

CLINTON TOWNSHIP SCHOOL DISTRICT
128 COKESBURY ROAD
LEBANON, NJ 08833
PH: 908.236.7235

Spruce Run School

27 Belvidere Avenue
Clinton, NJ 08809
PH: 908.735.7916
Grades: Preschool-PreK

Patrick McGaheeran School

63 Allerton Road
Lebanon, NJ 08833
PH: 908.735.5151
Melissa Goad, Principal
Grades: K-2

Round Valley School

128 Cokesbury Road
Lebanon, NJ 08833
PH: 908.236.6341
Mary Postma, Principal
Grades: 3-5

Clinton Twp. Middle School

34 Gray Rock Road
Clinton, NJ 08809
PH: 908.238.9141
Judith Hammond, Principal
Grades: 6-8

Dear Parent/Guardian:

The following items are required prior to enrollment in the Clinton Township School District.

1. Completed **Registration Packet** in addition to:
 2. Proof of Identity and Age
 - Original Birth Certificate with raised seal
 - Kindergarten age is 5 years on or before October 1st
 - First Grade age is 6 years on or before October 1st
 - Foreign Student – Passport and/or Visa
 3. Proof of Residency in Clinton Twp.
 - Property Tax Bill/Document
 - Contract/Purchase Agreement
 - Lease Agreement
 4. Student Information
 - Latest report card/progress report
 - Standardized Test Scores (grades 3-8)
 5. Health Office Requirements
 - Physician's Documentation of:
 - A recent physical examination (done within the past year) completed by a physician
 - Record of Immunization from Physician or School*
 - For current immunization state requirements, please consult this website - <http://www.state.nj.us/education/students/safety/health/cdpr/immune/>
 - Health History & Physical Exam Forms
- * ALL immunizations must be submitted before entering school. Preferably at the time of registration so the School Health Nurse can review the dates and doses of vaccine administration. We will NOT be able to register any student without proof of his/her most recent immunizations.**
6. Custodial and/or Legal Guardianship Documents (if applicable)

Registration and enrollment into the Clinton Township School District may take up to one week pending completion of registration forms. Thank you and welcome!

Registration Date: _____

CLINTON TOWNSHIP SCHOOL DISTRICT

STUDENT REGISTRATION FORM

Spruce Run School Patrick McGaheeran School Round Valley School Clinton Township Middle School

For School Office Use Only:	School Choice: <input type="checkbox"/> Yes <input type="checkbox"/> No	Prev. District: _____
Birth Certificate _____	CTSD Student ID _____	
Proof of Residency _____	Starting Date _____	
Medical/Immunization _____	Classroom Assignment _____	
Transportation _____	SID _____	

In the space below, please write the student's name **EXACTLY** as it appears on the birth certificate:

Student's Last Name	First Name	Middle Name
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Physical Street Address	City	State	Zip	Home Phone
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Home ownership: Own Rent If renting, lease expiration date: _____

Entering Grade: _____ Date of Birth: _____ Male Female

City of Birth: _____ State of Birth: _____ Country of Birth: _____

If not born in the U.S., how long has child lived in U.S.? _____ Does child speak English? _____

Homeless Status: If homeless, please check here, and provide your primary nighttime residence. Yes No

Address: _____

Guardian 1 -Relation to Student: _____	Guardian 2 -Relation to Student: _____
Last Name _____	Last Name _____
First Name _____	First Name _____
Home Phone _____	Home Phone _____
Cell Phone _____	Cell Phone _____
Work Phone _____	Work Phone _____
Email _____	Email _____
Employer _____	Employer _____
Occupation _____	Occupation _____
Custody <input type="checkbox"/> Yes <input type="checkbox"/> No	Custody <input type="checkbox"/> Yes <input type="checkbox"/> No

Student resides with: Both Parents Mother Father Other (specify) _____

Parents' Marital Status: Married Separated* Single Divorced* Remarried Widowed

COURT DOCUMENTS:** YES NO (check one) ***if YES, a copy must be submitted

****If access to records or custody of child is to be denied to a parent, a true copy of court order designating custodial person(s) and any subsequent modifications must be attached.***

If the student **does not** reside with both parents, please provide the contact information (including email address) of the joint custodial or non-custodial parent entitled by law to receive reports:

Ethnicity (Check all that apply – see below for explanation):

- American Indian/Alaska Native Black/African American Native Hawaiian/Pacific Islander
 Asian Hispanic/Latino White or Caucasian

Primary Language Spoken at Home: _____ Do parents speak English? Yes No

Other language spoken in home: _____

Is the student bilingual? Yes No If Yes, other language spoken _____

Last School Attended: _____
Name and Address

Grade enrolled: _____ If last school attended was out of state, please give date of entry into US School: _____

