

**Welcome to the  
East Windsor Regional  
School District**



**2019 - 2020  
Kindergarten Information  
and Registration Packet**

## **EAST WINDSOR REGIONAL SCHOOL DISTRICT**

### **CENTRAL REGISTRATION**

384 Stockton Street, Hightstown, NJ 08520

609-443-2881 Ext. 6800

Fax: 609-443-7855

### **KINDERGARTEN REGISTRATION**

Students MUST live in the district with the parent or legal guardian. ONLY the parent or legal guardian may register the student. All registrations are done by appointment. **The following documents must be presented at the registration appointment:**

#### **HOMEOWNERS:**

1. Current property tax bill, mortgage statement or closing disclosure (if home was recently bought)
2. Recurring monthly bill or statement with name and address (utility, cell phone, credit card, top section of bank statement, etc.)

#### **RENTERS:**

1. Current lease (not expired)
2. Recurring monthly bill or statement with name and address (utility, cell phone, credit card, top section of bank statement, etc.)

#### **IF YOU LIVE WITH ANOTHER FAMILY:**

1. Affidavit of Residency Form A. (This needs to be notarized and completed by the person with whom you reside with)
2. Current lease, property tax bill, mortgage statement or closing disclosure of the homeowner (if home was recently bought) This should be the same person listed on the Affidavit of Residency Form A.
3. Recurring monthly bill or statement with parent or legal guardian's name and address (utility, cell phone, credit card, top section of bank statement, etc.)

**Note:** If your current living arrangements are NOT listed above, please call the office for guidance.

The following additional documents are **required** for school enrollment and should be presented at the registration appointment: Failure to present these documents may delay actual attendance at school.

1. **Proof of Age.** Original birth certificate, passport, or other official document indicating age.
2. **Immunization Records.** Current records can be obtained from your pediatrician. These must be current with dates and translated into English.
3. **Physical, Dental Examinations.** **NOT required at the time of registration.** Please note that the physical examination forms for new Kindergarten students must be sent to the school nurse **on or before June 28, 2019.** Students with summer birthdays are due **on or before August 31, 2019.** **Please note that the physical examination forms must be dated no more than one year (365 days) prior to entry into EWRSD schools.**
4. **First Grade Testing.** To be eligible for First Grade testing, your child must currently be enrolled in an accredited Kindergarten program. A letter from the school stating your child is currently attending an accredited Kindergarten program is required at the time of registration. Testing for First Grade will take place at a later date.
5. **Proof of Custody, if applicable.** Legal divorce decree, or other custody document indicating physical or residential custody of the student.

**EAST WINDSOR REGIONAL SCHOOL DISTRICT**  
**CENTRAL REGISTRATION**

384 Stockton Street, Hightstown, NJ 08520  
609-443-2881 Ext. 6800  
Fax: 609-443-7855

**REGISTRO DE JARDIN INFANTIL**

Los estudiantes TIENEN que vivir en el distrito con un padre/madre o tutor legal. SOLO los padres o tutores legales pueden registrar al estudiante. Tiene que hacer una cita para registrar al estudiante. Los siguientes documentos se **deben de presentar durante la registraci3n:**

**PROPIETARIOS:**

1. Factura de impuestos de su propiedad, estado de cuentas mensual de la hipoteca (si la casa fue reci3n comprada)
2. Estado o cuenta mensual de los servicios de su hogar con su nombre y direcci3n (servicios, celular, tarjeta de cr3dito, declaraci3n bancaria, etc.).

**INQUILINOS:**

1. Contrato actual de arrendamiento (no puede estar vencido)
2. Estado o cuenta mensual de los servicios de su hogar con su nombre y direcci3n (servicios, celular, tarjeta de cr3dito, declaraci3n bancaria, etc.).

