FRANKFORD TOWNSHIP SCHOOL STUDENT REGISTRATION

IMPORTANT: This information sheet is to be kept in the student's Cumulative Folder.

FOR SCHOOL PERSONNEL ONLY
School:_____
SID No.:_____
Grade/HR:_____
Entry Code:_____
Date of Entry:_____

STUDENT DEMOGRAPHIC INFORMATION

Student's Legal Name (Exactly as shown on Birth Certificate):

_____
Last *Suffix* *First* *Middle*

Nickname: _____ Date of Birth: _____ _____ _____ Sex: ☐ Male ☐ Female ☐ Non-Binary ☐ Undesignated

Birth Place: _____ _____ _____
Town/City *State* *Country, if not USA*

FOR SCHOOL PERSONNEL ONLY
Initial & Date
_____
☐ Birth Certificate
☐ Notarized Affidavit
Immunization Record Provided ☐ Yes ☐ No

PLEASE NOTE: The federal government **requires** that both these questions be answered and provides only the following categories for ethnic group and race. If both questions are not answered, school personnel are **required** to make a selection for both.

Is the student Hispanic or Latino?

☐ No -- Not Hispanic or Latino.
☐ Yes -- A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

The above part of the question is about ethnicity, not race. No matter what you selected above, **please continue to answer the following:**

Race: (*Please choose one or more*)

☐ *American Indian or Alaskan Native*: a person having origins in any of the original peoples of North and South America, including Central America, who maintains a tribal affiliation or community attachment.
☐ *Asian:* a person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent, including Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
☐ *Black or African American*: a person having origins in any of the Black racial groups of Africa or Caribbean Islands, including Bahamas, Barbados, Haiti, Jamaica, Tobago, Trinidad, and West Indies.
☐ *Native Hawaiian or Other Pacific Islander*: a person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
☐ *White*: a person having origins in any of the original peoples of Europe, North Africa, or the Middle East.

Who has legal custody? ☐ Both Parents ☐ Mother *only* ☐ Father *only* ☐ Other_____
(If other than both parents, custody documentation **must be submitted prior to enrollment**.)

Primary Contact and enrolling parent/legal guardian with whom the student resides:

Name: _____ ☐ Mother ☐ Father ☐ Legal Guardian
Last *Suffix,* *First* *Middle*

Primary Contact Number (please check "first-call" preference): ☐ *Home* ☐ *Cell* ☐ *Work(1)*

(____)_____ ☐ (____)_____ (____)_____ (____)_____
Home Telephone *unlisted* *Cell Telephone* *Work(1) Telephone (Ext.)* *Work(2) Telephone (Ext.)*

_____ _____
E-Mail Address (1) *E-Mail Address (2)*

Primary Address ☐ Frankford Township ☐ Branchville Borough

_____ _____ _____
House Number *Street Name (No P.O. Box)* *Apt #*

_____
City/State/Zip

Mailing Address *(If different from primary address)*

_____ _____ _____
House Number *Street or P.O. Box* *Apt #*

_____
City/State/Zip

FOR SCHOOL PERSONNEL ONLY

Proof of residency verified
_____ **Initials**
_____ **Date Seen**
☐ Deed/mortgage statement/settlement
☐ Current property tax bill
☐ Current signed lease
☐ Shared Housing Document
☐ Utility Bill
☐ Determination of Residency—approved
☐ Other _____

Other Parent or Legal Guardian: (student ☐ resides with ☐ does not reside with)
(Authorized to pick up student: ☐ Yes ☐ No-- if No, please attach appropriate legal documentation)

Name: _____ ☐ Mother ☐ Father ☐ Legal Guardian
Last Suffix, First Middle

Mailing Address *(If different from primary contact address)*

_____ _____ _____
House Number *Street or P.O. Box* *City/State/Zip*

(____)_____ ☐ (____)_____ (____)_____ (____)_____
Home Telephone *unlisted* *Cell Telephone* *Work (1) Telephone (Ext.)* *Work (2) Telephone (Ext.)*

_____ _____
E-Mail Address (1) *E-Mail Address (2)*

Do you authorize a Local Emergency Contact and/or Nearest Relative to pick up the student? ☐ Yes ☐ No

If primary contact cannot be reached in an urgent situation, please indicate "***first call*" *preference #*** below:

 # Local Emergency Contact: _____ **City:**_____ **State:**_____ **Zip:**_____
(other than Parent/Guardian living with child)
Home Phone: _____ **Cell Phone:** _____ **Work Phone:** _____
Relationship: ☐ Step-parent ☐ Relative ☐ Neighbor ☐ Other _____

 # Nearest Relative: _____ **City:**_____ **State:** _____ **Zip:**_____
(other than Parent/Guardian living with child)
Home Phone: _____ **Cell Phone:** _____ **Work Phone:** _____
Relationship: ☐ Step-parent ☐ Grandparent ☐ Aunt/Uncle ☐ Other _____

HOME LANGUAGE INFORMATION

Home:
What languages are spoken in the home? _____

What was the language first spoken by the student? _____

Primary:
What is the language spoken or understood by the child most of the time?_____

If the answer to any of the questions above includes a language other than English, arrangements will be made by the school to screen the student to determine his or her need for English as a second language instruction.

