BELLEVILLE PUBLIC SCHOOLS
STUDENT REGISTRATION
APPLICATION FORMS

Registration done by appointment only.
Please call Carolyn Martinez (973) 450-3500 ext. 1019

For Pre-k 3, Pre-k 4: Janet Carfagno (973) 450-3500 ext.1030

Special Services (IEP)
Please call Debbie Campione (973) 450-3500 ext. 1029

Revised 4/4/2019
Registration Checklist

The following is a checklist of all the documents needed to register your child/children into the Belleville Public School system. All documents must be presented at time of registration.

- (1) Registration packet must be completed in its entirety.

- (2) Proof of Residency
  - Renters must have a notarized Landlord Statement Form (form included in packet) or a current/valid lease (with child/children listed as occupants), PLUS three supporting items from (2A) below.
  - Home owners must have a mortgage statement or tax bill, PLUS three supporting items from (2A) below.

(2A) The three proofs of residency must include items from the following categories: cable bill, telephone bill, PSE&G bill, cell phone bill, insurance bill, water bill, bank statement, New Jersey Driver’s license, or recent paycheck/stub.

- (3) Birth certificate for child/children with raised seal.

- (4) Up-to-date immunization record.

- (5) Custody/Adoption papers (if applicable).

- (6) Court order or State agency agreements (if applicable).

- (7) If your child has special needs and has an IEP or Section 504 accommodation plan, please indicate at time of registration.

- (8) Transfer students must be signed out of prior school at time of registration.

- (9) Transfer students must provide an unofficial transcript and report card. Students coming from another public school in NJ must obtain a transfer card with the State Identification number from prior school.
The questions asked in the following pages will enable us to determine your student’s eligibility to attend school in this district in accordance with New Jersey law. Please be aware that N.J.S.A. 18A:38-1 and N.J.A.C. 6A:2 require that a free public education be provided to students between the ages of 5 and 20, and to certain students under 5 and over 20 as specified in other applicable law, who are:

- Domiciled in the district, i.e., the child of a parent or guardian, or an adult student, whose permanent home is located within the district. A home is permanent when the parent, guardian or adult student intends to return to it when absent and has no present intent of moving from it, notwithstanding the existence of homes or residences elsewhere

- Living with a person, other than the parent or guardian, who is domiciled in the district and is supporting the student without compensation, as if the student were his or her own child, because the parent cannot support the child due to family or economic hardship

- Living with a person domiciled in the district, other than the parent or guardian, where the parent/guardian is a member of the New Jersey National Guard or the reserve component of the U.S. armed forces and has been ordered into active military service in the U.S. armed forces in time of war or national emergency

- Living with a parent or guardian who is temporarily residing in the district

- The child of a parent or guardian who moves to another district as the result of being homeless

- Placed in the home of a district resident by court order pursuant to N.J.S.A. 18A:38-2

- The child of a parent or guardian who previously resided in the district but is a member of the New Jersey National Guard or the United States reserves and has been ordered to active service in time of war or national emergency, resulting in relocation of the student, pursuant to N.J.S.A. 18A:38-3(b)

- Residing on federal property within the State pursuant to N.J.S.A. 18A:38-7.7 et seq.

Note that “guardian” means a person to whom a court of competent jurisdiction has awarded guardianship or custody of a child, provided that a residential custody order shall entitle a child to attend school in the residential custodian’s school district subject to a rebuttable presumption that the child is actually living with such custodian; it also means the Department of Children and Families for purposes of N.J.S.A. 18A:38-1(e). Also note that a student is entitled to attend school in the district of domicile notwithstanding that the student is qualified to attend school in a different district as an “affidavit” student or temporary resident.

Note that the following do not affect a student’s eligibility to enroll in school:

- Physical condition of housing or compliance with local housing ordinances or terms of lease
• Immigration/visa status, except for students holding or seeking a visa (F-1) issued specifically for the purpose of limited study on a tuition basis in a United States public secondary school

• Absence of a certified copy of birth certificate or other proof of a student’s identity, although these must be provided within 30 days of initial enrollment pursuant to N.J.S.A. 18A: 36-25.1

• Absence of student medical information, although actual attendance at school may be deferred as necessary in compliance with rules regarding immunization of students, N.J.A.C. 8:57-4.1 et seq.

