

APPLICATION FORMS AND DOCUMENTS

Enrollment of Students

**Cape May City Elementary School
Based Upon Residency In the
City of Cape May**

**Cape May City School District
921 Lafayette Street
Cape May, New Jersey 08204**

IN ORDER TO COMPLETE YOUR CHILD'S REGISTRATION, WE WILL NEED COPIES OF THE FOLLOWING DOCUMENTS

1. Child's Birth Certificate
2. Child's Immunization (Shot) Records
3. Proof of Residency within the City of Cape May
 - a. We prefer a copy of your Lease/Rental Agreement or Mortgage Documentation. As a last resort, we will accept a copy of a bill, or some other official mail, addressed to you, showing a current date, and your name and address.
 - i. **Coast Guard Personnel** – please go to the Housing Office, they will provide you with a form letter for this purpose.

ADMISSION PROCEDURES AND INSTRUCTIONS

READ THESE INSTRUCTIONS AND PROCEDURES CAREFULLY BEFORE FILLING OUT THE FORMS

I. FORMS

1. Parents actually living in the City of Cape May, or persons living in the City of Cape May, who have been **duly appointed by a Court** as the guardian of a student **must fill out Form No. 1** attached hereto, and submit it for approval at the office of the Cape May City Elementary School, located at 921 Lafayette Street, Cape May, New Jersey. Every effort will be made to provide you with a determination of eligibility within 24-48 hours.
2. If the prospective student is living with someone other than his or her parents or lawful guardian, then **Forms No. 2 and No. 3** attached hereto, must be filled out and submitted for approval at the office of the Cape May City Elementary School, located at 921 Lafayette Street, Cape May, New Jersey. Again, every effort will be made to provide you with a determination of eligibility within 24-48 hours.
3. The school district is only obligated to educate children of appropriate age who are actually living in the district. The mere fact you may own property in the City of Cape May does not entitle a child to attend school at the Cape May City Elementary School.

II. INFORMATION ABOUT FORMS AND PROCEDURES

1. The Board of Education reserves the right to request additional information and/or documentation in connection with the application of any student to verify that he or she is, in fact, eligible to attend school free of charge in the Cape May City School District.
2. The Board of Education also reserves the right to review any student's eligibility to attend school free of charge at any time. If a question about eligibility arises, the person or persons submitting the attached forms will be contacted.
3. **Preschool:** Children seeking admission into preschool must also meet the following requirements in addition to being domiciled within the City of Cape May:
 - A. The child must be at least **four (4) years old on, or before, October 1st** of the school year. Proof of age such as a birth certificate or other appropriate documentation must be attached to the form submitted.
 - B. Proof must also be submitted that the child has received his or her immunizations against communicable diseases, birth certificate, and proof of residency within the City of Cape May.
 - C. Your physician must examine the child, and a school physical form completed.

4. **Kindergarten:** Children seeking admission into kindergarten must also meet the following requirements in addition to being domiciled within the City of Cape May:
 - A. The child must be at least **five (5) years old on, or before, October 1st** of the school year. Proof of age such as a birth certificate or other appropriate documentation must be attached to the form submitted.
 - B. Proof must also be submitted that the child has received his or her immunizations against communicable diseases, birth certificate, and proof of residency within the City of Cape May.
 - C. Your physician must examine the child, and a school physical form completed.
5. **First Grade:** Children seeking admission into first grade must also meet the following requirements in addition to residency within the City of Cape May:
 - A. The child must be at least **six (6) years old on, or before, October 1st** of the school year.
 - B. Proof must also be submitted that the child has received his or her immunizations against communicable diseases, birth certificate, and proof of residency within the City of Cape May
 - C. Your physician must examine the child, and a school physical form completed.
 - D. He or she has completed kindergarten in an accredited school and has been recommended for placement in first grade.
6. **Transfer students from another school into grades 2-6:**
 - A. Pupils transferring into the Cape May City School District are expected to present copies of records from the child's previous school to aid in placement.
 - B. Pupils transferring into the district must also present proof of immunizations from communicable diseases and birth certificate, and proof of residency within the City of Cape May.
 - C. Your physician must examine the child, and a school physical form completed.
 - D. Initial placement shall be made on the basis of a child's records from his or her previous school. However, such placement may be adjusted at the discretion of the administration depending upon the child's assessment, his or her progress, and other such factors. Parents/Guardians will be informed in more detail of this policy pursuant to law.
7. **Important note for all forms:** Your signature on the attached forms indicates that all information supplied is the truth to the best of your knowledge.

