

# Hanover Township Public Schools

61 Highland Avenue  
Whippany, New Jersey 07981

Michael J. Wasko  
Superintendent of Schools

Phone 973-515-2404  
Fax 973-540-1023

## Kindergarten Registration

Dear Parents:

The registration of children eligible to enter Kindergarten in September of 2017 will be held at Bee Meadow, Mountview Road and Salem Drive Schools from Tuesday, February 21, 2017, through Friday, February 24, 2017 from 9 a.m. to 12 noon and 1 p.m. to 3 p.m. **Parents are requested to call for an appointment** (Bee Meadow School: 973-515-2419, Mountview Road School: 973-637-1550, and Salem Drive School 973-515-2440).

### School Attendance Zones\*

**Bee Meadow School: East of I-287, North of Eden Lane**

**Mountview Road School: West of I-287 (excluding Sterling Park)**

**Salem Drive School: East of I-287, Eden Lane and South of Eden Lane (including Sterling Park)**

**\*The Board of Education reserves the right to change or modify student attendance zones for the purpose of balancing enrollment or other educational reasons.**

## REGISTRATION AND ADMISSION REQUIREMENTS

A child must have reached the age of five (5) years on or before October 1, 2017.

Parents/guardians may apply for admission of their child who meets the school district's age requirements, under the following conditions:

1. Proof of the child's residency in the school district is provided.
2. A pre-entrance physical examination form completed by the child's physician is submitted.
3. Proof that the child received the immunizations required by the Board of Education is submitted.

The child must be present at the time of registration.

The "New Student Registration Checklist" and the following downloadable forms and materials are required of all new students to the school district, including kindergarten children. It will be necessary for you to provide all the information which applies to you at the time you register your child. Registration will not be finalized until all applicable forms and information have been satisfactorily completed and submitted.

Please contact the school your child will attend if you need clarification or have questions.

This year a kindergarten parent orientation meeting will be held at each of our three elementary schools in the spring 2017. More information will be sent to you from your child's principal regarding this meeting, which we hope you will be able to attend.

Sincerely,

*Michael J. Wasko*

Michael J. Wasko  
Superintendent of Schools

HANOVER TOWNSHIP PUBLIC SCHOOLS

NEW STUDENT REGISTRATION CHECKLIST

Student's Name: \_\_\_\_\_

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

School: \_\_\_\_\_

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

Registered by: \_\_\_\_\_

The items checked in A, B and C below were received from \_\_\_\_\_  
(Name of parent/guardian)

In order to legally register the above-named child as a student in the Hanover Township Public Schools, a copy of each document is on file in the child's permanent record file:

A. ALL OF THE FOLLOWING:

- Registration form
- Birth certificate, baptismal certificate or passport (original documents)
- Pre-entrance physical examination form
- Dates of all communicable diseases
- Home language survey
- Emergency school closing contacts form

B. ANY ONE OF THE FOLLOWING SHOWING A HANOVER TOWNSHIP ADDRESS:

- Deed to property in names of parents/guardians
- Signed contract of sale of property to parents/guardians
- Signed lease/rental agreement to parents/guardians
- Most recent property tax bill to parents/guardians
- If both the child and the parent(s) are living with a Hanover Township resident, a signed, notarized Certification of Residency completed by the Hanover Township resident
- If the child has been placed in Hanover Township by the Child Welfare Agency, a document from the agency showing that placement order
- If the child is living with a Hanover Township resident other than a parent, Affidavit Form A completed by the person living in Hanover Township, and Form B completed by the parent(s)

C. ANY THREE OF THE FOLLOWING SHOWING A HANOVER TOWNSHIP ADDRESS:

- Driver's license, registration or auto insurance card
- Current utility bill
- Current cable television bill
- Current credit card bill
- Written statement from a realtor stating that parents/guardian have signed a rental or purchase contract in Hanover Township
- Mortgage statement
- Official mail - i.e. bank statement, government correspondence from the IRS or Social Security Administration
- Public assistance documents (AFDC, WIC)
- Voter registration card or record
- Unemployment benefit verification
- Recent pay stub
- Documents supporting Affidavits A and B

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**HANOVER TOWNSHIP PUBLIC SCHOOLS  
REGISTRATION FORM**

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

Please **print** the following information for your child as recorded on his/her **official birth certificate**:

Student's Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
month/date/year

City of Birth: \_\_\_\_\_ State of Birth: \_\_\_\_\_ Country of Birth: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Verification: \_\_\_\_\_

(Please present a transfer record from previous school, original birth certificate, original baptismal record, or passport)

What language(s) is (are) spoken at home? \_\_\_\_\_

All adults in the home:		Brothers and sisters:		
Name	Relationship	Name	Sex	Age
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

(If more space is needed, please use back of sheet)

Father's Occupation: \_\_\_\_\_

Father's Employer: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Mother's Occupation: \_\_\_\_\_

Mother's Employer: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Student's Doctor: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Doctor's Address: \_\_\_\_\_

Health: Immunization Records/Medical Records

Attached: Yes \_\_\_\_\_ No \_\_\_\_\_

Circle any allergies the child may have: bees, insects, foods, medicines,

others: \_\_\_\_\_

Immunizations doses must begin within 30 days, if entrance records are not presented upon registration.