Please check the box below if your child fits into this category. Please note that the provision of this information is voluntary.

☐ **Immigrant** Children and Youth means individuals who…
are aged 3 through 21; were not born in any State; **and** have not been attending one or more schools in any one or more States for more than 3 full academic years.

Provide the first date the student entered the U.S. School System (mm/dd/yyyy) (_____/_____/_____)

SCHOOL HISTORY

Public School: _____

Complete Address: _____ Phone Number: (____)_____
_____ Fax Number: (____)_____
_____ Counselor / Contact Name: _____
Grade:_____ Withdrawal date: _____ Eligible for Free/Reduced Lunch ☐ Yes ☐ No
(*Circle One*)

-OR-

Non-Public/Private School: _____

Complete Address: _____ Phone Number: (____)_____
_____ Fax Number: (____)_____
_____ Counselor / Contact Name: _____
Grade:_____ Withdrawal date: _____ Eligible for Free/Reduced Lunch ☐ Yes ☐ No
(*Circle One*)

List in order name and location of other schools previously attended and indicate public (P) or non-public (N):

_____(____)_ Grade(s) _____

_____(____)_ Grade(s) _____

SPECIAL CONSIDERATIONS

- Does this student have any learning concerns that might require a Title I/RTI/Basic Skills Program? ☐ Yes ☐ No
- Does this student have any condition that might require a 504 Program? ☐ Yes ☐ No
- Does this student have any condition that might require a Special Education Program? ☐ Yes ☐ No
- Does this student have any condition that might require a Speech and Language Services? ☐ Yes ☐ No
- Does this student require any special transportation considerations? ☐ Yes ☐ No
  If yes, explain_____
- Is this student placed in school by Department of Family Services? ☐ Yes ☐ No
  State:_____
  If yes, name of county or city: _____
  Name of Agency:_____

I certify that all information on this Student Registration Form is true and accurate to the best of my knowledge and belief. I understand that falsification of any information shall be cause for denial of enrollment. Furthermore, I understand I must report to the school if the student moves or becomes a non-resident of this township and that I am liable for tuition for any periods that the student may be a non-resident.

X_____ _____
Signature of Parent / Guardian **Date**

EMERGENCY CONTACT/MEDICAL INFORMATION

COPY TO SCHOOL NURSE

Student Name_____

Medical Insurance including NJ FamilyCare/Medicaid, Medicare, private or other: ☐ Yes ☐ No

If **YES**, name of insurance company: _____

If **NO**, can we release your name and address to the NJ FamilyCare Program to contact you about health insurance? ☐ Yes ☐ No

NJ FamilyCare information: 800-701-0710 or online at www.njfamilycare.org

Doctor's Name: _____ Phone: _____

X_____ _____

Signature of Parent / Guardian Date

Please submit documentation of your child's immunizations and physical exam. Must include physician's name, phone number, professional stamp and date of immunizations in accordance with the guidelines below:

DPT – *4 doses by (4th dose must be given on or after 4th birthday);* **Polio** – *3 doses (3rd does must be given on or after 4th birthday;* **Varicella** *(Chicken Pox Vaccine) – 1 dose on or after 1st birthday of documentation with date of disease;* **MMR** – *2 doses;* **Hepatitis** – *3 doses;* **Flu** – *annual dose, preschool only*

PLEASE LIST:

1. Medication taken regularly by student:

_____

_____

Prescription medicines require physician's orders. Forms for medication are available in the school office.

2. Allergies:

_____

_____

3. Does your child have any of the following medical conditions? If yes, please request special medical forms from the school office.

☐ Asthma ☐ Seizures
☐ Severe Allergies requiring an EpiPen ☐ Other _____
☐ Diabetes

4. Any physical or medical problems about which the school should know:

_____

_____

If any are listed, the Parent/Guardian should write comments and suggestions on a separate piece of paper and attach it to this form.

In case of an accident or serious illness, I request the school to contact me. In case of emergency, I hereby authorize the School to contact a physician, and further authorize the school to transport my child to the physician or hospital if necessary. It is understood that I will assume the responsibility for payment of the physician's and/or hospital's fee. Additionally, the School has my permission to incorporate my child's medical concerns in a list to be distributed to teachers, cafeteria personnel and bus drivers.

X_____ _____

Signature of Parent / Guardian **Date**

Frankford Township School

School Entry Health Form

To Parent/Guardian: Please complete and sign Part I — Child's Medical History
State law for school entry requires a health examination by a legally qualified professional.

(Please Print)

Name of Child (Last, First, Middle)		Birth Date	Sex
Address (Street)		School	Grade
City and ZIP Code	Home Telephone Number	Parent/Guardian (Last, First, Middle)	

PART I — CHILD'S MEDICAL HISTORY

To Parent/Guardian: Please check answers to questions 1 through 8 below in the column on the left.
(Please explain any "Yes" answers in the space provided below.)

1. Yes ☐ No ☐ Any concerns about general health (eating and sleeping habits, weight, etc.)?
2. Yes ☐ No ☐ Any other specific illness or social/emotional or behavioral problems?
3. Yes ☐ No ☐ Any allergies (food, insects, medications, etc)?
4. Yes ☐ No ☐ Any prescription medication (daily or occasionally)?
5. Yes ☐ No ☐ Any problems with vision, hearing or speech (glasses, contacts, ear tubes, hearing aids)?
6. Yes ☐ No ☐ Any hospitalization, operation or major illness (specify problem)?
7. Yes ☐ No ☐ Any significant injury or accident (specify problem)?
8. Yes ☐ No ☐ Would you like to discuss anything about your child's health with the school nurse?