Date: _____

Student's Legal Name (No Nicknames):

LAST NAME	FIRST NAME	MIDDLE NAME

Sex: ___(M) ___(F) Grade: _____ Date of Birth (Month, Day, Year): ___/___/___

Child's Place of Birth (City & State): _____

Child Resides with (Circle one): Both Parents, Mother Only, Father Only, Guardian

Child's address, and telephone number:

PHONE NUMBER: _____

Please check here if you are connected with the U.S. Coast Guard: _____

Family Information:

Father: _____ Check if deceased: _____
Citizenship (United States, Canadian, etc.) _____ Language spoken at home: _____
Place of Birth (State): _____
Place of Occupation: _____ Phone: _____
Highest Grade Completed: _____

Mother: _____ Check if deceased: _____
Citizenship (United States, Canadian, etc.) _____ Language spoken at home: _____
Maiden Name: _____ Place of Birth (State): _____
Place of Occupation: _____ Phone: _____
Highest Grade Completed: _____

Guardian (Only if child resides with Guardian): Name: _____

Relationship to child, if any (Grandparent, Aunt, Uncle, etc.): _____

Child's Needs:

1. Has child received any special education services?
i.e., Resource Room Program, Speech & Language Therapy ___ Yes ___ No
2. Does child require special help, i.e., Remedial Reading,
Supplemental Math, other remediation programs? ___ Yes ___ No
3. Does child show developmental lags in the areas of socialization,
attention, following directions, self-help skills, language skills,
etc. ___ Yes ___ No

Needs of other children in the family:

1. Do any of the children listed above require special services such as
speech and language therapy, physical therapy, etc. ___ Yes ___ No
2. Do any of the children listed above require medical attention
for other than routine childhood diseases? ___ Yes ___ No
3. Do any of the children listed above show developmental lags in
the areas of socialization, attention span, following directions,
self-help skills, language skills, etc.? ___ Yes ___ No

Please list the names of your children whom you feel will be in need of special attention:

_____	_____
_____	_____
_____	_____

CAPE MAY CITY ELEMENTARY SCHOOL DISTRICT
921 Lafayette Street
Cape May New Jersey 08204
609-884-8485

Date: _____

Dear Principal:

My child, _____, a former student in grade _____ of your school has been registered in the Cape May City Elementary School.

Will you please send all of the following records you may have for my child to Mrs. Victoria Zelenak, superintendent, at the above address:

- Scholastic
- Health
- Psychological
- Learning Disability
- Social History
- Neurological
- Speech and Language
- Medical Records
- Psychiatric
- Discipline Records
- Other: _____

Thank you for your prompt attention to this request.

Sincerely,

Parent/Guardian Signature

HEALTH RECORD

Child's Name:	Sex:	Date of Birth:
Address:	Phone:	
Father's Name:	Mother's Name	
Family Physician:	Phone:	

Child lives with (circle one): Both Parents Mother Only Father Only Legal Guardian Other

FAMILY HEALTH HISTORY

RELATION	BIRTH YEAR	STATE OF HEALTH	HAS ANY RELATION HAD	NO	YES	RELATION
Father			Significant allergy			
Mother			Rheumatic fever			
Brothers			Heart disease			
			Diabetes			
			Tuberculosis			
Sisters			Convulsive disorder			
			Mental illness			
			Cancer			

PERSONAL HEALTH HISTORY (Date recorded: _____)

Was Mother ill during pregnancy? ___ No ___ Yes; Child's birth weight: ___ lbs., ___ oz.;
 Complications during delivery: ___ No ___ Yes; Difficulty soon after birth: ___ No ___ Yes;
 Convulsions: ___ No ___ Yes; Jaundice: ___ No ___ Yes; Scars, deformities: ___ No ___ Yes;
 If response was yes to any of the above, please explain: _____

