father's Name _____ Home Telephone _____ Cell # _____

Mother's Name _____ Home Telephone _____ Cell # _____

Guardian _____ Home Telephone _____ Cell # _____

The information provided in this update takes the place of any previous information. Health information will be shared with essential staff to assist in your child achieving educational goals.

HEALTH HISTORY DATE HEALTH HISTORY DATE HEALTH HISTORY

HEALTH HISTORY	DATE	HEALTH HISTORY	DATE	HEALTH HISTORY
Allergy – Specify	Y N	Eczema	Y N	Injuries/Broken Bones/Stitches (List)
		Eyeglasses/Contacts	Y N	
		Hearing Aid	Y N	
		Hearing Difficulties	Y N	
		Heart Disease	Y N	
Asthma	Y N	Hepatitis	Y N	
Autism Spectrum Disorder	Y N	Hematological Disorder	Y N	Operations (List)
Auto Immune Disorders	Y N	Juvenile Rheumatoid Arthritis	Y N	
Chronic Otitis Media (Ear Infection)	Y N	Lyme Disease	Y N	
Congenital Disorder	Y N	Mononucleosis	Y N	
Convulsive Disorder	Y N	Neuromuscular Disorder	Y N	Hospitalizations (List)
Diabetes	Y N	Strep Infections	Y N	
Drug Allergies - Specify	Y N	Other Illnesses - Specify	Y N	

MEDICAL RESTRICTIONS (Attach Physician's Note etc.)

CURRENT MEDICATIONS (Prescriptions, Inhaler, EpiPen, etc.)

List all Children in Family (Oldest to Youngest)

Last Name/First Name	Birthdate	Last Name/First Name	Birthdate

Signature of Parent/Guardian _____ Date _____

Any additional information can be attached to this form.



**PISCATAWAY
TOWNSHIP SCHOOLS**

Teresa Rafferty
Superintendent of Schools

1515 Stelton Road
P.O. Box 1332
Piscataway, NJ 08855-1332
732 572-2289, ext. 2519
Fax 732 985-2969
www.piscatawayschools.org

Dear Parents/Guardians:

If your child was enrolled in another school district, please indicate if he/she was receiving services through the Child Study Team and has an Individualized Education Plan (IEP) or was enrolled in a Limited English Proficiency Program. Please sign this letter to certify the following:

Child's Name _____

Please mark an "X" next to the appropriate statements:

_____ Currently has an IEP Plan

_____ Does not have an IEP Plan

_____ Enrolled in a Limited English Program (LEP)

_____ Not enrolled in a Limited English Program (LEP)

Parent's Signature

Date

Print Parent's Name



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Fax 732 844-9407
www.piscatawayschools.org

Teresa M Rafferty
Superintendent of Schools
Deborah I. Dawson, Psy.D
Supervisor of Health Services and Counseling

NOTICE REGARDING PHYSICAL EXAMINATION

Dear Parent/Guardian:

New Jersey State law requires a medical examination for students **upon entry into a school district**. In addition, the New Jersey State Board of Education and the New Jersey Department of Health and Senior Services emphasize the importance of subsequent examinations during each of the student's developmental stages. **Kindergarten Students** are required to have a physical exam. New students must have documentation of an entry exam. If your child had a recent physical examination, contact the nurse at your child's school to determine if it will meet the requirements. Physicals must be done by a medical provider (MD, DO, PA, or AP) who is licensed to practice in the United States. For September admission, physicals done on or after September 1, 2015 will be accepted.

The primary responsibility for the total health needs of the school child rests with the family and the child's own healthcare provider. A physical examination by a private provider allows for a more thorough and individual approach. It also provides the opportunity for additional immunizations if needed.

Please have the physical examination form completed by your healthcare provider and return the form to the Health Office by

September 2016

Any questions or concerns can be directed to the nurse at your child's school.