• Absence of a student’s prior educational record, although the initial educational placement of the student may be subject to revision upon receipt of records or further assessment by the district

The following forms of documentation may demonstrate a student’s eligibility for enrollment in the district. Particular documentation necessary to demonstrate eligibility under specific provisions in law will be indicated in the appropriate section of the registration form.

• Property tax bills, deeds, contracts of sale, leases, mortgages, signed letters from landlords and other evidence of property ownership, tenancy or residency

• Voter registrations, licenses, permits, financial account information, utility bills, delivery receipts, and other evidence of personal attachment to a particular location

• Court orders, State agency agreements and other evidence of court or agency placements or directives

• Receipts, bills, cancelled checks and other evidence of expenditures demonstrating personal attachment to a particular location, or, where applicable, to support of the student

• Medical reports, counselor or social worker assessments, employment documents, benefit statements, and other evidence of circumstances demonstrating, where applicable, family or economic hardship, or temporary residency

• Affidavits, certifications and sworn attestations pertaining to statutory criteria for school attendance, from the parent, guardian, person keeping an “affidavit student,” adult student, person(s) with whom a family is living, or others as appropriate

• Documents pertaining to military status and assignment

• Any business record or document issued by a governmental entity

• Any other form of documentation relevant to demonstrating entitlement to attend school
The totality of information and documentation you offer will be considered in evaluating an application, and, unless expressly required by law, the student will not be denied enrollment based on your inability to provide certain form(s) of documentation where other acceptable evidence is presented.

You will not be asked for any information or document protected from disclosure by law, or pertaining to criteria which are not legitimate bases for determining eligibility to attend school. You may voluntarily disclose any document or information you believe will help establish that the student meets the requirements of law for entitlement to attend school in the district, but we may not, directly or indirectly, require or request:

- Income tax returns
- Documentation/information relating to citizenship or immigration/visa status, unless the student holds or is applying for an F-1 visa
- Documentation/information relating to compliance with local housing ordinances or conditions of tenancy
- Social security numbers

Please be aware that any initial determination of the student’s eligibility to attend school in this district is subject to more thorough review and subsequent re-evaluation, and that tuition may be assessed in the event that an initially admitted student is later found ineligible. If your student is found ineligible, now or later, you will be provided the reasons for our decision and instructions on how to appeal.

[Optional note if district permits attendance by nonresidents on a tuition basis: State law allows school districts to admit nonresident students, through policies adopted at Board discretion, on a tuition basis. If your student is not eligible to attend school in this district free of charge, he or she may enroll on a tuition basis by ... (instructions on how to obtain more information, or register for enrollment as a nonresident student)]
REGISTRATION FORM

DATE: __/__/____  SCHOOL: ____________________________

M  D  Y

STUDENT: _______________________________________

Last Name               First Name               Middle Initial

AGE: ______________   DATE OF BIRTH: __/__/____

M  D  Y

NAME OF PARENT(S)/GUARDIAN: _______________________________________

____________________________________________________________________

PERSON ENROLLING STUDENT: _______________________________________

RELATIONSHIP TO STUDENT IF OTHER THAN PARENT: _______________________

STUDENT’S PHYSICAL ADDRESS: _______________________________________

____________________________________________________________________

MAILING ADDRESS (IF DIFFERENT): ___________________________________

____________________________________________________________________

HOME TELEPHONE (INCLUDE AREA CODE): ______ OTHER PHONE OR FAX (IF ANY):

PARENT(S)/GUARDIAN’S PHYSICAL ADDRESS: _____________________________

____________________________________________________________________

MAILING ADDRESS (IF DIFFERENT): _________________________________

____________________________________________________________________

HOME TELEPHONE (INCLUDE AREA CODE): ______ OTHER PHONE OR FAX (IF ANY):

NATIVE LANGUAGE OF PARENT/GUARDIAN/PERSON ENROLLING STUDENT: _____
Central Registration Office Use Only!

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<th>#3</th>
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<td>Proof of Residency:</td>
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Student Information: Please print/fill in all information for each student registering.