Does your child have, or has your child ever had:

	NO	YES	DATE		NO	YES	DATE
Measles				Rubella			
Mumps				Chickenpox			
Rheumatic Fever				Asthma or wheezing			
Pneumonia or Bronchitis				Frequent sore throats			
Frequent ear infections				Trouble with speech			

	NO	YES		NO	YES
Food allergies			Eczema or hives		
Tendency to bleed easily			Convulsions or other seizures		
Unusual nervousness, nail biting, or thumb sucking			Difficulty with toilet training or bed wetting		
Breath holding or temper tantrums			Nightmares or trouble sleeping		
Frequent vomiting or diarrhea			Urinary difficulties		
Dental problems			Poor appetite		
Hay fever, sinus infections			Allergy to medicines		
Headaches			Nervous habits		
Fainting			Wears glasses		
Wears hearing aids			Other allergies: (Please Specify)		
BEE STING ALLERGY?					

Medications taken by child:

Medical History

	YES	NO
Does your child have any hearing difficulty? If yes, describe: _____ _____		
Has your child's hearing ever been tested? If yes, where: _____ when: _____ results: _____		
Has your child ever had a visual examination? If yes, where: _____ when: _____ results: _____		
Has your child had any serious accidents or illnesses? If yes, describe _____		
Has your child ever been hospitalized or had surgery? If yes, how long: _____ at what age: _____ why: _____		
Does your child have any current physical problems? If yes, explain _____ _____ _____		
Has your child's physician made any other medical treatment recommendations to you? If yes, explain _____ _____ _____		
Has your child had any unusual reactions to medical treatment of any kind? If yes, explain _____ _____ _____		

FORM #1: **TO BE FILLED OUT BY PARENTS OF CHILDREN LIVING IN THE CITY OF CAPE MAY WITH HIS OR HER PARENT(S) OR COURT APPOINTED GUARDIAN.**
(ALL OTHERS SHOULD FILL OUT AND SUBMIT FORMS #2 AND #3.)

AFFIDAVIT BY PARENTS(S) OR COURT APPOINTED GUARDIAN

SWORN STATEMENT

1. Parent(s) or guardian name, address, and telephone number is as follows:

PHONE NUMBER: _____

2. The name and date of birth of the child or children who actually live with me is as follows:

NAME	DOB	SEX	GRADE

3. Length of time at present address: _____
4. Own or rent: _____ (If rent, attach copy of lease or recent utility, cable television bill or other documentation to prove residency.)
5. Name and address of child's prior school (if applicable):

6. If a court appointed guardian is filling out this form, you must attach a copy of the guardianship papers.

FORM #1 (continued)

I/We fully understand and agree that the information in this application any and submitted documentation is true. I/We also understand that any false statements, information, or answers in this affidavit and any submitted documentation, may subject us to criminal prosecution for the crime of false swearing in violation of NJSA 2c:28-2. The punishment for this crime is a fine of up to \$7,500 and/or imprisonment for up to 1½ years. I/We may also be personally liable to the Cape May City Board of Education for tuition.

Name of Parent: *(Please Print)*: _____

Signature of Parent: _____

Name of Parent: *(Please Print)*: _____

Signature of Parent: _____

Name of Guardian: *(Please Print)*: _____

Signature of Guardian: _____

FORM #2: **TO BE FILLED OUT BY PEOPLE LIVING IN THE CITY OF CAPE MAY WHO ARE NOT PARENTS, OR COURT APPOINTED GUARDIANS, WHO ARE SEEKING ENROLLMENT OF CHILDREN LIVING IN CAPE MAY. YOU MUST ALSO HAVE FORM #3 FILLED OUT, SIGNED AND SWORN TO BY THE CHILD'S PARENT.**

AFFIDAVIT

1. Applicant(s) full name(s), address, and telephone number is as follows:

PHONE NUMBER: _____

2. The name and date of birth of the child or children who actually live with me is as follows:

NAME	DOB	SEX	GRADE

3. Length of time at present address: _____

4. Own or rent: _____ (If rent, attach copy of lease or recent utility, cable television bill or other documentation to prove residency.)