To Parent/Guardian: Please explain any "Yes" answers from above.

_____

_____

_____

_____

_____

I am the parent/guardian of the child named above. I give permission for the information on PARTS I and II of this form provided about my child to be reviewed and utilized only by the staff of this school and any school health personnel providing school health services in the district for the limited purpose of meeting my child's health and educational needs.

_____ _____
Signature of Parent/Guardian **Date**

Partnership for School Readiness Recommendations for Prekindergarten and Kindergarten

To Parent/Guardian: ***These services are recommended but not required. Please forward all reports to the School Nurse.***

1. ***Comprehensive Vision Examination (3-5 years of age)*** Date of Exam: _____ Results of Exam: _____ _____ Provider: _____ (*Check One*): Optometrist ☐ Ophthalmologist ☐	*Please describe any corrective action for any problems detected and any accommodations required.*
2. ***Comprehensive Dental Examination*** Date of Exam: _____ Results of Exam: _____ _____ Provider: _____	*Please describe any corrective action for any problems detected and any accommodations required.*
3. ***Hearing Screening*** Date of Exam: _____ Results of Exam: _____ _____ Provider: _____	*Please describe any corrective action for any problems detected and any accommodations required.*

Name of Child (Last, First, Middle)	Birth Date

PART II — MEDICAL EVALUATION

To be completed and signed by the Health Care Provider ONLY:

The child named above has had a complete history and physical exam on the following date: ____ Month ____ Day ____ Year
(Exam must be within one year of enrollment)

Screening Results:

Height: _____ Weight: _____ BMI%: _____ B/P: _____ Hct/Hgb: _____ Lead: _____ Urinalysis: _____

Vision - Without Glasses	Right 20/____	Left 20/____	Passed ☐ Failed ☐ Referred ☐	Hearing – Right	Passed ☐ Failed ☐ Referred ☐
Vision - With Glasses	Right 20/____	Left 20/____		Hearing – Left	Passed ☐ Failed ☐ Referred ☐

Gross dental (teeth and gums)	___	Normal	___	Abnormal _____	Refer/Tx:	_____
Head/scalp/skin	___	Normal	___	Abnormal _____	Refer/Tx:	_____
Eyes/Ears/Nose/Throat	___	Normal	___	Abnormal _____	Refer/Tx:	_____
Chest/Lungs/Heart	___	Normal	___	Abnormal _____	Refer/Tx:	_____
Abdomen/Digestive System	___	Normal	___	Abnormal _____	Refer/Tx:	_____
Postural Assessment	___	Normal	___	Abnormal _____	Refer/Tx:	_____
Neurological	___	Normal	___	Abnormal _____	Refer/Tx:	_____
Mantoux	___	Negative	___	Positive _____	Date Given _____	Date Read

This child has the following problems that may impact the educational experience:

☐ Vision ☐ Hearing ☐ Speech/Language ☐ Physical ☐ Social/Behavioral ☐ Cognitive

Specify: _____

☐ This child has a health condition that may require emergency action at school, e.g. seizures, asthma, allergies. Specify below.
(This form will be stored in the child's Cumulative Health Folder and may be accessed by both school and health personnel.)

Recommendations (Attach additional sheet if necessary): _____

(Please Check One)

☐ This child may participate fully in school activities including physical education.

☐ This child may participate in school activities including physical education with the following restriction/adaptation.

(Specify reason and restriction) _____

Signature/Title of Health Care Provider	Date	Address (Please print or stamp)
	/ /	
Name (Please print or stamp)		

Frankford Township School District

Robert Mooney
Superintendent/Elementary Principal
mooneyr@frankfordschool.org

David Sylvester
Middle School Principal
sylvesterd@frankfordschool.org

Home Language Survey (HLS)

This survey is the first of three steps to identify whether a student is eligible to be classified as a Multi Language Learner (MLL). Start with "Question 1" and continue until the survey is complete. Check the answer for each question and follow the directions. When you arrive at a decision ("Proceed to Records Review Process" or "Do not proceed to Records Review Process"), the Home Language Survey is complete.

Student Name: _____ **Student Date of Birth:**_____

Street Address: _____ **City:** _____ **State**: _____ **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 question 9.

2 Pines Rd.
Branchville, NJ 07826

973-948-3727
FAX 973-948-6593

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

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

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

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

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

- ☐ Yes. Proceed to question 8.
- ☐ No. Do not proceed. Home Language Survey is complete. Student is not an ELL.

Question 7
In the space below, list home languages spoken and proceed to question 8.

Question 8

Home Language Survey is complete.
NJ Certified Staff Only - Proceed to Step 2: Records Review.

Question 9

Home Language Survey is complete.
Do not proceed. Student is not an English Language Learner (ELL).