List any operations the child has had: \_\_\_\_\_

List any medication(s) the child is now taking: \_\_\_\_\_

Describe any other important health information the nurse should know or educational information the teacher should know: \_\_\_\_\_

**SCHOOL FROM WHICH STUDENT TRANSFERRED**

\_\_\_\_\_  
(Name of school)

\_\_\_\_\_  
(Address of school)

\_\_\_\_\_

\_\_\_\_\_  
(Principal's name)

\_\_\_\_\_  
(Principal's phone number)

**OTHER SCHOOLS ATTENDED**

<u>Name</u>	<u>Address</u>	<u>Dates Attended</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

SRP/dmm  
1/08

**HANOVER TOWNSHIP PUBLIC SCHOOLS  
REQUEST FOR INFORMATION**

Date \_\_\_\_\_

\_\_\_\_\_ has enrolled in our school.  
Student's Name

Please forward his/her school records to:

Principal: \_\_\_\_\_

School: \_\_\_\_\_

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

in the Hanover Township Public School District so that the above student's previous school experiences may be incorporated into his/her cumulative file, and to assist us in developing a program of studies commensurate with previous programs and achievement. These records should include all mandated records and permitted records with the exception of the following:

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

Permission to release these records has been authorized by the student's parent/guardian.

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

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

Signature of:

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

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

**Hanover Township Public Schools  
Pre-Entrance Physical Examination Form To Be Completed  
By Family Physician**

Name: \_\_\_\_\_ D.O.B.: \_\_\_\_\_ Physician: \_\_\_\_\_

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

Weight: \_\_\_\_\_ Height: \_\_\_\_\_ BP: \_\_\_\_\_

Vision: (R): \_\_\_\_\_ (L): \_\_\_\_\_ Disease: \_\_\_\_\_

Audio: (R): \_\_\_\_\_ (L): \_\_\_\_\_ Disease: \_\_\_\_\_

Heart: \_\_\_\_\_ Lungs: \_\_\_\_\_ Abdomen: \_\_\_\_\_

Skin: \_\_\_\_\_ Scalp: \_\_\_\_\_ Mouth/Teeth: \_\_\_\_\_

Orthopedic: (Structure) \_\_\_\_\_ (Posture) \_\_\_\_\_ (Feet) \_\_\_\_\_

Glands: \_\_\_\_\_ Thyroid: \_\_\_\_\_ Nasal Passages: \_\_\_\_\_ Throat: \_\_\_\_\_

Teeth: \_\_\_\_\_ Hernia: \_\_\_\_\_ Genito-Urinary: \_\_\_\_\_

Allergies: \_\_\_\_\_ Surgeries: \_\_\_\_\_

Abnormalities: \_\_\_\_\_

**Disease History:**

Asthma: \_\_\_\_\_ Mumps: \_\_\_\_\_ Chicken Pox: \_\_\_\_\_ Polio: \_\_\_\_\_ Hepatitis: \_\_\_\_\_

German Measles: \_\_\_\_\_ Pneumonia: \_\_\_\_\_ Meningitis: \_\_\_\_\_ Mononucleosis: \_\_\_\_\_

Scarlet Fever: \_\_\_\_\_ Lyme Disease: \_\_\_\_\_ Diabetes: \_\_\_\_\_ Otitis Media: \_\_\_\_\_

Congenital Defects: \_\_\_\_\_ Convulsive Disorders: \_\_\_\_\_

Neuromuscular Disorders: \_\_\_\_\_ Heart Disease: \_\_\_\_\_ Strep: \_\_\_\_\_

Other: \_\_\_\_\_

Recommendations/Limitations: \_\_\_\_\_

\_\_\_\_\_  
Date of physical

\_\_\_\_\_  
Signature of MD (No Stamp)

**Immunization Requirements: List month/day/year**

VACCINE TYPE	1st Dose Mo/Day/Yr	2nd Dose Mo/Day/Yr	3rd Dose Mo/Day/Yr	4th Dose Mo/Day/Yr	5th Dose Mo/Day/Yr	LEAD SCREENING	
						Test Date	Result
DIPHTHERIA, TETANUS, PERTUSSIS (DTaP) or any combination <i>*(If Td or DT, indicate in corner box)</i>							
Tdap							
POLIO – INACTIVATED POLIO VACCINE (IPV) <i>If oral vaccine, indicate (OPV) in corner box</i>							
MEASLES, MUMPS, RUBELLA (MMR)						Document below single antigen vaccine receipt, serology titers, or varicella disease history	
HAEMOPHILUS B (HIB)**							
HEPATITIS B					Hepatitis B	Date:	Titer:
VARICELLA					Varicella	Date:	Titer:
PNEUMOCOCCAL CONJUGATE **					Measles	Date:	Titer:
MENINGOCOCCAL					Mumps	Date:	Titer:
HEPATITIS A ***					Rubella	Date:	Titer:
HPV (HUMAN PAPILLOMAVIRUS) ***							
OTHER							

Provisional admission attached–Date Granted: \_\_\_\_\_

Medical exemption attached

Religious exemption attached

Mantoux Test Date: \_\_\_\_\_ Read Date: \_\_\_\_\_ Results: \_\_\_\_\_

(Office immunization form may be attached)

mmc/'08

**HANOVER TOWNSHIP PUBLIC SCHOOL  
HOME LANGUAGE SURVEY**

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

Grade: \_\_\_\_\_ Teacher: \_\_\_\_\_ School: \_\_\_\_\_

The State of New Jersey requires a Home Language Survey for every child entering school in the state.

1. Does the student speak English?

Yes \_\_\_\_\_ (All the time?)

No \_\_\_\_\_

2. What language did the student speak first?

\_\_\_\_\_

3. Is another language spoken at home?

Yes \_\_\_\_\_ No \_\_\_\_\_ What Language? \_\_\_\_\_

Dialect? \_\_\_\_\_ Code: \_\_\_\_\_ (for school use)

4. In what country was the student born?

\_\_\_\_\_

5. At what age did the student come to the U.S.?

\_\_\_\_\_

6. Do the student's parents/guardians speak/read English or have access to an English speaking person who translates progress reports and school related notices?

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

7. Please circle Racial/Ethnic Category. White, Not of Hispanic Origin,

Black, Not of Hispanic Origin      Hispanic      Asian or Pacific Islander

American Indian or Alaskan Native

Thank you for answering these questions.