Student Name (First, Middle, Last):

Date of Birth:    Gender: □ Male or □ Female    Grade Placement:

Birthplace (hospital location): City: County: State: Country:    First Entry Date in U.S. school (if not born in the U.S.): MM/DD/YYYY

Ethnicity: □ White □ Black □ Hispanic □ American Indian/Alaskan □ Asian □ Hawaiian Native/Other Pacific Islander

Language Spoken at Home:

Student Residential Address Information:

Home Address:    Apartment/Unit #

City/Zip Code:    Third Party Residence? □ Yes □ No

How long have you lived in this home?    Do you have residence(s) elsewhere, and if so, where are they and when do you live there? □ Yes □ No

Student Resides With/Head of Household:

□ Both Parents □ Mother * □ Father * □ Guardian

* Do you have legal custody of the above-named child? □ Yes □ No □ If yes, □ Sole Custody □ Joint Custody

Restricted Release: If there are any problems relating to custody and releasing your child, please be aware that the school must have a copy of the legal documents in our files.

Parent/Guardian #1: □ Mother □ Father □ Step-Mother □ Step-Father □ Guardian

Home Phone:    Cell Phone:    Business Phone:

Email Address:    

Marital Status:    Occupation:

Parent/Guardian #2: □ Mother □ Father □ Step-Mother □ Step-Father □ Guardian

Home Phone:    Cell Phone:    Business Phone:

Email Address:    

Marital Status:    Occupation:

Revised 4/4/2019
## Emergency Contact Information: (Someone other than parent/guardian)

<table>
<thead>
<tr>
<th>Name</th>
<th>Phone</th>
<th>Relationship to student</th>
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- Parent/Guardian has given this emergency contact permission to pick student(s) up from school:  
  - Yes  
  - No

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<tr>
<th>Name</th>
<th>Phone</th>
<th>Relationship to student</th>
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- Parent/Guardian has given this emergency contact permission to pick student(s) up from school:  
  - Yes  
  - No

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</table>

- Parent/Guardian has given this emergency contact permission to pick student(s) up from school:  
  - Yes  
  - No

## Sibling Information:  Please list ALL children in the family from oldest to youngest. If additional room is needed, please list on back of page.

<table>
<thead>
<tr>
<th>Name</th>
<th>Male</th>
<th>Female</th>
<th>Date of Birth</th>
<th>School</th>
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- Does sibling attend school in Belleville?  
  - Yes  
  - No

<table>
<thead>
<tr>
<th>Name</th>
<th>Male</th>
<th>Female</th>
<th>Date of Birth</th>
<th>School</th>
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- Does sibling attend school in Belleville?  
  - Yes  
  - No

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<tr>
<th>Name</th>
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<th>School</th>
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</table>

- Does sibling attend school in Belleville?  
  - Yes  
  - No

## Previous School Information:  Please complete ALL lines below, no matter where your child attended school.

- Was the student previously enrolled in the Belleville School District?  
  - Yes  
  - No

- If so, which school and when?

- Name & Address of Most Recent School Attended (Do NOT Leave Blank):

- My child was receiving the following assistance in his/her previous school: (check all that apply)
  - Student seen by the CST  
  - Speech Therapy  
  - Basic Skills  
  - 504 Plan  
  - Student referred to the CST  
  - ELL/Bilingual Education  
  - Math  
  - Reading  
  - IEP  
  - Gifted & Talented  
  - Free or Reduced Lunch  
  - Student Retained  
  - If so, what grade?

## Health Information:

- Current Health Insurance Status of your child:  
  - Coverage (YES)  
  - Coverage (NO)

- If YES Name of Health Insurance Company

- Is your child affected by any of the following health conditions? (check all that apply)
  - Asthma  
  - Heart  
  - Diabetes  
  - Hearing  
  - Vision  
  - ADHD  
  - ADD

- Other significant health problems:
  - Parents/Guardians are NOT in the military  
  - Parents/Guardians are NOT active duty  
  - Parents/Guardians are NOT National Guard or Reserve

## Name of Parent/Legal Guardian (Please Print)  

## Signature of Parent/Legal Guardian  

## Date

Revised 4/4/2019
Home Language Survey Form

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.

Student Information
Student name: 
Student birth date: 
Street Address: 
State: 
City: 
Zip Code: 
Phone number:

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 question 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 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
No

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

Yes
No

Question 7. What are the home languages spoken? Proceed to 8.

Home Language Survey is complete.

Home Language Survey is complete. Student is not an English-Language Learner (ELL)
DOMICILE STATEMENT

All sections of this form must be completed by the custodial parent/guardian.

How long have you lived in this home? ________________________________

Do you have any present intention of moving from this home? If so, when and to where?

Do you have residences(s) elsewhere, and, if so, where are they and when do you live there?

Please list four forms of proof (see attached list) you will provide to demonstrate that the address given on page 1 of this application is your permanent home.