Parent Signature _____ Date _____

2 Pines Rd.
Branchville, NJ 07826

973-948-3727
FAX 973-948-6593



Frankford Township Board of Education

4 PINES ROAD BRANCHVILLE, NJ 07826

Telephone (973) 948-3727 ♦ Fax (973) 948-2907

Memo

TO: Parents & Guardians

FR: Christopher Lessard, School Business Administrator

RE: Waiver of Transportation Services

The Frankford School District requests that parents and guardians who drive their child(ren) to and from school please consider the attached information.

In September 2011, the NJ Legislature revised the School Transportation Statute (NJSA 18A:39) in order to allow parents legal guardians to waive transportation services to and from school for the current school year. If you **do not intend** to have your child ride their assigned school bus to/from Frankford Township School for the upcoming school year, you are encouraged to submit the attached *Parental Transportation Services Waiver Form*. Doing so, will allow the district more flexibility to effectively streamline, reduce and possibly shorten bus ride times for the remaining pupils on each bus.

Parents/Guardians, who choose to submit the enclosed waiver, will have an opportunity to have their transportation eligibility reinstated at any time during the school year for cases of Family and/or Economic Hardship by submitting a *Reinstatement of Transportation Services Form*, which will be provided upon request.

Submitted waivers will expire at the end of each school year.

PARENTAL TRANSPORTATION SERVICES WAIVER FORM
STUDENT TRANSPORTATION SERVICES

To be completed by the Parent/Guardian. Please print.

I understand that, if eligible, the Frankford Township School District (Local Board of Education) is obligated to transport my child to and from school pursuant to N.J.S.A. 18A:39-1 *et seq* .

In accordance with N.J.S.A. 18A:39-1c, I agree to waive said transportation services provided by the Frankford Township School District (Local Board of Education). I understand that I will be responsible to provide transportation for my child _____ (Student's Name) to and from Frankford Township School (School of Attendance) school each school day and the Frankford Township School District (Local Board of Education) will not be required to provide transportation services to my child for the 20____ - 20____ school year. I have received and read the Frankford Township School District (Local Board of Education) Transportation Waiver Policy and agree to the terms for Waiving Transportation Services. I understand I may reinstate my child's transportation services upon written request and showing a need due to family or economic hardship as defined by the Transportation Waiver Policy.

Parent/Guardian Signature: _____

Parent/Guardian Printed Name: _____

Date _____ Day Time Telephone: _____

Email Address: _____

For District Use Only

Date Waiver Received: _____

BOE Notification Date: _____

FRANKFORD TOWNSHIP SCHOOL TRANSPORTATION FORM

IMPORTANT: This information sheet is to be kept in the student's Cumulative Folder

FOR SCHOOL PERSONNEL ONLY
School:_____
SID No.:_____
Grade Entering:_____
Date of Entry:_____

STUDENT INFORMATION Student's Legal Name

(Exactly as shown on Birth Certificate):

_____
Last *Suffix* *First* *Middle*

Nickname: _____ Date of Birth: _____ _____ _____ Sex: ☐ Male ☐ Female
Month ***Day*** ***Year***

Primary Contact and enrolling parent/legal guardian with whom the student resides:

Name: _____ ☐ Mother ☐ Father ☐ Legal Guardian
Last *Suffix,* *First* *Middle*

Primary Contact Number (please check "first-call" preference): ☐ *Home* ☐ *Cell*

(____)_____ ☐ (____)_____ (____)_____ (____)_____
Home Telephone *unlisted* *Cell Telephone* *Work(1) Telephone (Ext.)* *Work(2) Telephone (Ext.)*

_____ _____
E-Mail Address (1) *E-Mail Address (2)*

Primary Address for Bus Stop Location (Based on *Zip Code* of Mailing Address):

☐ Branchville ☐ Augusta ☐ Newton ☐ Lafayette

_____ _____ _____
House # *Street* *Apt #*

_____
Mailing Address if different from above

If your child is to be picked up or dropped off at a location other than your primary residence, please give the information below. Please keep in mind that transportation to/from a care facility is done as a courtesy and is contingent upon the financial ability of the District to provide such service and the availability of seating on the bus and therefore not guaranteed.

_____

Emergency Contact/Relative authorized to pick up the student from the bus stop location? ☐ Yes ☐ No

Local Emergency Contact: _____ City:_____State:_____Zip:_____
(other than Parent/Guardian living with child)
Home Phone: _____ Cell Phone: _____ Work Phone: _____
Relationship: ☐ Step-parent ☐ Relative ☐ Neighbor ☐ Other _____

Nearest Relative: _____City:_____State: _____Zip:_____
(other than Parent/Guardian living with child)
Home Phone: _____ Cell Phone: _____ Work Phone: _____
Relationship: ☐ Step-parent ☐ Grandparent ☐ Aunt/Uncle ☐ Other _____

If your child is in second grade or lower, there **MUST** be an adult present at the bus stop to receive your child. If no one is at the stop, the child will be driven back to school and you or someone you authorize will have to come to the school and pick your child up. The parent/legal guardian will be charged $55 per incident. In the event a situation arises when you cannot be present at the bus stop, ***for children third grade and above***, please sign the authorization below, indicating whether or not you give permission for Frankford Township School to allow your child ***to depart from the bus without an adult present. Please check one below:***

☐ I give permission for _____ to depart from the bus without an adult present
Student's First and Last Name

☐ **I DO NOT** give permission for my child to depart from the bus without an adult present

UNLESS YOU HAVE GIVEN CONSENT FOR YOUR CHILD TO DEPART THE BUS WITHOUT AN ADULT PRESENT, SCHOOL POLICY IS THAT A PARENT/ GUARDIAN MUST BE PRESENT AT THE TIME THE STUDENTS ARE SCHEDULED TO BE DROPPED OFF AT THEIR BUS STOP. IF A PARENT/GUARDIAN OR OTHER DESIGNATED ADULT IS NOT PRESENT, THE BUS DRIVER WILL BE REQUIRED TO BRING YOUR CHILD BACK TO THE SCHOOL. A FEE WILL BE CHARGED FOR THIS SERVICE.