Military Connection of Family: Please check one

- _____ Not Military Connected - *Student is not military-connected.*
_____ Active Duty - *Student is a dependent of a member of the Active Duty Forces (full-time) Army, Navy, Air Force, Marine Corps, or Coast Guard.*
_____ National Guard Or Reserve - *Student is a dependent of a member of the National Guard or Reserve Forces (Army, Navy, Air Force, Marine Corps, or Coast Guard).*

Younger children in family who are not registered in Clinton Twp. School District?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does student have siblings attending school in the Clinton Twp. School District?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Please list below names and date of birth of all siblings:	
Name: _____	Date of Birth: _____
Name: _____	Date of Birth: _____
Name: _____	Date of Birth: _____
Name: _____	Date of Birth: _____
Name: _____	Date of Birth: _____

Completed by: _____
Print Name

Signature

Date: _____

Explanation of ethnicity questions:

American Indian or Alaska Native: A person having origins in any of the original people of North and South American (including Central American) and who maintains a tribal affiliation or community attachment.

Asian: A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

Black or African American: A person having origins in any of the black racial groups of Africa.

Hispanic or Latino: A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture origin, regardless of race.

Native Hawaiian or Other Pacific Islanders: A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

White or Caucasian: A person having origins in the original peoples of Europe, the Middle East or North Africa.

CLINTON TOWNSHIP SCHOOL DISTRICT

Application for Student Transportation

This application must be completed in its entirety and submitted to the main office at the school your child will be attending and/or any time a change to a student's transportation arrangement is needed. Please attach any additional information pertinent to a safe trip. Please note, students will not receive transportation without an approved application and an issued bus pass.

Attending School:

- Spruce Run School
 Patrick McGaheeran School
 Round Valley School
 Clinton Township Middle School

Please check request type:

- New Student
 Home Address Change
 Daycare
 Delete Student
 Other

General Information			
Student's Last Name:		Student's First Name:	
Grade:	Gender:	DOB:	Requested Start Date:
Street Address:		City:	Zip:
Mailing Address:		City:	Zip:
Guardian Name:		Home Phone:	
Guardian Work Phone:		Guardian Cell Phone:	
Complete this section only if your child will be transported to/from a different location other than home within CTSD. This request must be for 5 days per week (Monday-Friday); same bus route for both AM & PM. (Example: daycare facility, sitter, etc. - must be within the district)			
Day Care Name:		Phone:	Cell:
Day Care Address:		City:	Zip:
Comments			
Parent / Guardian Name			
Print Name:			
Signature:			Date:
Official School/Transportation Use Only			
SID:	Received By:		Date:
LID:	Signature:		Date:
Notes:			

CLINTON TOWNSHIP SCHOOL DISTRICT EMERGENCY CARE STUDENT INFORMATION FORM

STUDENT INFORMATION	Date of Birth: _____	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Grade: _____
Last Name: _____		First Name: _____	
Street Address: _____			
City & Zip Code: _____			
Home Phone 1: _____		Home Phone 2 (if applicable): _____	
Physician Name: _____		Physician Phone: _____	
Dentist Name: _____		Dentist Phone: _____	

GUARDIAN INFORMATION			
Guardian 1 Name: _____		Guardian 2 Name: _____	
Relation to Student: _____		Relation to Student: _____	
Cell Phone	_____	Cell Phone	_____
Work Phone	_____	Work Phone	_____
Email	_____	Email	_____

Non-Custodial Parent _____

Non-Custodial Address _____

***COURT DOCUMENTS** YES NO (check one) **if YES, a copy must be submitted**

TWO EMERGENCY CONTACTS - OTHER THAN PARENTS, who will assume care & responsibility of child in case of an emergency. Please list name, relationship and telephone numbers where contacts can be reached during the school day.			
Name	_____	Name	_____
Relation	_____	Relation	_____
Home Phone	_____	Home Phone	_____
Cell Phone	_____	Cell Phone	_____
Work Phone	_____	Work Phone	_____

MEDICAL: Please Complete	Yes/No		Yes/No
<i>Life threatening allergies?</i>	_____	<i>Is your child presently taking any medication?</i>	_____
<i>Will he/she have an epi-pen here at school?</i>	_____	<i>Any other medical conditions?</i>	_____
<i>Does your child have other allergies?</i>	_____	<i>Does your child wear glasses?</i>	_____
<i>Does your child have asthma?</i>	_____	<i>Does your child wear Contact Lenses?</i>	_____
<i>Inhaler at school?</i>	_____	<i>Does your child use hearing aides?</i>	_____

If you answered **YES** to any Medical issues listed above, please **EXPLAIN**: _____

Does your child have health insurance? YES NO **Name of Insurance Co.:** _____
 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.