5. Length of time child has been residing with you. Give month and year.

Month: _____ Year: _____

6. State the reasons(s) the child is residing with you and you are supporting the child free of charge:

7. The name and address of the child's parent is as follows:

FORM #2 (continued)

8. The name and address of the child's prior school is as follows (if applicable):

9. I/We hereby declare and state the I/We are supporting gratuitously, as if our own child named _____ . I/We receive no contributions or payment of any kind in connection with the support and maintenance of this child. This gratuitous support of this child shall continue throughout the entire calendar year, and not merely the school year. The child is going to live with me/us throughout the entire calendar year, and not merely the school year.
10. I/We hereby assume all personal obligations for the named child with respect to school requirements.
11. I/We have attached hereto Form #3, which is a sworn affidavit of the child's parent(s). These forms are submitted specifically to induce the Cape May City Board of Education to accept the named child as a legally qualified student in the Cape May City School District without payment of tuition, knowing that the Cape May City Board of Education will rely upon the truth of the statements in these forms.
12. **I/WE FULLY UNDERSTAND AND AGREE THAT ANY FALSE OR FRAUDULENT STATEMENTS, ANSWERS CONTAINED IN THIS AFFIDAVIT OR OTHER DOCUMENTATION SUBMITTED MAY RENDER ME/US PERSONALLY LIABLE TO THE CAPE MAY CITY BOARD OF EDUCATION FOR PAYMENT OF TUITION.**
13. **I/WE FULLY UNDERSTAND AND AGREE THAT IF I/WE FRAUDULENTLY ALLOW THE CHILD NAMED HEREIN TO USE OUR RESIDENCE AND I/WE ARE NOT THE PRIMARY FINANCIAL SUPPORTER OF THIS CHILD, THEN I/WE WILL HAVE COMMITTED A DISORDERLY PERSONS OFFENSE AND MAY BE SUBJECT TO PUNISHMENT OF A FINE UP TO \$1,000.00 AND/OR IMPRISONMENT FOR UP TO SIX MONTHS.**
14. **I/WE FULLY UNDERSTAND AND AGREE THAT ANY FALSE STATEMENTS OR ANSWERS CONTAINED IN THIS AFFIDAVIT AND/OR DOCUMENTATION SUBMITTED MAY SUBJECT ME/US TO CRIMINAL PROSECUTION FOR THE CRIME OF FALSE SWEARING IN VIOLATION OF N.J.S.A. 2C:28-2. IF I/WE ARE CONVICTED FOR SUCH A CRIME, I/WE MAY BE PUNISHED BY A FINE UP TO \$7,500.00 AND/OR IMPRISONMENT FOR UP TO ONE AND ONE-HALF YEARS.**

Name of Applicant (*Please Print*): _____

Signature of Applicant: _____

Name of Applicant: (*Please Print*): _____

Signature of Applicant: _____

FORM #3 **THIS FORM MUST BE FILLED OUT BY THE PARENTS OF
A CHILD WHO IS LIVING WITH SOMEONE ELSE
IN THE CITY OF CAPE MAY:**

AFFIDAVIT

1. Complete one of the following:
 - A. We are the parents of the child named:

 - B. I am the only living parent of the child named:

 - C. I am the parent of the child named _____,
and am separated/divorced (circle one) and I have legal custody of this
child.
2. I/We reside at: _____
Phone Number: _____
I/We have lived there since _____
3. I/We gave custody of my/our child named _____.
Grade: _____ To: _____
On _____, _____.
4. I/We make no contribution or payment, either in money or otherwise, in
connection with the support, maintenance or education of this child. Support
for this child is provided solely by:

5. Give a brief statement as to why the child is not residing with you.

6. I/We are not capable of supporting or providing care for the child due to a family or economic hardship. The reasons for this and the nature of the hardship are as follows: _____