Signed: _____ Date: _____

PRELIMINARY INFORMATION: PLEASE READ BEFORE PROCEEDING

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:22 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.*)]

If you experience difficulties with the enrollment process, please see (name and phone number/location of administrator) for assistance.

To the Person Enrolling the Student: Please complete the appropriate section A, B, C or D below, according to the situation best matching the student's circumstances:

*Complete **SECTION A** (DOMICILE) if **the student is the child of a parent or guardian, or an adult student,** whose **permanent home** is the address given on page 1 of this application and is **located in the district.***

or

*Complete **SECTION B** ("AFFIDAVIT" STUDENT) if **the student is living with a person domiciled in the district, other than the parent or guardian.***

or

*Complete **SECTION C** (TEMPORARY RESIDENT) if **the student is living with a parent or guardian temporarily residing within the district.***

or

*Complete **SECTION D** (SPECIAL CIRCUMSTANCES) if **the student's situation is not addressed by Section A, B or C** or if any of the circumstances in Section D apply.*

SECTION A (DOMICILE): *Complete this section if **the student is the child of a parent or guardian, or an adult student,** whose **permanent home** is the address given on page 1 of this application and is **located in the district**. If you are the student's guardian, or will be the guardian of a student from out of state following expiration of the required 6-month waiting period, you will be asked to provide official papers proving guardianship. You will not be asked to produce "affidavit student" proofs of the type requested in Section B below.*

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._____

(Continued on Next Page)

SECTION A (DOMICILE) CONTINUED:

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?___

_____

_____

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.

END OF SECTION A

SECTION B ("AFFIDAVIT" STUDENT): *Complete this section if* ***the student is living with a person domiciled in the district, other than the parent or guardian.***

Is the person domiciled in the district, supporting the student without remuneration as if the student were his or her own child, keeping the student for a longer time than the school term and assuming all personal obligations for the student relative to school requirements? Please explain. (You will be asked to file a sworn statement, along with a copy of the person's lease if a tenant, or a sworn landlord's statement if a tenant without written lease.)_____

_____

_____

_____

_____

_____

Students are not eligible to attend school as "affidavit" students unless the student's parent or guardian is not capable of supporting or providing care for the student due to family or economic hardship, and unless it is clear that the student is not living in the district solely for purposes of receiving a public education there. Please explain the circumstances applicable in this case, with special attention to the parent/guardian's family and/or economic hardship. (The parent/guardian will be required to file a sworn statement with documentation to support the claims made.)_____

_____

_____

_____

_____

_____

_____

_____

Please note: A student will not be considered ineligible because required sworn statements(s) cannot be obtained, so long as evidence is presented that the underlying requirements of the law are being met.

A student will not be considered ineligible when evidence is presented that the student has no home or possibility of school attendance other than with a non-parent district resident who is acting as the sole caretaker and supporter of the student.

A student will not be considered ineligible solely because a parent or guardian provides gifts or limited contributions, financial or otherwise, toward the welfare of the student, provided that the resident keeping the student receives no payment or other remuneration from the parent or guardian for the student's actual housing and support. Receipt by the resident of social security or other similar benefits on behalf of the student do not render a student ineligible.

It is not necessary that guardianship or custody be obtained before a student will be considered for enrollment on an "affidavit" basis.

END OF SECTION B

SECTION C (TEMPORARY RESIDENT): *Complete this section if* ***the student is living with a parent or guardian temporarily residing within the district****, even if the parent has a domicile elsewhere.*

How long have you lived in this residence?_____

Do you have a domicile or 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 you are residing at the address given on page 1 of this application, and that such residence is not solely for the purpose of the student attending school in the district.

1._____

2._____

3._____

4._____

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.

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?___

(Continued on Next Page)

SECTION C (TEMPORARY RESIDENT) CONTINUED:

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 temporary residence 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 residing within the district to the extent required by law.*

END OF SECTION C

SECTION D (SPECIAL CIRCUMSTANCES): *Please indicate if any of the following apply.*

☐ The student is the child of a parent or guardian who has moved to another district as the result of being homeless.

☐ The student has been placed in the home of a district resident other than the parent or guardian by court order. (You will be required to provide a copy of the order.)

☐ The student has been placed in the district by the Department of Children and Families acting as the student's guardian.

☐ The student is a child of a parent or guardian who previously resided in the district and is a member of the New Jersey National Guard or the United States reserves ordered to active service in time of war or national emergency, resulting in relocation of the student.