**SI USTED VIVE CON OTRA FAMILIA**

1. Declaraci3n de Residencia, Formulario A (Esto tiene que ser notariado y hecho por completo por la persona con quien usted vive).
2. Contrato actual de arrendamiento, factura de impuestos de la propiedad, estado de cuenta mensual de la hipoteca (si la casa fue reci3n comprada). Esto debe de ser la misma persona nombrada en la Declaraci3n de Residencia, formulario A.
3. Estado o cuenta mensual de los servicios con el nombre y direcci3n de los padres o tutor legal (servicios, celular, tarjeta de cr3dito, declaraci3n bancaria, etc.).

**Nota: Si su situaci3n de vivienda no est3 mencionada por favor llame a la oficina para avisar.**

Se requiere los siguientes documentos adicionales para la registraci3n en las escuelas. Estos se deben de traer el d3a de la cita. Si los documentos no se presentan durante la cita, puede demorarse asistir a la escuela.

1. **Prueba de edad:** Certificado de nacimiento original, pasaporte, u otro documento oficial indicando la edad.
2. **Registros de inmunizaciones:** Registros actuales pueden ser obtenidos a trav3s de su pediatra. Estos registros tienen que tener fechas actuales y ser traducidos a Ingles.
3. **Ex3menes f3sico y dental. NO SON requeridos al momento de la registraci3n.** Por favor note que los formularios para el examen f3sico para los estudiantes nuevos de jard3n infantil tienen que ser enviados a la enfermera de la escuela **antes del 28 de junio del 2019.** Estudiantes con fechas de nacimiento en el verano tienen que entregar los formularios **antes del 31 de agosto del 2019. Por favor tenga en cuenta que los formularios de ex3menes f3sicos deben tener una fecha no mayor a un a3o (365 d3as) antes de ingresar a las escuelas de EWRSD.**
4. **Ex3menes de Primer Grado:** Para ser elegible para ex3menes de primer grado, su hija/hijo tiene que estar inscrito o matriculado en un programa de jard3n infantil acreditado. Se requiere una carta de la escuela que indique que su hijo asiste actualmente a un programa acreditado de jard3n infantil al momento de la inscripci3n. Las pruebas para el primer grado se llevar3n a cabo en una fecha posterior.
5. **Prueba de custodia, si corresponde:** Decreto de divorcio legal u otro documento de custodia que indique la custodia f3sica o residencial del estudiante.

**EAST WINDSOR REGIONAL SCHOOL DISTRICT**

**CENTRAL REGISTRATION**

384 Stockton Street, Hightstown, NJ 08520

609-443-2881 Ext. 6800

**PARENT / LEGAL GUARDIAN STATEMENT OF RESIDENCY**

I am the \_\_\_\_\_ of \_\_\_\_\_  
(mother/father/guardian) (student name)

This student and I reside at \_\_\_\_\_

\_\_\_\_\_

**I certify that the foregoing statements made by me are true. I am aware that if any of these statements are false, I will be subject to legal action.**

In the event an investigation should disclose that this student does not live within the limits of the school district, and therefore not entitled by law to attend the East Windsor Regional School District free of charge, I understand that the student will be dis-enrolled, and that I may be held responsible for the costs of tuition to the district for any periods of unlawful attendance. Such tuition will be based upon the per pupil costs of education for the portion of the year in which the child was unlawfully enrolled.

In the event the student's residence changes to another address within the limits of the school district, I will immediately notify Central Registration and schedule an appointment to officially change the address with the district and provide the required documents.

Parent/Guardian Name: \_\_\_\_\_ Date: \_\_\_\_\_

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

**EAST WINDSOR REGIONAL SCHOOL DISTRICT**

**CENTRAL REGISTRATION**

384 Stockton Street, Hightstown, NJ 08520

609-443-2881 Ext. 6800

**DECLARACIÓN DE RESIDENCIA DEL PADRE / TUTOR LEGAL**

Yo soy la/el \_\_\_\_\_ de \_\_\_\_\_  
(madre/padre/tutor legal) (nombre del estudiante)

El estudiante y yo vivimos en \_\_\_\_\_  
\_\_\_\_\_

**Certifico que las declaraciones anteriores hechas por mí son ciertas. Soy consciente de que, si alguna de estas afirmaciones es falsa, estaré sujeto a acciones legales.**

En el caso de que una investigación revele que este estudiante no vive dentro de los límites del distrito escolar y por lo tanto no tiene derecho por ley a asistir al Distrito Escolar Regional de East Windsor de forma gratuita, entiendo que el estudiante será dado de baja y que puedo ser responsable por los costos de la matrícula al distrito por cualquier período de asistencia ilegal. Dicha matrícula se basará en los costos de educación por alumno para la parte del año en que el niño se inscribió ilegalmente.