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

**Note:** Please give this survey form to the school registrar at the time of enrollment.



**HANOVER TOWNSHIP PUBLIC SCHOOLS**  
**EMERGENCY SCHOOL CLOSING CONTACTS**

Student's Name: \_\_\_\_\_ Teacher: \_\_\_\_\_  
Busser \_\_\_\_\_ Walker \_\_\_\_\_ Car Pool \_\_\_\_\_

Home Phone: \_\_\_\_\_  
Mother's Name: \_\_\_\_\_ Father's Name: \_\_\_\_\_

PLEASE LIST PERSONS TO BE CALLED IN THE EVENT OF AN EMERGENCY OR EARLY CLOSING. NOTE, IF PARENT WISHES TO BE THE FIRST PERSON TO BE CALLED, PLEASE LIST YOURSELF FIRST. IF FIRST PERSON CANNOT BE REACHED, PLEASE LIST SECOND AND THIRD PERSONS TO BE CALLED, AND FURTHER INSTRUCTIONS, IF APPLICABLE.

1. First person to be called \_\_\_\_\_ Relationship \_\_\_\_\_  
Phone (Home) \_\_\_\_\_ (Work) \_\_\_\_\_ Cell Phone \_\_\_\_\_ Hours \_\_\_\_\_

2. Second person to be called \_\_\_\_\_ Relationship \_\_\_\_\_  
Phone (Home) \_\_\_\_\_ (Work) \_\_\_\_\_ Cell Phone \_\_\_\_\_ Hours \_\_\_\_\_

3. Third person to be called \_\_\_\_\_ Relationship \_\_\_\_\_  
Phone (Home) \_\_\_\_\_ (Work) \_\_\_\_\_ Cell Phone \_\_\_\_\_ Hours \_\_\_\_\_

4. In the event that none of the above persons can be reached, please indicate the procedure your child is to follow upon dismissal. Please be specific.

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

5. Other brothers and sisters in Hanover Township Schools:

Name: \_\_\_\_\_ School: \_\_\_\_\_ Teacher: \_\_\_\_\_

Name: \_\_\_\_\_ School: \_\_\_\_\_ Teacher: \_\_\_\_\_

Name: \_\_\_\_\_ School: \_\_\_\_\_ Teacher: \_\_\_\_\_

The designated numbers for the youngest child in each family are called first to reduce the number of calls to be made.

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

**HANOVER TOWNSHIP PUBLIC SCHOOLS**

**Certification of Residency**

As of \_\_\_\_\_ (date) the following child and parent(s) are living on a full-time basis in my/our residence, which is located within the Hanover Township School District:

Child's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Father's Name: \_\_\_\_\_

Mother's Name: \_\_\_\_\_

Hanover Township Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone #: \_\_\_\_\_

I/we shall immediately notify the Board of Education should the child's residence change at any time the child is still enrolled as a student in the Hanover Township School District.

I/we fully understand and agree that, if I/we fraudulently allow the child and parents named above to use our residence, I/we will have committed a legal offense and will be subject to prosecution.

Signed this \_\_\_\_\_ day of \_\_\_\_\_ in the year \_\_\_\_\_.

\_\_\_\_\_  
Signature – Resident

\_\_\_\_\_  
Signature – Spouse (If Applicable)

\_\_\_\_\_  
Print Name – Resident

\_\_\_\_\_  
Print Name – Spouse (If Applicable)

Sworn and Subscribed before me  
This \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.

\_\_\_\_\_  
Signature of Notary Public of the State of NJ

(Seal)

## HANOVER TOWNSHIP SCHOOL DISTRICT

61 Highland Avenue  
Whippany, New Jersey 07981

### ENROLLMENT OF AFFIDAVIT PUPILS

A child between the ages of five and under twenty who is domiciled in the home of an adult, not his/her parent(s) or legal guardian(s), residing within the boundaries of the Hanover Township School District, may be enrolled tuition-free in the schools of the District provided that all requirements of New Jersey law are met. New Jersey Statute 18A: 38-1 provides that a child domiciled with such a resident must be:

- a) supported gratis as if the child were the resident's own child. No monies or contributions may be received by the resident for lodging, food, clothing, medical insurance or expenses, recreation, or any other item connected with the support of the child; and
- b) kept and supported in the resident's home because of family or economic hardship in the child's family and not simply to attend one of the schools in the district. The child must reside in the resident's home throughout the calendar year and not merely through the school term or year.

The resident must assume all responsibility for the child relative to school requirements and function as the child's parent(s)/guardian(s) in the eyes of the school.

Furthermore, New Jersey law also requires that the parent(s) or legal guardian(s) permitting their child to live with another individual must be not capable of supporting or providing care for the child due to family and/or economic hardship. The parent(s) must sign an affidavit attesting to the existence of such problems.

In order to meet these legal requirements, residents who are not the parent(s) or legal guardian(s) of a child, seeking to enroll that child in the Hanover Township School District, shall submit to the District the admission forms and legal affidavits enclosed in this admission packet.

The resident(s) assuming responsibility for the child shall meet with the Superintendent to review the request for admission before the pupil will be permitted to enroll in school. No affidavit pupil shall be permitted to enroll in school without the approval of the Superintendent of Schools.

The information provided with the admission request shall be used by the District to determine the validity of the request. If the evidence does not support the validity of the request, the child will not be permitted to enroll. Fraudulent statements or claims for admission will be prosecuted to the full extent of the law.

**DIRECTIONS FOR APPLICATION FOR ADMISSION OF AN AFFIDAVIT PUPIL**

In accordance with New Jersey Law, a child may be admitted to the schools of the Hanover Township School District as a non-tuition affidavit pupil. Before such admission is approved, it is necessary to document that the legal requirements for this type of admission are being met. The documents in this admissions packet must be completed in full detail with copies of the necessary documentation attached.