In case of an accident or serious illness, I give CTSD permission for emergency medical treatment that will include but not limited to diagnostic X-rays, and other such procedures, as the physician may deem necessary for preservation of the health and safety of my child. I understand that the Clinton Township School District (CTSD), and its employees and its Board of Education assume no liability of any nature in relationship to the transportation or treatment of the said minor. I further understand that all costs of EMS transportation, hospitalization, examination, x-ray or treatment provided in relation to this authorization shall be my responsibility.

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____

CLINTON TOWNSHIP SCHOOL DISTRICT STUDENT HEALTH HISTORY AND PHYSICAL EXAM FORM

Part A: HEALTH HISTORY - Completed by the parent/guardian and reviewed by examining licensed provider
Part B: PHYSICAL EXAMINATION - Completed by examining licensed provider

Student's Name: _____ Sex M F

Birth Date: _____ Grade: _____ Languages Spoken at home: _____

Parent/Guardian Names: _____

PART A: HEALTH HISTORY

Does the student have or have had any of the following medical conditions:

DISEASE HISTORY	Yes	NO	DISEASE HISTORY	Yes	No
Asthma			Diabetes		
Seasonal Allergies			ADHD/ ADD		
Chronic Otitis Media			Autism Spectrum Disorders		
Lyme Disease			Concussions		
Hepatitis			Neuromuscular Disease		
Rheumatic Fever			Convulsive Disorder		
Strep Infections			Auto Immune Disorders		
Chicken Pox			Juvenile Rheumatoid Arthritis		
Mononucleosis			Congenital Disorders		
Influenza (Flu)			Hematologic Disorders		
Heart Disease			Vision Disorder		
Fractures			Hearing Disorder		

Please provide further details on any "yes" answers, including the year:

Operations or Serious Hospitalizations:

Current Medications (Name, Dose, Frequency and Reason used):

Allergies: (Name, reaction to exposure)

Drug: _____
 Food: _____
 Environmental: _____

Any Other Additional comments or information that you would like to provide:

Student's Name: _____ Date of Physical Exam: _____

PART B: ANNUAL PHYSICAL EXAMINATION
(Completed by examining licensed provider)

Height:	Weight:	Pulse:	B/P:
Vision: Uncorrected	Right:	Left:	
Vision: Corrected	Right:	Left:	
Hearing Screen:	Right:	Left:	
	Normal Exam	Abnormal Findings:	
Head			
Eyes			
Ears			
Nose			
Throat			
Lymph Glands			
Heart			
Lungs			
Abdomen			
Hernia			
Genitalia			
Skin			
Orthopedic			
Scoliosis			
Neurological			
Speech			
Nutrition			

Physical Exam Comments: _____

Any Limitation of Activity or other Recommendations? No Yes (Please define):

1. If the student will be required to have medications at school such as an Epi-Pen, Asthma inhalers, and other medications for chronic Please fill out the appropriate medication packets.
2. Please attach a copy of the student's immunization records, and include any recent TB screening results.

Physician Signature: _____ Date: _____
 Name and Address Stamp:

CLINTON TOWNSHIP BOARD OF EDUCATION
Acceptable Use of Technology

The District's technology resources facilitate educational advancement. The following code of conduct will be adhered to for continued system use at Clinton Township School District and is applicable to all users, including students, faculty, support staff, and guest users.

DO:

1. Read and understand Clinton Township Board of Education's Policy Numbers 2360, 2361, and R2361, located on the District web site, which includes Acceptable Use of the Internet (<http://www.ctsdnj.org/board-of-education/policy/>).
2. Take care of equipment entrusted to you. It is the property of the district (and by extension the community). Treat it better than your own.
3. Become familiar with your school's technology assets. We want you to be knowledgeable in their use.
4. Ask questions when unsure. You can email the Technology Dept. at tech@ctsdnj.org
5. **Understand that you are responsible for your account and all activity within your account.**

DO NOT:

1. Use the network to facilitate illegal activity.
2. Use the network for commercial or for profit purposes.
3. Use the network for non-school related work on more than an incidental basis.
4. Use the network for product advertisement or political lobbying.
5. Use the network for hate mail, discriminatory remarks, and offensive or inflammatory communication.
6. Illegally install, distribute, reproduce, or misuse copyrighted materials.
7. Use the network to access obscene or pornographic material.
8. Use inappropriate language or profanity on the network.
9. Use the network to transmit material likely to be offensive or objectionable to recipients.
10. Use the network to intentionally obtain or modify files, passwords, and data belonging to other users.
11. Use network facilities for fraudulent copying, communications, or modification of materials in violation of copyright laws.
12. Use the network to disrupt the work of other users.
13. Impersonate another user.
14. Share your district password with, or allow a password to be used by, anyone else.
15. Load or use unauthorized games, programs, files, or other electronic media.
16. Destroy, modify, or abuse network hardware and software.
17. Quote personal communications in a public forum without the original author's prior consent.
18. Participate on unauthorized social networks.
19. Neglect or mistreat district equipment, including leaving computers in hot cars, near liquids, or in precarious positions.

Violations will result in appropriate disciplinary action. Criminal activity will be referred to the appropriate authorities.

Any questions, please contact the Technology Department at tech@ctsdnj.org

Access to the Internet and school technology will not be permitted until this form has been completed and is on file with the District. Please sign and return this form to the school office where it will be kept on file for future reference.

Parent/Guardian Consent:

I have read and understand the Clinton Township Board of Education's Policy Numbers 2360, 2361, and R2361, located on the District web site, which includes Acceptable Use of the Internet. I have also read and discussed with my child the implications of the student agreement and the penalties involved for violating the agreement and have witnessed my child signing the document. I also understand that the district technology is for educational purposes only and that the school district has taken reasonable steps to safeguard the access for users. However, I understand that it is not possible to stop all inappropriate activities and I will not hold the district responsible for any materials obtained through the use of the networks.

I hereby give my child permission to use all of the technological resources available to them at the Clinton Township School District.

Print Student Name

Student Signature (grades 2-8)

Date

Print Parent/Guardian Name

Parent/Guardian Signature (all grades)

Date

CLINTON TOWNSHIP SCHOOL DISTRICT
Publicity Consent Form - Memo to Parents

Dear Parent/Guardian:

The Clinton Township School District is very proud of the accomplishments and activities of its students. As such, we sometimes submit student photos, names, and quotes to the local media to highlight accomplishments, school programs, and activities; or place them on our website and/or social media sites run by the school district. Also, from time to time, we grant members of the media permission to cover a particular event or general educational topic at our schools where photographs and video images may be taken of the students.

This parental Publicity Consent Form is to both inform you and request permission for your student's image and personally identifiable information to be published on the district's website, in press releases, presentations, flyers, newsletters, the district's social media sites and television stations. It will only be used for news or community interest. It will not be used for commercial purposes. Commercial use is prohibited without specific Board of Education approval. We are also requesting permission to release this information to outside media such as newspapers, broadcast media outlets, and online news outlets.

Pursuant to N.J.S.A. 18A:36-35, **the Clinton Township School District will not release any personally identifiable information without consent from you as parent or guardian.** By definition from the State, personally identifiable information includes: student names, photos or images, residential addresses, e-mail addresses, phone numbers, and locations and times of class trips. As you are aware, there are potential dangers associated with the posting of personally identifiable information on a website, since global access to the Internet does not allow us to control who may access such information. These dangers have always existed; however, we as schools do want to celebrate your child and his/her work and will use the utmost discretion in what information we release or post to protect our students. The law requires that we ask for your permission to use information about your child.

If you, as the parent or guardian, wish to rescind this agreement, you may do so at any time, in writing, by sending a letter to the principal of your child's school and such rescission will take effect upon receipt by the school.

Questions? Contact the Clinton Township School District administration offices at 908-236-7235.

CLINTON TOWNSHIP SCHOOL DISTRICT
Publicity Consent Form

Select **ONE** of the options listed below, sign and return this form to the school office where it will be kept on file for future reference.

Student Last Name: _____ School (circle one): SRS | PMG | RVS | CTMS

Student First Name: _____ Grade: _____

Photo & Name: I/We GRANT permission for this student's name, photographs and personally identifiable information to be used for publicity purposes which includes print media, television/video and websites.

Name only: I/We GRANT permission for this student's name without any other personal identifiers to be used for publicity purposes which includes print media, television/video and websites.

Photo only: I/We GRANT permission for a photo/image that includes this student without any personal identifiers to be used for publicity purposes which includes print media, television/video and websites.

No permission: I/We DO NOT GRANT permission for this student's name, photographs and personally identifiable information to be used for publicity purposes.