En el caso de que la residencia del estudiante cambie a otra dirección dentro de los límites del distrito escolar, notificaré inmediatamente al Registro Central y hare una cita para cambiar oficialmente la dirección con el distrito y proporcionar los documentos requeridos.

Nombre de Padre/Tutor: \_\_\_\_\_ Fecha: \_\_\_\_\_

Firma de Padre/Tutor: \_\_\_\_\_

**EAST WINDSOR REGIONAL SCHOOL DISTRICT**

**FOR DISTRICT USE ONLY:**

**KINDERGARTEN ENROLLMENT DATA**

Student ID# \_\_\_\_\_

Enrolled by: \_\_\_\_\_ Date: \_\_\_\_\_ Entered by: \_\_\_\_\_

Affidavit of residency

Student's last name: \_\_\_\_\_ Student's first name: \_\_\_\_\_

Student's middle name: \_\_\_\_\_ Nickname: \_\_\_\_\_ Sex: Male  Female

Ethnicity:  Hispanic  Non-Hispanic

Race - Check all that apply:  White  Black  Asian  Native American/Alaskan  Pacific Islander

Birth date: \_\_\_\_\_ Age: \_\_\_\_\_

Birth city, state and country: \_\_\_\_\_

Parent's/Guardian's Names: \_\_\_\_\_

Student resides with: \_\_\_\_\_ Who has legal custody of student: \_\_\_\_\_

Home address: \_\_\_\_\_ Zip code: \_\_\_\_\_

Apt. #: \_\_\_\_\_ Home phone: (\_\_\_\_\_) \_\_\_\_\_ Cell phone: (\_\_\_\_\_) \_\_\_\_\_

Previous home address: \_\_\_\_\_

***If child was born outside of US:***

Original US entry date: \_\_\_\_\_ First entry in US school date: \_\_\_\_\_

Has student ever enrolled in a school in New Jersey?  Yes  No

Has student ever enrolled or attended school in EWRSD?  Yes  No If yes, when? \_\_\_\_\_

Name and Address of last school attended: \_\_\_\_\_

\_\_\_\_\_

**EAST WINDSOR REGIONAL SCHOOL DISTRICT**  
**STUDENT INFORMATION FORM**

Student's Name Last: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_ Date: \_\_\_\_\_  
 Address Street: \_\_\_\_\_ Town: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Male:  Female:   
 Home Phone: \_\_\_\_\_ **PARENT'S** Email Address: \_\_\_\_\_  
 Birth Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Grade: \_\_\_\_\_ Teacher: \_\_\_\_\_ Bus Route: \_\_\_\_\_

\_\_\_\_\_  
 ( ) ( )  
 Mother's/Guardian's Name Work Phone Number Cell Phone Number  
 ( ) ( )  
 Father's/Guardian's Name Work Phone Number Cell Phone Number

Student lives with: Both Parents  Father Only  Mother Only  Guardian   
 In case of serious injury, do we have your permission to immediately send your child to a local hospital? Yes  No   
 Name of person(s) we could call to help your child in case you cannot be reached:

1. \_\_\_\_\_ ( )  
 Name Address/Relationship to Student Phone Number  
 2. \_\_\_\_\_ ( )  
 Name Address/Relationship to Student Phone Number

Is there anyone that your child CANNOT be released to? Yes  No  If yes, who: \_\_\_\_\_

Please list other children in your family who attend East Windsor Schools:

Name	School	Grade

Does this child have health insurance? Yes  No   
 If "Yes", name of insurance company: \_\_\_\_\_  
 If "No", 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](http://www.njfamilycare.org) to apply online.  
 You may release my name and address to the NJ FamilyCare Program to contact me about 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).*