Sincerely,

Deborah Dawson

Supervisor of Counseling and Health Services

Teresa M. Rafferty
Superintendent of Schools

Deborah I. Dawson, Psy.D.
Supervisor of Counseling and Health Services

PHYSICAL EXAMINATION FORM

Pupil's Name _____ Birthdate _____

School _____ Grade _____

Immunizations: DTP _____ DT _____ Td _____ Tdap _____

Polio _____ Meningococcal _____

MMR _____ MMR _____ HepB _____ HepB _____ HepB _____
Type Type Type

Varicella _____ HIB _____ PCV _____

Pneumococcal Conjugate _____ Influenza _____

Mantoux Tuberculin Skin Test: Date Administered _____ Date Read _____ Results _____ (mm)

Last Lead Test _____ Lead Test Results _____

Height _____ Weight _____ Blood Pressure _____ Hearing _____ Vision _____

Nutrition _____ Skin _____ Head _____ Eyes _____ Ears _____ Nose _____

Oral
(Teeth/Gums) _____ Throat _____ Neck _____ Heart _____ Lungs _____

Abdomen/Hernia _____ Genitalia _____ Extremities _____ Orthopedic _____

Scoliosis _____ Remarks _____ Neurological _____ CBC _____ Urinalysis _____

History of Illness/Injury _____

Family History (if appropriate) _____

Allergy _____

Medication _____

Participation in Physical Education/Sports/Activities _____

Remarks/Impression/Summary _____

Physician's Signature _____

Date of Exam _____

Physician's Stamp

School Health Offices

Pre-School

Children's Corner 732-981-4442 ext. 6101

Grades: Kindergarten – 3

Eisenhower Elementary School 732-752-1801 ext. 5644

Grandview Elementary School 732-752-2501 ext. 5737

Knollwood Elementary School 732-885-1528 ext. 5828

Randolphville Elementary School 732-699-1573 ext. 5953

Grades: 4 – 5

Arbor Elementary School 732-752-8102 ext. 5562

Martin L. King Elementary School 732-699-1563 ext. 5443

Grades: 6 – 8

Conackamack Middle School 732-699-1577 ext. 5114

Quibbletown Middle School 732-752-0444 ext. 5317

T Schor Middle School 732-752-4457 ext. 5218

Grades: 9 – 12

PHS-East Wing 732-981-0700 ext. 2288

PHS-West Wing 732-981-0700 ext. 2240

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1515 Stelton Road P.O. Box 1332
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(732)-572-2289 ext. 2-2573 Fax (732)-985-2969
HOMEOWNER / TENANT AFFIDAVIT FORM

Homeowner <hr/> Name of Homeowner/Tenant <hr/> Street Address Apt# <hr/> City State Zip Code <hr/> Home Phone Cell Phone <hr/> Property: <input type="checkbox"/> Homeowner <input type="checkbox"/> Renting	Applicant Family Residing with Homeowner/Tenant <hr/> Name of Family residing with Homeowner/Tenant <hr/> Street Address Apt# <hr/> City State Zip Code <hr/> Home Phone Cell Phone
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Housing Information

Please specify the type of building in which the applicant and resident live.

Single Family House
 Three Family House
 Multiple Dwelling, No. of Apartments _____

Two Family House
 Condominium
 Other: (Specify)_____

Please provide the following:

Relationship of family to Homeowner/Renter: No Relation Family Member(s) How many people will be living with you? _____

Does the applicant contribute to rent and utilities? NO YES If yes, how much? _____

How long do you expect the applicant's family to live with you? _____ (example – 3 weeks, 4 months, 1 year)

List the Names of People Living in the Home

Knowingly permitting your name or address to be used in the registration of a non-resident student has serious legal implications and may expose you to criminal prosecution. Submission of a fraudulent document to a government agency is punishable by jail and fines in a criminal court. In addition, a tuition judgment from a court or the Commissioner of Education may be imposed for any services secured through submission of fraudulent information.

I attest that the information is true and correct and I am aware that fraudulent statements or claims may be prosecuted to the full extent of the law.

		Sworn and subscribed before me
Signature of Homeowner / Tenant	Date	this _____ day of _____
Stamp and Seal Placed Here		
		Signature of Notary Public on New Jersey

Official Use Only: Request Date: _____ Received Date: _____ Requested by: _____

7/15