☐ The student is kept in the home of a person domiciled in the district, other than the parent or guardian, and the parent/guardian a member of the New Jersey National Guard or the reserve component of the United States armed forces and has been ordered into active military service in the United States armed forces in time of war or national emergency. If this applies, when is the parent or guardian expected to return from active military duty?_____

☐ The student resides on federal property? Where?_____

_____

_____

☐ The student's circumstances do not appear to be addressed anywhere in this application. I understand that I will be contacted by *(name of administrator or office)* for further information.

END OF SECTION D

If you experience difficulties with the enrollment process, please see (name and phone number/location of administrator) for assistance.

Acceptable Use Policy for Grades Preschool to 8

Consent and Waiver Agreement

Computer(s), Network and Additional Technology Resources and Internet Access

Frankford Township School District provides access to the Internet to enable students to explore thousands of libraries, databases, museums, and other repositories of information. Families should be aware that some material accessible via the internet might contain items that are inaccurate, or potentially offensive. Board policy #6142.10 addresses the acceptable use of the internet, computer(s), network and additional technology resources and is available upon request.

The intention of the Frankford School District is to make the internet available for the purpose of furthering District goals and objectives. Access to the internet is to be used in support of education and research consistent with the educational goals of the school. This internet system has been established for educational purposes that include classroom activities; it has not been established as a public access or public forum.

While the purposes of the school are to use internet resources for constructive educational goals, students may find ways to access other materials. We believe that the advantages to students in the form of information resources and opportunities for collaboration via the internet outweigh the disadvantages. However, parents and guardians of minors are ultimately responsible for setting parameters and conveying the standards that their children should follow when using media and information sources.

Access to the internet, computer(s), network and additional technology resources is available only with permission of the administration, faculty and staff, and parents/guardians. The following are terms and conditions of use:

Student Responsibilities

Students are responsible for appropriate behavior on the school's computer(s), network and additional technology resources just as they are in a classroom or on a school playground. Communication on the network is often public in nature. General school rules for behavior and communication apply. It is expected that users will comply with District standards, as set forth in the Frankford Township Board of Education Policy 6241.10. Use of the internet, computer(s), network and additional technology resources, 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(s), network and additional technology resources. The students are advised never to access, keep, or send anything that they would not want their parents or teachers to see.

Network Rules

Privacy

Network storage areas may be treated like school lockers. Network administrators may review communications to maintain system integrity and ensure that students are using the system responsibly.

Illegal copying Students should never download or install any commercial software, shareware, or freeware onto network drives or disks, unless they have permission from their teacher. Students should not copy other people's work or intrude into other people's files.

Inappropriate materials or language No profane, abusive or impolite language should be used to communicate nor should materials be accessed which are not in line with the rules of school behavior. Should a student encounter such material by accident, they should report it their teacher immediately.

Access Frankford Township School District provided access to the internet, computer(s), network and additional technology resources, and, access on personal devices during the school day is intended for educational purposes only. The Board retains the right to restrict or terminate pupil access to the internet, computer(s), network and additional technology resources at any time, for any reason. Additionally, students may have access to personal devices during the school day revoked.

Personal Technology

Use of personal technology during instructional periods is prohibited, except when used as an aid to instruction at the discretion of the classroom teacher and/or building administrator or required by a student's individualized educational program (IEP). If personal technology is used as an aid to classroom instruction, students without access to those devices will not be penalized. Personal technology may not be used for purposes which are found to be disruptive to the school environment. Disruption of the school environment shall be determined by school administration and faculty.

Use of Personal Technology Outside of Classroom Instruction

For both Elementary School and Middle School students, cell phones and other devices must be off (not on vibrate or silent) at all times during school hours, unless permission for an approved use has been explicitly granted by a faculty member or building administrator. Upon completion of the activity for which the approved use was granted, cell phones and other devices are to be turned off for the remainder of school hours.

Assumption of Risk when using Personal Technology

A student who brings his/her device to school shall do so at his/her own risk. The school, administration, staff, or the Board of Education will not be held responsible for lost, stolen, or damaged articles. However, students and parents may report lost property to the school administration or other appropriate personnel. The District does not guarantee access to the District provided internet access on personal devices. A student is solely responsible for all charges incurred by usage at any time.

Consent Requirement and Rules for Appropriate Use

Please review, complete and submit the consent form below.

Students may not use the internet, computer(s), network and additional technology resources or personal devices in a manner that:

1. Intentionally disrupts network traffic or crashes the network – included, but not limited to chain letters, junk mail & spamming;
2. Degrades or disrupts equipment or system performance;
3. Uses the computing resources of our District for personal or commercial purposes, financial gain, or fraud;

4. Steals data or other intellectual property;
5. Gains or seeks unauthorized access to the files of others or vandalizes the data of another user;
6. Gains or seeks unauthorized access to resources or entities;
7. Forges electronic mail messages or uses an account owned by others;
8. Invades privacy of others;
9. Possesses any data which is a violation of this policy; and/or engages in other activities, including personal e-mail, that do not advance the educational purposes for which the internet, computer(s), network and additional technology resources are provided;
10. Threatens, harasses, or bullies others.