The packet consists of the following materials:

- a) Application for Admission of an Affidavit Pupil
- b) Affidavit of Support of Child by Non-Parent Resident (Form A)
- c) Affidavit of Nonresident parent(s) Who have Surrendered Custody of Their Child to a . . . Resident of the District (Form B)

Please follow these directions in completing these materials:

- A. The adult residing within Hanover Township who will be assuming responsibility for the child and with whom the child will be domiciled (assuming permanent residence) must:
  1. Complete the Application for Admission of an Affidavit Pupil
  2. Complete and have notarized the Affidavit of Support of Child by Non-Parent Resident (Form A)
  3. Attach the copies of the following documentation to the Affidavit of Support:
    - a. Personal Identification: Driver's license, passport, voter registration card, etc.
    - b. Proof of residency within the District:  
Copies of the following are accepted:  
For owned residence: Current real estate tax bill or deed of ownership  
OR  
For leased residence: Lease agreement and copy of receipt or canceled check for most recent month's rent
- B. The parent(s) of the child must:
  1. Complete and have notarized the Affidavit of Nonresident Parent(s) Who have Surrendered Custody of Their Child to a Resident of the District. (Form B)
  2. Attach copies of any applicable documents to show economic or family hardship
- C. When all materials are complete, the adult resident who is assuming responsibility for the child must call the Superintendent's Office [973-515-2404] to arrange an interview. All materials should be presented to the Superintendent at this interview. Only after the Superintendent has reviewed and approved the application, will the child be admitted to school.

**HANOVER TOWNSHIP SCHOOL DISTRICT**

**APPLICATION FOR ADMISSION OF AN AFFIDAVIT PUPIL**

Note: This application is to be completed by the adult residing in the District who will be assuming responsibility for the child and with whom the child will be domiciled. All questions must be answered. If no information can be provided for an item, enter "Not Known" in the space. If applicant is married, both husband and wife must sign this application.

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

I/we hereby make application to the Board of Education of the Hanover Township School District for the non-tuition enrollment of an affidavit pupil in accordance with New Jersey Statute 18A:38-1. I/we declare that this enrollment meets all legal requirements of the State of New Jersey.

**A. Information concerning the child:**

1. Child's Full Name: \_\_\_\_\_

2. Date of Birth: \_\_\_\_\_ 3. Sex: \_\_\_\_ Male: \_\_\_\_ Female: \_\_\_\_

4. Date child moved into the resident's address: \_\_\_\_\_

5. State address(es) and with whom child resided for the past five years immediately preceding the date of this application.

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

6. What is the name and address of the school most recently attended by the child?

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

7. What is the highest grade level completed by the child? \_\_\_\_\_

8a. Will the child be claimed as a dependent on the resident's Federal and State Income Tax Returns during the time she/he resides with the applicant? \_\_\_\_ Yes \_\_\_\_ No

b. If not, set forth the name and address of the person who will claim the exemption for the child.

\_\_\_\_\_

**B. Questions concerning the parent(s) and family of the child:**

1. Name and address of the child's father: \_\_\_\_\_

2. Occupation of father and name and address of his employer: \_\_\_\_\_

\_\_\_\_\_

3. Name and address of the child's mother: \_\_\_\_\_

4. Occupation of mother and name and address of her employer: \_\_\_\_\_

\_\_\_\_\_

5a. Marital status of parents: \_\_\_ single \_\_\_ married \_\_\_ divorced \_\_\_ separated \_\_\_ widowed

b. If parents are divorced or separated, who has legal custody of the child? \_\_\_\_\_  
(Attach documentation of legal custody)

6. Name, address and age of any brother/s and sister/s of the child.  
\_\_\_\_\_

7. Names and addresses of the schools each brother/s and sister/s will attend this year.  
\_\_\_\_\_

8. State in detail all reasons why neither parent is capable of caring for the child who seeks admission to the school district and why the child is residing with the resident.  
\_\_\_\_\_

**C. Questions concerning the resident making this application:**

1. Name and address of the applicant: \_\_\_\_\_  
\_\_\_\_\_

2a. How long have you resided at this address? \_\_\_\_\_

b. If less than five years, state all addresses of applicant during the past five years.  
\_\_\_\_\_

3. Is the resident in any way related to the child? How?  
\_\_\_\_\_

I/we hereby declare that all answers, statements and declarations set forth in this application are true.

\_\_\_\_\_  
Signature – Resident

\_\_\_\_\_  
Signature – Spouse

\_\_\_\_\_  
Print Name – Resident

\_\_\_\_\_  
Print Name – Spouse

HANOVER TOWNSHIP SCHOOL DISTRICT

STATE OF NEW JERSEY

COUNTY OF MORRIS

AFFIDAVIT OF SUPPORT OF CHILD BY NON-PARENT RESIDENT

To the Board of Education of the Hanover Township School District:

Pursuant to New Jersey statutes, we the undersigned, of full age, being duly sworn according to law, upon our oath depose and say that:

1. My/our domicile (permanent residence) is at the following address:

\_\_\_\_\_  
(Number and Street) (Town) (Zip)

which is situated within the boundaries of the Hanover Township School District.

2. As of \_\_\_\_\_ (date) I/we am/are supporting gratuitously, as if he/she were my/our own child, in my/our domicile the child named:

\_\_\_\_\_ (Full name of child).

I/we receive no payment or contributions either in money or in lodging, food, clothing, medical insurance/expenses, recreation, or any other thing or service of value in connection with the support, maintenance, and education of the child named above. The gratuitous support of the child named above shall continue throughout the calendar year and not merely through the school term or year.