List any medical/surgical care your child has received during the past year:  
 Dental Exam (date:) \_\_\_\_\_ Braces: Yes  No   
 Eye Exam (date:) \_\_\_\_\_ Contacts  Glasses   
 Allergy (kind:) \_\_\_\_\_ Medications \_\_\_\_\_  
 Allergic Reaction (date:) \_\_\_\_\_ Medications \_\_\_\_\_  
 Immunizations- list types and dates: \_\_\_\_\_

Restrictions (type:) \_\_\_\_\_  
 Doctor's Name: \_\_\_\_\_ Phone Number ( ) \_\_\_\_\_  
 Dentist's Name: \_\_\_\_\_ Phone Number ( ) \_\_\_\_\_  
 Hospital \_\_\_\_\_ Address \_\_\_\_\_ Phone Number ( ) \_\_\_\_\_

I/We give permission for the nurse to share any pertinent medical information with the principal, guidance counselor, transportation personnel, and teachers on a "need to know" basis. This permission extends to information which would be covered by the Family Educational Rights and Privacy Act (FERPA).

I, the undersigned, do hereby authorize officials of New Jersey Public Schools to contact directly the persons named on this form and do authorize the named physicians to render such treatment as may be deemed necessary in an emergency, for the health of said child.

In the event that physicians, other persons named on this form, or parents cannot be contacted, the school officials are hereby authorized to take whatever action is deemed necessary in their judgement, for the health of the aforesaid child.

I will not hold the school district financially responsible for the emergency care and/or transportation for said child.

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

**EAST WINDSOR REGIONAL SCHOOL DISTRICT**

**CUSTODIAL FORM**

Current patterns of family life often result in single-parent homes, where students are in the custodial care of one parent while the other retains only certain rights to the child, especially in regard to visitation.

School officials are responsible for the general health, safety and well being of students. We must also protect the rights of the custodial parent while not denying those of the other parent as well. To this end, if you have a court issued document regarding custody rights related to school situations, please complete the form on below and attach a copy of the appropriate documentation.

If you have any questions please contact the Principal's office.

Thank you for your attention to this important matter.

**Custodial Form: To be used only for single parent household**

**\*\*\*CUSTODIAL DOCUMENTS MUST BE ATTACHED TO THIS SHEET\*\*\***

<b>Child's Name:</b> _____	<b>Grade:</b> _____
<b>Mother's Name:</b> _____ <small>Please Print</small>	<b>Custodial Parent:</b> Yes ___ No ___
<b>MOTHER'S SIGNATURE</b> _____	<b>Date</b> _____
<b>Father's Name:</b> _____ <small>Please Print</small>	<b>Custodial Parent:</b> Yes ___ No ___
<b>FATHER'S SIGNATURE</b> _____	<b>Date</b> _____
<b>School information related to the Child, regarding academics, attendance, and/or discipline, may be sent to:</b>	
Mother: Yes ___ No ___	Father: Yes ___ No ___
<b>Child may be released from school by:</b>	
Mother: Yes ___ No ___	Father: Yes ___ No ___
<b>If "NO" is checked in either category, a copy of a court-issued document denying either the release of information, and/or the release of a student of a non-custodial parent, MUST be attached to this form.</b>	
<b>Comments:</b> _____ _____	



**EAST WINDSOR REGIONAL SCHOOL DISTRICT**

**HEALTH HISTORY**

Student's Name: \_\_\_\_\_ Birth date: \_\_\_\_\_ Gender: \_\_\_\_\_

Address: \_\_\_\_\_ Home phone: ( \_\_\_\_\_ ) \_\_\_\_\_

Physician's Name: \_\_\_\_\_ Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

List other children in your family. Please give birth date.