1. ________________________________
2. ________________________________
3. ________________________________
4. ________________________________

If the student's parents are domiciled in different districts, regardless of which parent has custody, please answer the following questions:

Is there a court order or written agreement between the parents designating the district for school attendance, and if so, where does it require the student to attend school? (You will be asked to provide a copy of this document.)

________________________________________

________________________________________

________________________________________

Does the student reside with one parent for the entire year? If so, with which parent and at what address?

________________________________________

________________________________________

If not, for what portion of time does the student reside with each parent and at what addresses?

________________________________________

________________________________________

(Cont. on next page)
If the student lives with both parents on an equal-time, alternating week/month or other similar basis, with which parent did the student reside on the last school day prior to October 16 preceding the date of this application?

Please note: No district is required, as a result of being the district of domicile for school attendance purposes where a student lives with more than one parent, to provide transportation for a student residing outside the district for part of the school year, other than transportation based upon the home of the parent domiciled within the district to the extent required by law.

If you are claiming to be an emancipated student, are you living independently in your own permanent home in the district? If yes, please describe the proofs you will provide, in addition to those demonstrating domicile, to demonstrate that you are not in the care and custody of a parent or guardian.

Please note: Under New Jersey law, where a dwelling is located within two or more local school districts, or bears a mailing address that does not reflect the dwelling's physical location within a municipality, the district of domicile for school attendance purposes is that of the municipality to which the resident pays the majority of his or her property tax, or to which the majority of property tax for the dwelling in question is paid by the owner of a multi-unit dwelling.
BELLEVILLE TOWNSHIP PUBLIC SCHOOLS
STUDENT INFORMATION RELEASE OPT OUT FORM
NAME / PHOTO / VIDEO / SOCIAL MEDIA

Dear Parent/Guardian:

Your school principal, teacher, or district supervisor will be using the name, photo, or video images of their students to highlight the many wonderful events that occur at school.

I agree that you may photograph or video my child/ward and that you may use my child's name, photo, or video image in the Belleville Public Schools Website; social media accounts (Twitter, Facebook, etc.); the Belleville High School television station, WBHS; or any school newsletter or publication produced by the Belleville Public Schools District.

Belleville Public School district and school newsletters are published periodically throughout the school year and may appear on the school district website, in print for local distribution, or on the Belleville High School television station, WBHS. I understand that I will not be paid and I may not revoke my permission. To the extent permitted by law, parent/guardians and pupils shall defend, indemnify and hold the Belleville Board of Education harmless from and against any claims, losses, liabilities, damages, demands, penalties, and expenses arising out of or in connection with photographing or videotaping/filming of the pupil.

Please read and sign this letter if you wish to DENY permission for your child’s name, photo or video image to be published in the Belleville Public Schools Website; social media accounts (Twitter, Facebook, etc.); the Belleville High School television station, WBHS; or any school newsletter or publication produced by the Belleville Public Schools District. Please return this form to your child’s teacher.

Please print

Name of child (first/last) __________________________ / __________________________

School __________________________ Teacher’s Name __________________________

Parent/Guardian (first/last) __________________________ / ( ) NO, I do not give permission for my child’s name, photo or video image to be published.

Parent/Guardian Signature: ____________________________________________

Student Signature (if 18 or older): ________________________________________

Address: __________________________________________________________________

City, State, Zip: __________________________________________________________

Phone Number: (_____) __________________________ Date: __________________________
Statement of Landlord

(To be completed by the landlord of parents or guardians who are providing proof of residency for a rental.)

I, ________________________, am the lawful owner or legal representative of the residential property located at the following address:

________________________________________________________________________

________________________________________________________________________

This residence or residential unit is currently under lease from and occupied by

________________________________________________________________________

for a period of (dates) __________________________ to __________________________.

The answers provided above are absolutely true and entitles the child/children of the above tenant to a tuition-free education in the Township of Belleville. I understand the above information is being relied upon by the Belleville Board of Education to determine a student's residency in Belleville. I fully understand that if the information provided is false, the Belleville Board of Education will seek reimbursement of tuition at an approximate cost of $17,500 annually and may file criminal charges for any willfully false statement.

*This document must be notarized by a Notary Public of the State of New Jersey. (See Below)

_________________________________________  __________________________________
Landlord's Signature                  Print Name

_________________________________________  __________________________________
Address                                 Telephone Number

_________________________________________  __________________________________
City State                                Cell Number

*Sworn to and subscribed before me on this ________________ day of ________________, 20 __________.