3. I/we am/are gratuitously supporting the child named above in our domicile for reason of family and/or economic hardship of the child's parent(s)/guardian(s) and not solely for the purpose of enrolling the child in the schools of the Hanover Township School District.

4. I/we will assume all personal obligations for the child named above with respect to school requirements.

5. Should I/we cease to gratuitously support the child named above and the child is still enrolled in the schools of the Hanover Township School District, I/we will immediately notify the Board of Education.

6. The answers, statements, and declarations made in the application for admission of said child are absolutely true in all respects.

7. This affidavit, together with the Application for Admission of an Affidavit Pupil, is made specifically to induce the Hanover Township School District Board of Education to accept the child named above as a legally qualified student in the schools of the Hanover Township School District without payment of tuition, knowing that the Board of Education will rely upon the truth of the statements herein contained.

8. I/we understand that the Board of Education reserves the right to make periodic checks as to our continuing support for the child named above and his/her residence in our domicile. In addition, the Board of Education reserves the right to require additional documentation to verify the residency and dependency of the child named above. I/we agree to cooperate with any investigation by the Board of the facts set forth in this affidavit.

9. I/we fully understand and agree that any false or fraudulent statements, answers or declarations contained in this affidavit or in the application for admission may render me/us personally liable for the payment of tuition for the entire school year or any portion thereof. Furthermore, I/we understand that the giving of false statements, answers, or declarations in this affidavit or in the application for admission may subject me/us to prosecution.

10. I/we fully understand and agree that, if I/we fraudulently allow the child named above to use our residence and I/we am/are not the financial supporter(s) of the child, I/we will have committed a legal offense and will be subject to prosecution.

Signed this \_\_\_\_\_ day of \_\_\_\_\_ in the year \_\_\_\_\_.

\_\_\_\_\_  
Signature-Resident Individual Supporting Child

\_\_\_\_\_  
Signature - Spouse (if applicable)

\_\_\_\_\_  
Print Name-Resident Individual Supporting Child

\_\_\_\_\_  
Print Name - Spouse (if applicable)

Sworn and Subscribed before me  
this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Signature of Notary Public of the State of NJ

(Seal)

SRP/dmm  
1/07



HANOVER TOWNSHIP SCHOOL DISTRICT

STATE OF NEW JERSEY

COUNTY OF MORRIS

**AFFIDAVIT OF NONRESIDENT PARENTS  
WHO HAVE SURRENDERED CUSTODY OF THEIR CHILD TO  
A RESIDENT OF THE DISTRICT**

Pursuant to New Jersey statutes, we the undersigned, of full age, being duly sworn according to law, and upon our oath depose and say that:

1. Complete one of the following:

a. We are the parent(s)/legal guardian(s) of the child named \_\_\_\_\_

b. I am the only living parent/guardian of the child named \_\_\_\_\_  
The child's other parent/guardian \_\_\_\_\_  
died on or about \_\_\_\_\_ (date).

c. I am the single parent/guardian of the child named \_\_\_\_\_  
I am \_\_\_\_\_ separated \_\_\_\_\_ divorced (check one) and I have the legal custody of the said child. (Attach copy of legal custody document)

2. I/we reside at: \_\_\_\_\_  
(Street) (Town) (State, Zip)

3. I/we have carefully read and understand the Application for Admission of an Affidavit Pupil and the Affidavit of Support of Child by Non-Parent Resident made by \_\_\_\_\_ (name/s), and the answers, statements, and declarations set forth in said affidavit and application are absolutely true in all respects.

4. On the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, I/we gave custody of my/our child to \_\_\_\_\_ (name/s), hereinafter referred to as the resident(s). This action was not taken solely for the purpose of receiving a free public education in the schools of the Hanover Township School District.

5. I/we am/are not capable of supporting or providing care for the said child for the following reason(s):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. I/we will make no contribution or payment, either in money or in kind of food, clothing, recreation, medical insurance/expense, lodging, or anything or service of value, or other costs and expenses in connection with the support, maintenance or education of the said child.

7. The said resident(s), will keep and support the said child gratuitously as if the said child were their own with no contribution or payment, either in money or in kind for food, clothing, recreation, medical insurance/expense, lodging, or anything or service of value, or other costs and expenses in connection with the support, maintenance or education of the said child.
  
8. The said child will not be claimed as a dependent child on my/our Federal or State Income Tax Returns during the time the child resides with the resident(s).
  
9. I/we shall immediately notify the Board of Education should the child's residence change at any time the child is still enrolled as a student in the Hanover Township School District.
  
10. I/we fully understand and agree that:
  - a. If I/we fraudulently claim to have given up custody of my/our said child to the said resident(s), I/we will have committed a legal offense and may be prosecuted to the full extent of the law.
  
  - b. I/we have read and understand this Affidavit of Nonresident Parents who have Surrendered Custody of their Child to a Resident of the District and further understand that false statements, answers or declarations contained in this affidavit, or in the Application for Admission of an Affidavit Pupil and the Affidavit of Support of Child by Non-Parent Resident submitted by the district resident with whom my child is now residing, may subject me/us to criminal prosecution for the crimes including, but not limited to of false swearing (N.J.S.A. 2C:28-2) and theft by deception (N.J.S.A. 2C:20-4), and may be prosecuted to the full extent of the law.

In all references herein to any parties or persons, the use of any particular gender or the plural of singular number is intended to include the appropriate gender or number as the text of the within instrument may require.

Signed this \_\_\_\_\_ day of \_\_\_\_\_ in the year \_\_\_\_\_.

\_\_\_\_\_  
PARENT (Signature)

\_\_\_\_\_  
PARENT (Signature)

\_\_\_\_\_  
PARENT (Print Name)

\_\_\_\_\_  
PARENT (Print Name)

Sworn and Subscribed before me

this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_.