Name/birth date	Name/birth date
1. _____	3. _____
2. _____	4. _____

Dear Parent/Guardian:

We would like for your child to gain the most from his/her school experience. To accomplish this it is necessary to have a current health history, please answer the following questions:

Allergies	Yes ___ No ___ Type _____	Gastrointestinal	Yes ___ No ___
Reaction	_____ treatment/medication _____	Headaches	Yes ___ No ___
Asthma	Yes ___ No ___	Heart Disease/Murmur	Yes ___ No ___
Chicken Pox	Yes ___ No ___ Date _____	Kidney/Bladder condition	Yes ___ No ___
Concussion/head injury	Yes ___ No ___	Muscle or Bone disorder	Yes ___ No ___
Diabetes	Yes ___ No ___	Nutritional/Eating problems	Yes ___ No ___
Ear problems	Yes ___ No ___ Specify _____	Speech problems	Yes ___ No ___
Eye problems	Yes ___ No ___	Was your child premature?	Yes ___ No ___
Does he/she wear contact lenses ?	Yes ___ No ___	How many weeks? _____	Birth Weight: _____
Does he/she wear glasses?	Yes ___ No ___		
Epilepsy/seizures	Yes ___ No ___ Medication _____		

Does your child take any medications on a regular basis now or previously? Yes \_\_\_ No \_\_\_

If yes please explain: \_\_\_\_\_

Has your child ever been hospitalized? Yes \_\_\_ No \_\_\_ If yes, please explain: \_\_\_\_\_

Are there any problems in the home which might affect your child's learning? Yes \_\_\_ No \_\_\_

Please specify: \_\_\_\_\_

Is there anything more about your child's health that you think is important for us to know? Yes \_\_\_ No \_\_\_

Please explain: \_\_\_\_\_

In case of illness or injury, and you cannot be reached, do we have your permission to take your child to the hospital?

Yes \_\_\_ No \_\_\_ Hospital of choice: \_\_\_\_\_

I/we give permission for the nurse to share this information with the principal, guidance counselors and teachers on a "need to know" basis. Please be assured that any information of a confidential nature will be treated with respect.

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

# **EAST WINDSOR REGIONAL SCHOOL DISTRICT**

## **TUBERCULOSIS (TB) SCREENING**

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

**Please answer all of the following questions:**

- |   |   |   |
|---|---|---|
| 1. Has your child ever had a skin test for TB?  | Y | N |
| 2. Has your child ever had a positive reaction to a TB skin test?   | Y | N |
| 3. Has your child ever had close contact with anyone who was sick with TB?  | Y | N |
| 4. Is your child transferring into East Windsor Regional School District directly from a country not listed below, regardless of age or grade?  | Y | N |
| 5. Was your child <b>born in a country that is not listed below and entering school in the U.S. for the first time</b> , regardless of age or grade?<br>(If yes, please write the name of the country _____ ) | Y | N |
| 6. Has your child ever been vaccinated with BCG?  | Y | N |

**The following countries have a Low incidence of TB and Require no TB testing:**

America Samoa	Denmark	Luxembourg	Slovakia
Andorra	Dominica	Malta	Slovenia
Antigua and Barbuda	Finland	Monaco	Spain
Australia	France	Montserrat	Sweden
Austria	Germany	Netherlands	Switzerland
Barbados	Greece	Netherlands Antilles	Trinidad and Tobago
Belgium	Greenland	New Zealand	Turks and Caicos
Bermuda	Grenada	Northern Ireland	United Arab Emirates
Canada	Iceland	Norway	United Kingdom of Great Britain and Northern Ireland
Cayman Islands	Ireland	Oman	United States of America
Cook Islands	Israel	Puerto Rico	United States Virgin Islands
Costa Rica	Italy	Saint Kitts and Nevis	West Bank and Gaza
Cuba	Jamaica	St. Lucia	
Cyprus	Jordan	St. Maartin (Dutch)	
Czech Republic	Lebanon	San Marino	

Students entering a U.S. school for the first time in NJ or transferring into a NJ school from **ANY** country **not** listed above must receive an IGRA (blood test) or Mantoux (skin test).

**If you answered NO to all of the above questions, no further testing or action is required.**

- I will have the Mantoux Test administered to my child by my private physician within 10 days.
- I prefer to have the school nurse administer this test.