7. The child is not residing with a resident of the Cape May City School District for the purpose of going to school there instead of the school district where I/We live.
8. Custody of this child has been given to _____
for the entire calendar year, and not for just the school year.
9. I/We will not be claiming this child on my/our federal or state income tax return during the time the child resides with _____.
10. I/We have carefully read and reviewed the Affidavit of _____
_____, and it is true to the best of my/our knowledge,
information, and belief.
11. **I/WE FULLY UNDERSTAND AND AGREE THAT IF I/WE
FRAUDULENTLY CLAIM TO HAVE GIVEN UP CUSTODY OF
MY/OUR CHILD, THEN I/WE WILL BE SUBJECT TO
PUNISHMENT FOR A DISORDERLY PERSONS OFFENSE WHICH
CAN BE A FINE OF UP TO \$1,000.00 AND/OR A JAIL SENTENCE
OF UP TO SIX (6) MONTHS.**
12. **I/WE HAVE CAREFULLY READ AND UNDERSTAND THIS
AFFIDAVIT AND ANY SUPPORTING DOCUMENTATION
SUBMITTED AND UNDERSTAND THAT ANY FALSE
STATEMENTS, DECLARATIONS OR ANSWERS IN EITHER OF
THESE DOCUMENTS MAY SUBJECT ME/US TO CRIMINAL
PROSECUTION FOR THE CRIME OF FALSE SWEARING IN
VIOLATION OF N.J.S.A. 2C:28-2 AND THAT I/WE MAY BE
PUNISHED BY A FINE OF UP TO \$7,500.00 AND/OR
IMPRISONMENT FOR UP TO ONE AND ONE-HALF YEARS.**

Signature of Parent: _____

Name of Parent: (*Please Print*): _____

Signature of Parent: _____

Name of Parent: (*Please Print*): _____

RACIAL/ETHNIC IDENTIFICATION FORM

Student Name _____

The district is required by state and federal law to report the racial/ethnic make-up of students attending our school. This is not done by individual student, it is done by reporting numbers in each representative group. At this time the district must report only one racial/ethnic category per child.

A multiracial/multiethnic designation may be made after you have selected one ethnic group from those listed below. If you wish to designate more than one racial/ethnic group for your child you may indicate this on the bottom of this form. The school and the district will maintain this information in your child's records.

PLEASE SELECT ONE OF THE FOLLOWING REQUIRED RACIAL/ETHNIC DESIGNATION FOR YOUR CHILD. THIS DESIGNATION WILL BE USED FOR STATE AND FEDERAL REPORTS.

- 3 – African American (not Hispanic origin): A person having origins in any of the black racial groups of Africa.
- 1 – Alaskan/Indian: a person having origins in any of the original peoples of North America, and who maintains cultural identification through tribal affiliation or community recognition.
- 2 – Asian Indian: A person having origins in any of the original peoples of India.
- 2 – Cambodian: A person having origins in any of the original peoples of Cambodia.
- 2 – Chinese: A person having origins in any of the original peoples of one of the following countries: (Mainland) China, Taiwan, Hong Kong.
- 2 – Filipino (not Asian, Indochinese, or Pacific Islander): A person having origins in any of the original peoples of the Philippine Islands.
- 2 – Guamanian: A person having origins in any of the original peoples of Guam.
- 2 – Hawaiian: A person having origins in any of the original peoples of Hawaii.
- 4 – Hispanic: A person having origins in any of the original peoples of Mexico, Puerto Rico, Cuba, Central or South America, Spain, or other Spanish culture or origin, regardless of race.
- 2 – Hmong: A person having origins in any of the original peoples of Laos, and are the Hmong culture or origin.
- 2 – Japanese: A person having origins in any of the original peoples of Japan.
- 2 – Korean: A person having origins in any of the original peoples of Korea.
- 2 – Laotian (not Hmong): A person having origins in any of the original peoples of Laos.
- 2 – Other Asian: A person having origins in any of the original peoples of one of the following: Burma, Malaya, Thailand, Indonesia, Sri Lanka, Mien, Singapore, Bangladesh, Bhuitan, Nepal, Pakistan, or any other Asian country not listed.
- 2 – Other Pacific Islander (other than those listed above): A person having origins in any of the original peoples of the Pacific Islands other than Hawaii, Guam, Samoa (American Samoa or Western Samoa). Includes islands such as Polynesia, Fiji Islands, Marshall Island, Melanesia, Palau, Tonga, Truk, Yap, Or Tahiti.
- 2 – Portuguese: A person having origins in any of the original peoples of Portugal.
- 2 – Samoan: A person having origins in any of the original peoples in Samoa (America Samoa or Western Samoa).
- 2 – Vietnamese: A person having origins in any of the original peoples of Vietnam.
- 5 – White (not of Hispanic origin not Portuguese): A person having origins in any of the original peoples of Europe, North Africa, or the Middle East.