\_\_\_\_\_  
Signature of Notary Public of the State of NJ

(Seal)

**HANOVER TOWNSHIP PUBLIC SCHOOLS**

**Kindergarten Registration Form**

**Student's Full Name** \_\_\_\_\_ **Date** \_\_\_\_\_

**Nickname** \_\_\_\_\_ **Date of Birth** \_\_\_\_\_

**Child's Dentist** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Address** \_\_\_\_\_

**Speech:** Does your child have any difficulty with speech?

**Describe** \_\_\_\_\_

**Is your child's speech clear to those outside the family?** \_\_\_\_\_

**Eating:** How would you classify your child's appetite?

**Poor** \_\_\_\_\_ **Fair** \_\_\_\_\_ **Good** \_\_\_\_\_ **Excellent** \_\_\_\_\_

**Foods child likes** \_\_\_\_\_

**Foods child dislikes** \_\_\_\_\_

**Does your child have any allergies to food?** \_\_\_\_\_ **If so, what type of allergies?**

\_\_\_\_\_

\_\_\_\_\_

**Sleeping** What is your child's usual bedtime routine? \_\_\_\_\_

\_\_\_\_\_

**Time to bed** \_\_\_\_\_ **Time up in the morning** \_\_\_\_\_

**Does he/she sleep through the night?** \_\_\_\_\_

**Does your child usually take a nap?** \_\_\_\_\_ **How long?** \_\_\_\_\_

**PRE-SCHOOL EXPERIENCE AND DEVELOPMENT**

Name and location of nursery school your child attended \_\_\_\_\_

Number of years attended \_\_\_\_\_ Times per week \_\_\_\_\_ Hours per day \_\_\_\_\_

What did this program stress? \_\_\_\_\_

Is child right-handed or left-handed? \_\_\_\_\_

Can child write name? \_\_\_\_\_ Count by rote? \_\_\_\_\_ How far? \_\_\_\_\_

What numbers can child recognize and name? \_\_\_\_\_

Can child recognize name? \_\_\_\_\_ Upper case letters? \_\_\_\_\_ Lower case letters? \_\_\_\_\_

Is your child Shy? \_\_\_\_\_ Quiet? \_\_\_\_\_ Talkative? \_\_\_\_\_

Willing to try something new? \_\_\_\_\_ Hesitant to try something new? \_\_\_\_\_

What kinds of activities does your child like to engage in at home? \_\_\_\_\_

Have you observed any particular learning strengths? \_\_\_\_\_

Explain \_\_\_\_\_

Other important information which might help us in working with your child \_\_\_\_\_

**HANOVER TOWNSHIP PUBLIC SCHOOLS  
REQUEST FOR SUPERVISION AT DISMISSAL FROM SCHOOL  
FOR PUPILS IN GRADES PRE-K-8**

Parent/Legal Guardian Name \_\_\_\_\_

Phone#:(H) \_\_\_\_\_ (W) \_\_\_\_\_ (C) \_\_\_\_\_

Child's Name \_\_\_\_\_ Teacher's Name \_\_\_\_\_

Child's Name \_\_\_\_\_ Teacher's Name \_\_\_\_\_

Child's Name \_\_\_\_\_ Teacher's Name \_\_\_\_\_

**Please select one option below which will remain in effect for the entire school year and will apply to all school dismissal situations (i.e. regular, early and emergency dismissals as well as dismissal from all after school activities, clubs and sports). Any changes to this form must be made in writing to the school.**

**Option #1** (This option is only for students who are eligible for transportation.)

\_\_\_\_\_ I acknowledge that I have received and read the **School Guide and Calendar** which includes **Board Policy #8601 Pupil Supervision After School Dismissal**. My child/children is/are eligible for district provided transportation and is/are **not permitted** to walk home from school.  
**(If Option #1 is selected, just sign, date and return the form to the school.)**

**Option #2**

\_\_\_\_\_ I acknowledge that I have received and read the **School Guide and Calendar** which includes **Board Policy #8601 Pupil Supervision After School Dismissal**. My child/children will either be driven home by an adult or has/have my permission to walk home at dismissal which includes any emergency school closing days, early school closings, as well as dismissal from all after school activities, clubs and sports.  
**(If Option #2 is selected, just sign, date and return the form to the school.)**

**Option #3**

\_\_\_\_\_ I acknowledge that I have received and read the **School Guide and Calendar** which includes **Board Policy #8601 Pupil Supervision After School Dismissal**. As a result, I am requesting my child/children listed above **not be permitted** to walk home from school at dismissal **unless accompanied** by a parent or designated escort.  
**(If Option #3 is selected, please complete the other side of this form then sign, date and return the form to the school.)**

**Option #3 (continued)**

The following persons are designated to pick-up my child/children after school dismissal in accordance with the terms of Board Policy #8601.

Parent/Legal Guardian: \_\_\_\_\_

Escorts: \_\_\_\_\_ Phone # (H) \_\_\_\_\_ (C) \_\_\_\_\_

\_\_\_\_\_ Phone # (H) \_\_\_\_\_ (C) \_\_\_\_\_

\_\_\_\_\_ Phone # (H) \_\_\_\_\_ (C) \_\_\_\_\_

\_\_\_\_\_ Phone # (H) \_\_\_\_\_ (C) \_\_\_\_\_

Furthermore, I understand my obligations in authorizing the school to maintain supervision of my child/children after school dismissal including but not limited to:

- I and/or my designated escort may not be able to enter the school building until a time designated by the Principal or program administrator, which may be after other children are dismissed from school.
- I and/or my designated escort will enter the school building and go directly to the location in the building the Principal or program administrator designates to pick-up my child/children.
- My designated escort or I will leave the school building promptly upon picking-up the child/children.
- I understand this request shall be for every school day, including half-session and early closing days due to emergencies, and shall apply for the duration of time designated in Board Policy #8601.
- I acknowledge a parent or designated escort is provided permission to enter the school building for the purpose to pick-up their child/children. My designated escort or I agree to pick-up my child/children in accordance with the timelines established by the Principal or program administrator or the parent may be subject to after-school program fees.