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

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

Date of reading: \_\_\_\_\_ Results: \_\_\_\_\_

Healthcare Provider Signature: \_\_\_\_\_

**EAST WINDSOR REGIONAL SCHOOL DISTRICT**

**MEDICAL EXAMINATION**

Name: \_\_\_\_\_ Date Examined: \_\_\_\_\_  
Last Name First Name

Sex: \_\_\_\_\_ Grade: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Height _____	Vision _____	Glasses/Contacts- Yes/No
Weight _____	Hearing _____	
BP _____	Pulse _____	
Skin _____	Neck/Head _____	
Ears _____	Heart _____	
Eyes/Sciara/Pupils _____	Lungs _____	
Nose/Mouth _____	Abdomen _____	
Gums/Teeth _____	Hernia _____	
Chest Contour _____	Genito-Urinary _____	
Tanner Stage _____	Scoliosis _____	
Nodes _____	Orthopedic _____	
Nutrition _____	Neurological _____	

- Cleared for all activities without restrictions
- Cleared for all activities without restrictions with recommendations for further evaluation or treatment for \_\_\_\_\_
- Not cleared for physical education and recess pending further evaluation

**Please attach a copy of the immunization information.**

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

Comments or recommendations \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Doctor's Signature Date

\_\_\_\_\_  
Doctor's Stamp

**EAST WINDSOR REGIONAL SCHOOL DISTRICT**

**DENTAL FORM**

Dear Parent/Guardian,

Healthy teeth and gums are an important part of a child's overall well being.

By encouraging healthy food choices with limited sweets, daily brushing and flossing, and regular dental examinations, dental problems can often be minimized or avoided.

Please ask your child's dentist to complete this form, then return it to the school nurse.

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

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

Please Check:

- The necessary dental service has been completed.
  
- The student is receiving dental treatment.
  
- The student does not need dental treatment at this time.

Dentist's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Dentist's Stamp: \_\_\_\_\_

**EAST WINDSOR REGIONAL SCHOOL DISTRICT**

**INTERNET WEB SITE/PUBLICATION/TV PERMISSION FORM**

Dear Parents/Guardian:

New Jersey law requires school districts to obtain written permission from parents/guardians to use images, names and/or any personally identifiable information about a student. From time to time, students' pictures and or name may appear in a variety of publications acknowledging student activities and/or accomplishments. These publications may include, but are not limited to principal newsletters, local and school newspapers, yearbooks, press releases, district publications, and/or on our Cable TV Channel 27. Press releases, newsletters, district publications, and other newsworthy items may also be included on our district website at [www.EastWindsorRegionalSchools.com](http://www.EastWindsorRegionalSchools.com)

---

***Please be aware the Board Policy prohibits the publication of a student's address and social security number under any circumstances.***

---

Please complete the form below and have your child return it to their homeroom teacher during the first week of school so we may better honor your wishes. If you have any specific questions regarding this form, prior to signing, please contact your child's school directly.

---

\_\_\_\_\_ I give the school/district permission to use my child's name and/or photo in the above-mentioned publications.

\_\_\_\_\_ I do **NOT** wish to have my child's name and/or photo included in any of the above-mentioned publications.

\_\_\_\_\_ I do **NOT** wish to have my child's name and/or photo included in any of the above-mentioned publications except for the school yearbook.

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

Homeroom Teacher (K-5)/Grade & Team (6-8)/House (9-12): \_\_\_\_\_

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

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

**EAST WINDSOR REGIONAL SCHOOL DISTRICT**

**PARENT PORTAL REGISTRATION**

The East Windsor Regional School District utilizes *Parent Portal* to allow for parents of children to access attendance, schedule, discipline, and demographic information. Teachers send parents updates utilizing this system as well. If you do not currently have an account, please complete this form and return it to the school of your oldest child.

**Questions regarding Parent Portal can be sent to  
parentsupport@ewrsd.k12.nj.us.**

-----  
Parent Name (Please Print): \_\_\_\_\_

Email Address (Please Print): \_\_\_\_\_

Children Name(s)

School(s)

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

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

Once the registration process is complete, you will receive an e-mail with your password. Please note that your complete e-mail address will be your user name. Any changes to your e-mail address should be reported to the appropriate grade level or house office at MHK or HHS or to the main office at an elementary school.