Name of Parent/Guardian (Print): _____

Signature of Parent/Guardian: _____

Relationship to Student: _____ Date: _____

CLINTON TOWNSHIP SCHOOL DISTRICT

Home Language Survey Form - ELL

Introduction: This survey is the first of three steps to identify whether or not a student is eligible to be an English language learner (ELL). Start with "Question 1" and continue until the HLS is complete. Select the answer for each question and follow the directions. Please answer all necessary questions and sign the form. If you have any problems or need help with answering the questions, please see the principal at the school your child attends.

Student Information:

Student Name:	Student Address:	Student Phone No.	Student Birthdate:	Grade:	School:
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Survey Questions:

Question 1 What was the first language used by the student?

- A language other than English. Proceed to question 2a.
- English. Proceed to question 2b

Question 2a At home, does the student hear or use a language other than English more than half of the time?

- Yes. Proceed to 7.
- No. Proceed to question 4.

Question 2b At home, does the student hear or use a language other than English more than half of the time?

- Yes. Proceed to question 4.
- No. Proceed to question 3.

Question 3 Does the student understand a language other than English?

- Yes. Proceed to question 4.
- No. Proceed to question 9.

Question 4 When interacting with his/her parents or guardians, does the student use a language other than English more than half of the time?

- Yes. Proceed to question 7
- No. Proceed to question 5.

Question 5 When interacting with caregivers other than their parents or guardians, does the student use a language other than English more than half of the time?

- Yes. Proceed to question 8.
- No. Proceed to question 6.

Question 6 Has the student recently moved from another school district/charter school where he/she was identified as an English language learner?

- Yes. Proceed to question 8.
- No Proceed to question 9.

Question 7 List home languages spoken and proceed to 8.

8. Home Language Survey is Complete. Information will proceed to the Record Review Process. Please sign and date this form.

9. Home Language Survey is complete. Student is not an English Language Learner (ELL). Please sign and date this form.

Parent/Guardian Signature:

Date:

CLINTON TOWNSHIP SCHOOL DISTRICT
STUDENT RECORD RELEASE

Spruce Run School, Grades Preschool-PreK
27 Belvidere Avenue
Clinton, NJ 08809

Round Valley School, Grades 3-5
128 Cokesbury Road
Lebanon, NJ 08833

Patrick McGaheran School, Grades K-2
63 Allerton Road
Lebanon, NJ 08833

Clinton Twp. Middle School, Grades 6-8
34 Gray Rock Road
Clinton, NJ 08809

Date: _____

Student Name: _____

Date of Birth: _____

I give permission for the above designated school and/or Child Study Team to:

Receive information from:

Send information to:

NAME / SCHOOL: _____

FULL ADDRESS: _____

TELEPHONE #: _____ **FAX #:** _____

This release includes all pertinent and relevant information in the cumulative, discipline, health and confidential Child Study Team files, where applicable.

Has your child ever been referred to and/or tested by a Child Study Team? Yes No

Has your child ever been classified as a Special Education student? Yes No

Stipulations and/or comments: _____

Signature of Parent or Legal Guardian

Relationship

For School Office Use Only: CTSD Date Received: _____

State SID# _____

CLINTON TOWNSHIP SCHOOL DISTRICT

CHILDHOOD HISTORY FORM

Complete for student entering grades **Preschool - 1**

Student Name: _____

Grade: _____

1. DEVELOPMENTAL HISTORY

Were there any difficulties during the first few years of your child's life? (Example: medical, social, emotional, milestones, etc.) If so, please describe.

2. SCHOOL HISTORY

Did your child attend preschool? Yes No

Do you or your child's teacher describe any significant classroom problems? If so, please explain.

Rate your child's school experiences related to learning thus far:

	Good	Average	Poor
Preschool	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kindergarten	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Present class placement: Regular Class _____ Special Class (if so, specify) _____

Does your child's teacher describe any significant classroom problems? Please explain.

3. Other

Please provide a brief general description of your child. Include areas you see as strengths and opportunities for growth.

CLINTON TOWNSHIP SCHOOL DISTRICT

Music Selection Form **REQUIRED RESPONSE**

Complete for student entering grades 4-5

Student Name: _____

Music Selection

Student participation in instrumental music, chorus OR general music must be determined in advance of scheduling all unified arts classes. Please be advised that this selection serves as a commitment to the program and the participation in music performances for the entire year. **Requests for changes cannot be honored once a selection has been made.**

Please select by placing a check mark in the appropriate blank. It is possible to participate in both band and chorus. Those students who do not select band or chorus will be placed in general music class.

BAND/ORCHESTRA _____ CHORUS _____ GENERAL MUSIC _____

INSTRUMENT _____
(List instrument for band participation)

Parent Name (Please Print): _____

Parent Email: _____

Parent Phone #: _____

Parent
Signature _____

Student
Signature _____