Individuals in violation of any of the above are subject to discipline including but not limited to:

1. Use of the network only under direct supervision;
2. Suspension of internet, computer(s), network and additional technology resources privileges;
3. Revocation of internet, computer(s), network and additional technology resources privileges;
4. Suspension of privilege to utilize personal internet devices in school (cell phone, handheld device, etc.)
5. Revocation of privilege to utilize personal internet devices in school (cell phone, handheld device, etc.)
6. Suspension from school.
7. Confiscation and/or search of student property (cell phone, laptop, etc.)
8. Police involvement in cases where a crime may have been committed with the technology.

Students:

In agreeing to the use of the internet, computer(s), network and additional technology resources at Frankford Township School, I agree to assume the risks inherent in the various technological systems. I understand and abide by the provisions and conditions of this agreement. I realize that the internet, computer(s), network and additional technology resources are intended for educational purposes only. I understand that any violation of the above provisions may result in disciplinary action, revocation of user privileges, and any appropriate legal action. I will not hold Frankford Township School, my teacher or administration responsible for or legally liable for materials distributed or acquired from the network. I also agree to report any misuse of the internet, computer(s), network and additional technology resources systems to my teacher or to the appropriate staff or faculty.

☐ I have read and understand the Acceptable Use Practices and I agree to adhere to these guidelines. If I do not, I may lose my network access and related privileges, and may be subject to disciplinary action.

Print Student Name: _____

Student Signature: _____

Date: _____

Parent/Guardian:

I have read this agreement and understand that the computer(s), network and additional technology resources available at Frankford Township School are intended for educational purposes only. I also understand that it is impossible for Frankford Township School to restrict access to all controversial materials. I will not hold Frankford Township School, the teacher or administration responsible for or legally liable for materials distributed or acquired from the network. I also agree to report any misuse of the computer(s), network and additional technology resources systems to my child's teacher or to the appropriate school official.

I understand that the improper or inappropriate use of the internet, computer(s), network and additional technology resources by my child will result in loss of privileges, as well as school discipline and/or criminal or civil penalties. Additionally, I accept responsibility for any damage or injuries caused by my child's inappropriate use of the internet, computer(s), network and additional technology resources either inside or outside the school.

With this understanding, I hereby give permission for my child to access the internet, computer(s), network and additional technology resources at the Frankford Township School. I understand that if I have any additional questions I can contact the school for clarification.

☐ I have read and understood the Acceptable Use Practices (prior page) and I agree to adhere these practices. I understand that if my child does not, he/she may lose District network access and related privileges and may be subject to disciplinary action.

Print Parent/Guardian Name: _____

Parent/Guardian Signature: _____

Date: _____

Frankford Township School District

Kevin Newman
Superintendent/Elementary Principal
newmank@frankfordschool.org

David Sylvester
Middle School Principal
sylvesterd@frankfordschool.org

Media Consent Form

From time to time during the school year, we take pictures and/or video taping of class activities for the school website, newspaper, yearbook, classroom projects and any other school related publication.

Please fill out the consent form on the bottom of this page and indicate whether your child may or may not have their picture taken.

This consent form will be in effect for as long as your child is enrolled in the Frankford Township School District.

Student's Name (First & Last): _____

Grade: _____

☐ YES: I give permission for my child to have their picture and/or video **published** in our school newspaper and any other school related publication.

☐ NO: Please exclude my child from having their picture and/or video taken and/or published during the school year.

Parent/Guardian Signature: _____

Date: _____

2 Pines Rd.
Branchville, NJ 07826

973-948-3727
FAX 973-948-6593

FRANKFORD TOWNSHIP SCHOOL DISTRICT
2 Pines Road
Branchville, NJ 07826

HOUSING QUESTIONNAIRE

Name of LEA: _____

Name of School: _____

Name of Student: _____
Last First Middle

Gender: ☐ Male ☐ Female Date of Birth: ____/____/____ *Month Day Year* Grade: ____ *(preschool-12)* ID#: _____ *(optional)*

Address: _____ Phone: _____

The answer you give below will help the district determine what services you or your child may be able to receive under the McKinney-Vento Act. Students who are protected under the McKinney-Vento Act are entitled to immediate enrollment in school even if they don't have the documents normally needed, such as proof of residency, school records, immunization records, or birth certificate. Students who are protected under the McKinney-Vento Act may also be entitled to free transportation and other services.

Where is the student currently living? (*Please check **one** box.*)

- ☐ In a shelter
- ☐ With another family or other person because of loss of housing or as a result of economic hardship (sometimes referred to as "doubled-up")
- ☐ In a hotel/motel
- ☐ In a car, park, bus, train, or campsite
- ☐ Other temporary living situation (Please describe): _____
- ☐ In permanent housing

_____ _____
Print name of Parent, Guardian, or Student (for unaccompanied homeless youth)

Signature of Parent, Guardian, or Student (for unaccompanied homeless youth)

_____
Date

If **ANY box other than "In Permanent Housing" is checked,** , then the student/family should be immediately referred to the MV Liaison. In such cases, **proof of residency** and other documents normally needed for enrollment **are not required** and the **student is to be immediately enrolled**. **After** the student has been enrolled, the district/school must contact the previous district/school attended to request the student's educational records, including immunization records, and the enrolling district's LEA liaison must help the student get any other necessary documents or immunizations.