**EAST WINDSOR REGIONAL SCHOOL DISTRICT**

**MCKINNEY-VENTO HOMELESS IDENTIFICATION QUESTIONNAIRE**

Your child may be eligible for educational services through the McKinney-Vento Act. Eligibility is based on the current primary nighttime residence and can be determined by completing this questionnaire.

<b>1. Presently, are you and/or your family in any of the following situations? Check one box.</b>						
<input type="checkbox"/> Staying in shelter						
<input type="checkbox"/> Living with friends/relatives (Own choice)						
<input type="checkbox"/> Sharing the housing of others due to loss of housing, economic hardship, similar reason; doubled-up.						
<input type="checkbox"/> Living in a car, park, campground, public space, abandoned building, substandard housing or similar.						
<input type="checkbox"/> Temporarily living in a motel or hotel due to loss of housing, economic hardship or similar reason.						
<b>2. Unaccompanied Youth: not in the physical custody of a parent or guardian: Check one box.</b>						
<input type="checkbox"/> Student is in the physical custody of a parent or guardian						
<input type="checkbox"/> Student is not in the physical custody of a parent or guardian (unaccompanied youth)						
<input type="checkbox"/> <b>Section 1 does not apply. STOP:</b> If you checked this box, you do <b>not</b> need to complete the remainder of this form. Submit this form to school personnel.						
<b>3. Student Name</b>						
<b>First</b>	<b>Middle</b>	<b>Last</b>	<b>M/F</b>	<b>D.O.B.</b>	<b>Grade</b>	<b>School Name</b>

The undersigned certifies that according to information provided above, the students listed meet the definition of "Homeless" as stated in the McKinney-Vento Act.

Print Parent/Guardian Name	Signature	Date
(Area Code) Phone number	Street Address	City State Zip

\*\*\*\*\*

**SCHOOL USE ONLY**

Copy of this form was sent to the District's Homeless Education Liaison.  
 Upon approval by the District's Homeless Education Liaison, a copy of this form was sent to Food and Nutrition Services/Community Services for immediate access to free school meals.

School Advocate or Administrator: Based on the above information and a brief interview with this family, I attest that to the best of my knowledge they are eligible for benefits under the McKinney-Vento Act:

Print Advocate or School Administrator Name <b>(required)</b>	Title	Signature <b>(required)</b>	Date
---	-------	-----------------------------	------

**District Homeless Education Liaison:**

Print District Liaison Name <b>(required)</b>	Signature <b>(required)</b>	Date
---	-----------------------------	------

**EAST WINDSOR REGIONAL SCHOOL DISTRICT**

**NATIVE LANGUAGE SURVEY**

Dear Parents:

In order to ensure the accurate identification of students who may be exposed to and/or speak a language other than English, regardless of their English language proficiency, the East Windsor Regional School District must survey all new public school students. Your assistance in completing this form is be greatly appreciated. We are required by the Office of Civil Rights to file a response for everyone including those who speak English as their sole or primary language.

Respectfully,  
Erin Servillo, Ed.D.  
Assistant Superintendent of Schools

Student's Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Home School: \_\_\_\_\_

Parent/Guardian's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Child's Date of Birth: \_\_\_\_\_ Gender: M \_\_\_\_\_ F \_\_\_\_\_

1. What language **other than English** is spoken **at home**? \_\_\_\_\_

2. What **country** do you and/or your child come from? \_\_\_\_\_

3. Was the child born in the United States? Yes \_\_\_\_\_ No \_\_\_\_\_

4. Does the **child speak English**? Fluent \_\_\_\_\_ Limited \_\_\_\_\_ None \_\_\_\_\_

5. Do the **child's parents speak English**? Fluent \_\_\_\_\_ Limited \_\_\_\_\_ None \_\_\_\_\_

6. Has the child attended an **English-speaking Nursery School**? Yes \_\_\_\_\_ No \_\_\_\_\_

7. Has the child attend **English-speaking** classes outside the United States? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, how many years? \_\_\_\_\_