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

**Please return the completed/signed form to your child's school as soon as possible.**

**HANOVER TOWNSHIP PUBLIC SCHOOLS  
ANNUAL HEALTH UPDATE**

*Confidential information will be shared with teaching staff as necessary.*

**Child's Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Homeroom Teacher:** \_\_\_\_\_ **Grade:** \_\_\_\_\_

1. Has your child had any accidents, injuries, illnesses, or surgeries over the summer?  
If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_
2. Is your child currently taking any medication? If yes, please explain:  
\_\_\_\_\_
3. Does your child have any medical/physical problem (allergies, tires easily, headaches, nosebleeds, disabilities, etc.) the school should know about? If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_
4. Does your child have asthma? Does your child have any allergies to medications, foods, insects, pollens? If yes, please explain and list care required: \_\_\_\_\_  
\_\_\_\_\_
5. Has your child been diagnosed hyperactive by your physician? If yes, please list medication, amount, and time of administration: \_\_\_\_\_  
\_\_\_\_\_
6. Does your child have a seizure disorder, bleeding tendencies, diabetes, or chronic disorders? If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_
7. Does your child wear glasses or contact lenses? \_\_\_\_\_ If so, is the correction for near vision or distance vision? \_\_\_\_\_ When is your child to wear glasses? \_\_\_\_\_  
Date of last eye exam: \_\_\_\_\_ Date of last prescription change: \_\_\_\_\_  
Other vision problems: \_\_\_\_\_
8. Does your child have any ear or hearing difficulties? If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_
9. Do you have any other information about your child's health, development, behavior, family/home life that you would like the school to be aware of? If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

HEALTH UPDATE CONTINUED

Does child have Health Insurance?

**Yes** \_\_\_\_\_ If Yes, name of insurance company: \_\_\_\_\_

**No** \_\_\_\_\_ If No, please note that NJ Family Care 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](http://www.njfamilycare.org) to apply online. You may release my name and address to the NJ Family Care Program to contact me about health insurance.

**Signature:** \_\_\_\_\_ **Printed Name:** \_\_\_\_\_

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

*Written consent required pursuant to 20 U.S.C. § 1232g (b)(1) and 34 C.F.R. 99.30 (b).*

---

Parent name (please print)

Parent Signature

Date



HANOVER TOWNSHIP PUBLIC SCHOOLS

SUPPORT SERVICES SURVEY

Student's Name \_\_\_\_\_

D.O.B. \_\_\_\_\_

Entering School (Name) \_\_\_\_\_

Grade: \_\_\_\_\_

Was your child receiving any of the following support services in his/her previous placement?

- 1. Basic Skills Instruction, Supplemental or Title 1                      Yes    No
- 2. 504 Accommodation Plan    Yes    No
- 3. Counseling (individual or group)    Yes    No
- 4. English as a Second Language (E.S.L.)                                      Yes    No
- 5. Speech and Language Services    Yes    No
- 6. Special Education Services    Yes    No

If you answered Yes to #6, please indicate specific services received from the list below:

- a. Special Education Self-Contained Class                                      Yes    No
- b. Special Education Resource Center Program                                      Yes    No
- c. Special Education In-Class Support    Yes    No
- d. Occupational Therapy or Physical Therapy                                      Yes    No

If your child received any of the services listed in #5 and #6, do you have a copy of the current Individualized Educational Program (IEP)?                      Yes    No

**NOTE:**

If your child has received any Special Education Services, please notify the Supervisor of Special Education for Hanover Township Public Schools. You should also contact your previous district to request that all Special Education records are sent to the address below:

Special Services Department  
Bee Meadow School  
120 Reynolds Avenue  
Whippany, NJ 07981  
Phone: 973-515-2443

**HANOVER TOWNSHIP PUBLIC SCHOOL DISTRICT**  
**Publicity Consent Form**

In accordance with New Jersey Statute, N.J.S.A. 18A:3635, we are sending you this parental consent form to both inform you and to request permission for your child's photo/image and personally identifiable information to be published

**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.**

**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 your building principal and such decision will take effect upon receipt by the school.

**PUBLICITY CONSENT**

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: \_\_\_\_\_ Student First Name: \_\_\_\_\_

School: BMS / MJS / MTV / SDS (circle one) Grade: \_\_\_\_\_ Date: \_\_\_\_\_

**Grant Permission:** I/We GRANT permission to the Hanover Township Board of Education for this student's name and photo/image to be used for publicity purposes for all out-of-school media which includes the following:

- News Releases or Websites
- Television/Video
- Photographs
- Audio Recordings/Podcasts

**Limited Permission:** I/We GRANT permission for this student's name and photo/image to be used for publicity purposes in out -of-school PRINT MEDIA only.

**Withhold Permission:** I/We DO NOT GRANT permission for this student's name and photo/image to be used for publicity purposes in out-of-school media

Name of Parent/Guardian (Print): \_\_\_\_\_

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

## **HANOVER TOWNSHIP PUBLIC SCHOOL DISTRICT**

### **Acceptable Use Policy (AUP) Consent and Waiver**

Hanover Township Public School District offers student access to a computer network and the Internet. To gain access to the Internet as per Board of Education policy, all students must obtain parental permission as verified by your signature on the forms below. Should a parent or guardian prefer that a student not have Internet access, use of the computers is still possible for purposes such as word processing (see below).