INSTRUCTIONS FOR COMPLETING THE HOUSING QUESTIONNAIRE

Purpose of the Housing Questionnaire

All Local Education Agencies (LEAs) are required to identify students experiencing homelessness. LEAs include school districts, charter schools and high schools. Additionally, all LEAs that receive Title I funds must ask enrolling students about their housing status. The State of New Jersey Department of Education encourages all LEAs regardless of whether they receive Title I funds to do the same. To collect this information, LEAs may:

1. Use the Housing Questionnaire attached here,
2. Update/modify the Registration Form – Housing Questionnaire to address the needs of the LEA, or
3. Incorporate the housing status question from the Registration Form - Residency Questionnaire into the LEA's Registration Form or other documents already used by the LEA during the enrollment process.

If an LEA elects the third option and incorporates the housing status question into the LEA's Enrollment Form, the LEA should take steps to ensure that a student's housing status does not become a part of the student's permanent record, because of the sensitive nature of this information. Please see the section titled "Confidentiality" (below) for information about how and when housing information may be shared within the LEA.

Who should fill out the Housing Questionnaire?

A Housing Questionnaire should be filled out for all students enrolling in school and for all students who have a change of address in grades Preschool to 8. "The Housing Questionnaire" should be completed by the student's parent, person in parental relation, or in the case of an unaccompanied youth, by the student directly.

Confidentiality

Student housing information should be kept confidential to the maximum extent possible. This information should only be shared with LEA/school staff members who need information about housing status to ensure that the student's educational needs are met. To this end, LEAs may share a student's Housing Questionnaire with LEA personnel such as:

1. the homeless liaison,
2. the office in which the child has registered,
3. the student's teachers, and/or guidance counselor, and
4. the LEA staff member responsible for reporting data to NJSMART

However, this information should only be shared with the above staff members to the extent that it will enable them to better meet the educational needs of the student in question and to fulfill reporting requirements mandated by NJSMART.

Other than the above uses, housing information **should be kept confidential** and **should not be shared** with other LEA/school personnel due to its sensitive nature and the stigma attached to being labeled homeless. LEAs are also encouraged to seek out ways of preventing Housing Questionnaires and housing information from becoming a part of a student's permanent record.

Discussing the Housing Questionnaire with Students and Families

In reviewing the Housing Questionnaire with parents, persons in parental relation, and unaccompanied youth, LEAs should emphasize that the purpose of gathering the information is to ensure that students in temporary housing arrangements are provided with the rights and services to which they are entitled under the McKinney-Vento Act. These rights and services include:

1. The right to stay in the same school the student had been attending before losing his/her housing or the last school attended (both known as the school of origin),
2. The right to immediate enrollment for students who decide to transfer schools, even if the student does not have all of the documents normally for enrollment,
3. Transportation services if the student continues to attend the school of origin,
4. Categorical eligibility for Title I services if offered in the LEA,
5. Categorical eligibility for free meals if offered in the LEA, and
6. Access to services provided with McKinney-Vento funds if available in the LEA.

The LEA should also ensure that the parent, person in parental relation, unaccompanied youth is aware that the student's housing status will kept confidential and will only be shared with those LEA staff who are responsible for providing services to the student and those responsible for keeping track of how many students are identified as living in temporary housing in the LEA.

If the Parent, Person in Parental Relation, or Unaccompanied Youth Declines to Fill Out the Housing Questionnaire

If the parent, person in parental relation, or unaccompanied youth declines to complete the Housing Questionnaire, the LEA should note on the form that the parent, person in parental relation, or unaccompanied youth declined to provide the information requested.

Completing the Form

If a parent, person in parental relation, or unaccompanied youth enrolling in school indicates that a student is living in one of the five temporary housing arrangements, the school may not require proof to verify where the student is living before enrolling the student. The five temporary housing arrangements are listed below:

1. In a shelter,
2. With another family or other person (sometimes referred to as "doubled-up"),
3. In a hotel/motel,
4. In a car, park, bus, train, or campsite, or
5. Other temporary living situation.

After the student is enrolled and attending classes, the school or LEA is permitted to verify the student's housing arrangements. However, the student must first be enrolled in school.

Definitions of Temporary Housing Arrangements

"With another family or other person" (also referred to as "doubled-up")"

LEAs should be aware that students who are sharing the housing of others are eligible for services under the McKinney-Vento Act and State law, if sharing housing is due to loss of housing, economic hardship, or a similar reason.

"Other temporary living situation"

In addition to the four examples of temporary housing, students who lack a "fixed, adequate, and regular" nighttime residence are also covered as homeless under the McKinney-Vento Act and State law. This may include unaccompanied youth who have fled their homes or were forced to leave their homes and who do not otherwise meet the definition of "doubled-up."

"In permanent housing"

Permanent housing means that the student's living arrangements are "fixed, regular, and adequate."

Next Steps for LEAs with Students Living in Temporary Housing Arrangements

If the parent, person in parental relation, or unaccompanied youth indicates that a student is living in temporary housing, the LEA must complete a Designation Form. If the LEA believes additional information is needed before reaching a final decision on the student's eligibility under McKinney-Vento, enrollment should not be delayed and a Designation Form should still be filled out.

If a student who is identified as homeless was last permanently enrolled in a different school district, the district of attendance/local district will be eligible for tuition reimbursement for the cost of educating the student.