_________________________________________  __________________________________
Notary Seal                          Notary Signature

3Revised 4/4/2019
Belleville Public Schools is pleased to offer access to the district computers, networks, e-mail and to the Internet. There are specific rules that all users must follow. Users agree to the following:

1. The computers, networks, and Internet connectivity are provided for the educational use of students, staff, faculty and other authorized users. Work of a commercial nature is not permitted. Supplies and equipment are to be used only for academic purposes.

2. The use of the computers, networks, and Internet connectivity is a privilege that will be revoked for inappropriate use. The system administrator has the authority to enforce this agreement.

3. Your computer account and password should be protected as you would protect your locker and combination. Therefore, you should not consider anything that you say or store as private. The system administrators may spot check to insure adherence to these rules.

4. If you notice any security problem on the Internet or on our network, it must be reported to the system administrator immediately. Do not demonstrate the problem for anyone else. Any user identified as a security risk or having a history of problems with other computer systems may be denied access.

5. Vandalism will not be tolerated. Vandalism is defined as any malicious attempt to harm or destroy data or the physical hardware. Violators will be subject to the Board Discipline Code.

6. Network etiquette is expected. Students should:
   a) Be polite. Do not be abusive in your messages to others.
   b) Use appropriate language. Do not swear, use vulgarities or any other inappropriate language. Illegal activities are strictly forbidden.
   c) Do not reveal the address, phone number, or other personal information of yourself, other students, or colleagues.
   d) Note that electronic mail (e-mail) and the World Wide Web are not guaranteed to be private. People who operate the system do have access to all e-mail. Messages relating to or in support of illegal activities will be reported to the authorities.
   e) Do not use the network in such a way that you would disrupt the use of the network by other users.
   f) All communications and information accessible via the network should be assumed to be private property and will be subject to copyright laws.

7. The viewing, downloading, and distribution of pornographic and/or obscene materials are prohibited.

8. The unlicensed copying and distribution of copyrighted software is prohibited. The installation of unauthorized software is prohibited.

9. Belleville Public Schools makes no warranties of any kind, whether expressed or implied, for the service it is providing. Belleville Public Schools will not be responsible for any damages you suffer. This includes loss of data resulting from delays, non-deliveries, mis-deliveries, or service interruptions caused by its own negligence or your errors or omissions. Use of any information obtained via the Internet is at your own risk. Belleville Public Schools specifically denies any responsibility for the accuracy or quality of information obtained through its services.

10. Permission is granted for the Belleville Public Schools to post photographs, images, and works of art or other material created by students or staff on the district website without specific written authorization.


**Technology Acceptable Use Agreement**

**STUDENT**

I understand and will abide by the above Acceptable Use Agreement. I further understand that any violation of the regulations above is unethical and may constitute a criminal offense. Should I commit any violation, my access privileges will be revoked, school disciplinary action may be taken, and/or appropriate legal action.

School and Class: ___________________________________________ Class of 20

User’s Name (please print clearly): ____________________________
First Name ___________________________ Last Name ___________________________

User’s Signature: ___________________________ Date: ________________

**PARENT OR GUARDIAN (If student is under 18)**

As the parent or guardian of this student, I have read the Acceptable Use Agreement. I understand that this access is designed for educational purposes. Belleville Public Schools has taken precautions to limit controversial material. However, I also recognize it is impossible for Belleville Public Schools to restrict access to all controversial materials and I will not hold them 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 to issue an account for my child and certify that the information contained on this form is correct.