8. Has the child attended an **English-speaking school in the United States** before coming to East Windsor Regional Schools? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, how many years? \_\_\_\_\_

9. Was the child in an **ESL and/or Bilingual program before**? ESL \_\_\_ Bilingual \_\_\_ Both \_\_\_ Neither \_\_\_

10. **How many years** was the child in an ESL or Bilingual program?  
FROM what date \_\_\_\_\_ TO what date \_\_\_\_\_

11. Did the child **formally test out** of an ESL or Bilingual program? Yes \_\_\_\_\_ No \_\_\_\_\_

Date \_\_\_\_\_

12. Name of **last school attended** \_\_\_\_\_

District \_\_\_\_\_ State/Country \_\_\_\_\_



# **EAST WINDSOR REGIONAL SCHOOL DISTRICT**

## **ENCUESTA DE IDIOMA MATERNO**

Estimados padres:

Para garantizar la identificación precisa de los estudiantes que pueden estar expuestos y/o hablar un idioma que no sea el inglés, independientemente de su dominio del idioma inglés, el Distrito Escolar Regional de East Windsor debe encuestar a todos los nuevos estudiantes de las escuelas públicas. Su ayuda en completar este formulario será muy apreciada. La Oficina de Derechos Civiles nos exige que presentemos una respuesta para todas las personas, incluyendo los que hablan inglés como idioma único o principal.

Respetuosamente,  
Erin Servillo, Ed.D.  
Superintendente Asistente

Nombre del estudiante: \_\_\_\_\_ Grado: \_\_\_\_\_ Escuela: \_\_\_\_\_

Nombre de Padres/Tutor: \_\_\_\_\_ Número telefónico: \_\_\_\_\_

Dirección de casa: \_\_\_\_\_

Fecha de nacimiento del estudiante: \_\_\_\_\_ Sexo: M \_\_\_ F \_\_\_

1. ¿**Aparte del inglés**, que otro idioma, se habla en **casa**? \_\_\_\_\_

2. ¿De cuál **país** vienen usted y su hijo/hija? \_\_\_\_\_

3. ¿Nació el/la estudiante en los Estados Unidos? Sí \_\_\_\_\_ No \_\_\_\_\_

4. ¿**Su hijo/a hable el inglés**? Fluido \_\_\_ Limitado \_\_\_ Nada \_\_\_\_\_

5. ¿**Hablan inglés los padres** del estudiante? Fluido \_\_\_ Limitado \_\_\_ Nada \_\_\_\_\_

6. ¿Ha asistido el niño a una **guardería de habla inglesa**? Sí \_\_\_ No \_\_\_\_\_

7. ¿Ha asistido el niño a **clases en inglés** fuera de los Estados Unidos? Sí \_\_\_ No \_\_\_\_\_

¿Si es verdadero, ¿cuantos años? \_\_\_\_\_

8. ¿Ha asistido el **estudiante a escuelas de inglés en los Estados Unidos** antes de registrarse en el Distrito Escolar de East Windsor? Sí \_\_\_ No \_\_\_ Si es verdadero, ¿Por cuántos años? \_\_\_\_\_

9. ¿Asistió el/la estudiante a un programa **de Inglés como Segundo Idioma (ESL) o programa Bilingüe**?

ESL \_\_\_\_\_ Bilingüe \_\_\_\_\_ Ambos \_\_\_\_\_ Ninguno \_\_\_\_\_

10. ¿**Por cuántos años** asistió el/la estudiante a un programa Bilingüe o ESL?

De qué fecha \_\_\_\_\_ a que fecha \_\_\_\_\_

11. ¿**Salió** el estudiante del programa de ESL o programa Bilingüe a medida de evaluaciones?

Si \_\_\_ No \_\_\_ Fecha \_\_\_\_\_

12. ¿Nombre de la **última escuela** donde el estudiante asistió? \_\_\_\_\_

Distrito Escolar \_\_\_\_\_ Estado/País \_\_\_\_\_