#### **What is possible?**

We believe that the benefits to students from access to the Internet in the form of information resources and opportunities for collaboration exceed the possible disadvantages. Ultimately parents and guardians of minors are responsible for setting and conveying the standards that their children should follow when using media and information sources. Therefore, we support and respect each family's right to decide whether or not to apply for access. Access to the Internet will enable students to explore thousands of libraries, databases, museums, and other repositories of information and to exchange personal communication with other Internet users around the world. Families should be aware that some material accessible via the Internet might contain items that are illegal, defamatory, inaccurate, obscene, pornographic, potentially offensive, or harmful to minors. While the purpose of students having access to the Internet while at school is to use Internet resources for constructive educational goals, students may find ways to access other materials. We have installed software on district computers, which should restrict students from accessing materials that are illegal, obscene, pornographic, or harmful to minors. District personnel will monitor networks and online activity to ensure their proper use and compliance with Federal and State laws.

#### **What is expected?**

Students are responsible for appropriate behavior on the school's computer network while on school property, in school vehicles or at school sponsored events just as they are in a classroom or on a school playground. Communications on the network are often public in nature. General school rules for behavior and communications apply. It is expected that users will comply with district standards and the specific rules set forth below. The use of the network is a privilege, not a right, and may be revoked if abused. The user is personally responsible for his/her actions in accessing and utilizing the school's computer resources. The students are advised never to access, keep, or send anything that they would not want their parents or teachers to see.

#### **What are the Rules of Appropriate Use?**

**Privacy** – Network storage areas may be treated like school lockers or desks. Network administrators may review communications to maintain system integrity to insure that students are using the system responsibly.

**Storage capacity** – Users are expected to remain within allocated disk space and delete material that takes up excessive storage space.

**Illegal copying** – Students should never download or install any commercial software, shareware, or freeware onto network drives or disks, unless they have written permission from the Network Administrator. Nor should students copy other people's work or intrude into other people's files.

**Inappropriate materials or language** – No profane, obscene, vulgar, abusive, or impolite language may be used to communicate (including but not limited to communication through electronic mail, chat rooms, and other forms of direct electronic communications) nor should materials be accessed which are not in line with the rules of school behavior. A good rule to follow is never view, send, or access materials that you would not want your teachers and parents to see. Should students encounter such material by accident, they should report it to their teacher immediately.

**Unauthorized use** – Students should never seek unauthorized access to the files, data, or resources of other individuals or entities.

## **Guidelines to follow to prevent the loss of network privileges at Hanover Township Public Schools:**

- Do not use a computer, device (ie: tablets, smart phones) or network (Google Drive, etc.) to harm other people or their work. Users may not use network systems to insult, harass or attack others.
- Do not use the network for financial gain, commercial (purchasing products online) or illegal purposes.
- Do not damage or change the computer, operating system or the network in any way.
- Do not interfere with the operation of the network by installing illegal software, shareware, or freeware.
- Do not violate copyright or intellectual property laws or plagiarize someone's work and present it as your own.
- Do not share your password (if assigned) with another person.
- Do not waste limited resources such as disk space or printing capacity.
- Do not "trespass" in another's folder, work, or files.
- Do notify an adult immediately if by accident you encounter materials that violate the Rules of Appropriate Use.
- BE PREPARED to be held accountable for your actions and for the loss of privileges if the Rules of Appropriate Use are violated.
- Students may access home or personal email accounts while in school with teacher permission.

Hanover Township Public School District supports the integration of technology into the curriculum and encourages district teachers to participate in internet-based projects with their students. Participation by students in internet-based projects may take several forms, such as social networks, social bookmarking, podcasting, blogs, wikis, virtual environments/simulations and global collaboration/communication.

### **Guidelines for Student Internet Projects include:**

Students may not disclose any confidential, private or personal contact information about themselves, other students or any other individuals while engaged in an online classroom project. (Pursuant to New Jersey law, N.J.S.A. 18A:36-35, students are precluded from releasing "personally identifiable information" without parental consent, which in addition to names, photos or images, residential addresses, email addresses, and phone numbers, includes locations and times of class trips.)

Teachers must act as project managers, that is, no students may directly post to any electronic forum before the teacher reviews such work.

Material posted as part of a school or classroom related project may only be posted while student is under the supervision of a teacher.

While engaged in educational projects, students only identify themselves by first name or as a member of a teacher's class, i.e., Jane in Mrs. Jones's class. They may include their teacher's name and their grade only.

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### **PUBLICITY CONSENT**

In accordance with New Jersey Statute, N.J.S.A. 18A:36-35, we are sending you this parental consent form to both inform you and to request permission for your child's photo/image and personally identifiable information to be published.

**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. 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 your building principal and such decision will take effect upon receipt by the school.

**Please keep the first two pages for your records.**

USER (Student): I understand and will abide by the Acceptable Use Policy (AUP). I further understand that any violations of the above conditions, rules, and AUP, is unethical and may constitute a criminal offense. Should I commit any violations, my access privileges may be revoked; disciplinary action and/or appropriate legal action may be taken.

USER (Student) \_\_\_\_\_ Grade \_\_\_\_\_

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

\*Students in 3rd-8th grade, please sign above.

PARENT OR GUARDIAN: As parent or guardian of this student, I have read the Acceptable Use Policy (AUP), and I understand that this access is designed for educational purposes. I also recognize that it is impossible for the Hanover Township Public School District to fully restrict access to controversial materials and I will not hold the school district responsible for materials acquired on the network. Further, I accept full responsibility for supervision if and when my child's use is not in a school setting. I hereby give permission for my child to access the Internet at school and certify that the information contained on this form is correct.

Grant Permission for INTERNET access. Date \_\_\_\_\_

Withhold Permission for INTERNET access. Date \_\_\_\_\_

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

THIS AGREEMENT IS VALID FOR THE CURRENT SCHOOL YEAR.

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