Parent or Guardian Name: (print) ________________________________

Parent or Guardian Signature: __________________ Date: ________________

*Revised 4/4/2019*
<table>
<thead>
<tr>
<th>Physical Exam Record</th>
<th>Immunizations:</th>
<th>Physicians Name:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name:</td>
<td>DTP (Diptheria, Tetanus, Pertussis)</td>
<td>(Print/Stamp)</td>
</tr>
<tr>
<td>DOB:</td>
<td>1.</td>
<td>Address:</td>
</tr>
<tr>
<td>Sex:</td>
<td>2.</td>
<td>Phone:</td>
</tr>
<tr>
<td>School:</td>
<td>3.</td>
<td></td>
</tr>
<tr>
<td>Grade:</td>
<td>4.</td>
<td></td>
</tr>
<tr>
<td>Room:</td>
<td>5.</td>
<td></td>
</tr>
<tr>
<td><em>Date of Examination:</em></td>
<td>Tdap/Td</td>
<td></td>
</tr>
<tr>
<td>Height:</td>
<td>Polio (IPV)</td>
<td>Physician’s Signature</td>
</tr>
<tr>
<td>Weight:</td>
<td>1.</td>
<td></td>
</tr>
<tr>
<td>Blood Pressure:</td>
<td>2.</td>
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</tr>
<tr>
<td>Allergies:</td>
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<tr>
<td>Posture:</td>
<td>4.</td>
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<tr>
<td>Scoliosis:</td>
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<tr>
<td>Nutrition:</td>
<td>MMR (Measles, Mumps, Rubella)</td>
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<tr>
<td>Skin:</td>
<td>1.</td>
<td></td>
</tr>
<tr>
<td>Scalp:</td>
<td>2.</td>
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</tr>
<tr>
<td>Vision: (R) (L) (B)</td>
<td>Hib</td>
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</tr>
<tr>
<td>Vision: w/glasses</td>
<td>1.</td>
<td></td>
</tr>
<tr>
<td>(R) (L) (B)</td>
<td>2.</td>
<td></td>
</tr>
<tr>
<td>Ears:</td>
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<td></td>
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<tr>
<td>Hearing: (R) (L)</td>
<td>Hepatitis B (HBV)</td>
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<tr>
<td>Nose:</td>
<td>1.</td>
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<tr>
<td>Throat:</td>
<td>2.</td>
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</tr>
<tr>
<td>Gums:</td>
<td>3.</td>
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<tr>
<td>Lungs:</td>
<td>Varicella (chicken pox)</td>
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<tr>
<td>Abdomen: Genitalia:</td>
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<tr>
<td>Spine/Joints:</td>
<td>Meningococcal</td>
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<tr>
<td>Feet:</td>
<td>Pneumococcal</td>
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<tr>
<td>Nervous System:</td>
<td>Influenza</td>
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<td>Extremities:</td>
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<td>Medical History:</td>
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<td>Restrictions/Recommendations:</td>
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<td>Mantoux:</td>
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<tr>
<td>Date:</td>
<td>Results: mm</td>
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<tr>
<td>Chest X-ray:</td>
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<tr>
<td>Date:</td>
<td>Results: mm</td>
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</tr>
<tr>
<td>Rx:</td>
<td></td>
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<tr>
<td>Date started:</td>
<td></td>
<td></td>
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<tr>
<td>Date completed:</td>
<td></td>
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</tbody>
</table>

*Is pupil able to participate in the regular Physical Education Program?*

Yes ☐ No ☐
Request for Transfer of Records

Former School ___________________________ Date ______________________

Address ________________________________ Grade ______________________

City ___________________ State _______ Zip Code ______________________

NJSMART State ID Number ____________________________________________

School Phone Number ________________________________________________

As the Parent/Guardian of ____________________________ I am authorizing the
release of all academic and health records for my child to the school listed below:

Please send the following information to the attention of the secretary at the school checked below:

1. Cumulative Academic Records
2. Educational Test Results
3. Health Records
4. Transfer Card
5. Confidential Files (example - IEP, behavior plan)
6. Other Pertinent Data

Thank you for your prompt attention to this matter.

☐ Belleville High School
   100 Passaic Avenue
   Belleville, NJ 07109
   Attn: Jo-Ann Micchelli

☐ Belleville Middle School
   279 Washington Avenue
   Belleville, NJ 07109
   Attn: Carmel Romano

☐ School #3
   230 Joralemon Street
   Belleville, NJ 07109
   Attn: Stephany Encarnacio

☐ School #4
   30 Magnolia Street
   Belleville, NJ 07109
   Attn: Lisa Kistner

☐ School #5
   149 Adelaide Street
   Belleville, NJ 07109
   Attn: Donna Giuliano

☐ School #7
   20 Passaic Avenue
   Belleville, NJ 07109
   Attn: Ana Ruiz

☐ School #8
   183 Union Avenue
   Belleville, NJ 07109
   Attn: Monica Hurt

☐ School #9
   301 Ralph Street
   Belleville, NJ 07109
   Attn: Maria Zarro

☐ School #10
   527 Belleville Avenue
   Belleville, NJ 07109
   Attn: Elaine Perinotti

Parent/Guardian (Print) ___________________________ Parent/Guardian (Sign) ______________________

Revised 4/4/2019