PARENT SIGNATURE: _____

DATE: _____

BILINGUAL/BICULTURAL INFORMATION

Student Name: _____

PARENT QUESTIONNAIRE

Please complete this form, if you have any questions, or are unable to complete, please call the Principal.

A. Child's name: _____ Age: _____ Grade: _____

B. Parent's name: _____

C. Address: _____

PART I

1. Do you speak any language other than English? _____ Yes _____ No

If yes, please tell us what languages you speak: _____

2. Do you speak any language other than English to your child? _____ Yes _____ No

If yes, please tell us what languages you use: _____

3. What was the first language your child learned? _____

PART II

If you speak a language other than English, please fill out this part.

1. When your child speaks to you, he/she uses:
_____ English only
_____ mostly English and some other language
_____ English and other language equally
_____ mostly the other language and some English
_____ only the other language

2. When your child speaks to his/her friends, he/she uses:
_____ English only
_____ mostly English and some other language
_____ English and other language equally
_____ mostly the other language and some English
_____ only the other language

Report of Physical Examination

Name: _____ DOB: _____

Date of Examination: _____

Significant Medical History: _____

CURRENT STATUS:

Weight: _____ Height: _____

Pulse: _____ Blood Pressure: _____ Respirations: _____

Are these within normal limits for this patient? ___yes ___no

Allergies: _____

Current Medications: _____

GENERAL APPEARANCE:

Skin: _____ Ears (otoscopic): _____ Eyes: _____

Nose: _____ Throat: _____ Teeth/Mouth: _____

Neck: _____ Lymph Nodes: _____ Thyroid: _____

Hernia: _____ Abdomen: _____ Heart: _____

Lungs: _____ Orthopedic (Structural, Posture, Feet): _____

Extremities: _____ Menstruation: _____

Are there any modifications needed for full participation in the school program? ___No ___Yes

Immunizations are up-to-date: ___yes ___no

Immunizations given at this visit: _____

Comments: _____

Examining Physician's Name & Signature: _____

Examining Physician's Phone Number: _____

Visual Acuity: Tracking: _____ Muscle Balance: _____ Color Blindness: _____

Glasses ___yes ___no

without glasses

with glasses

Right	Left

Right	Left

Audiologic Screening: _____pass _____fail

Cape May City Elementary School
921 Lafayette Street
Cape May, NJ 08204
(609) 884-8485 Fax (609) 884-7037

AUTHORIZATION FOR ADMINISTRATION OF MEDICATION IN SCHOOL

_____ has been diagnosed with the following:
Student's Name

Diagnosis/Condition

This diagnosis necessitates that this child receive the following medication during school hours.

Medication: _____

Dosage/Time: _____

Side Effects/Special Instructions: _____

Physician's Signature

Date

**PARENTAL PERMISSION FOR ADMINISTRATION OF MEDICATION AND
MEDICAL PRIVACY STATEMENT**

1. The School Nurse has my permission to administer medication to my child, _____
_____, as prescribed by the above physician's orders.
2. *Medical Privacy Statement: To insure the appropriate care of my child, I read and agree that pertinent health information regarding my child may be provided to the school nurse. I further agree that the school nurse may consult with my child's physician regarding the above medical condition.*

Parent Signature

Phone

Date

CAPE MAY CITY ELEMENTARY SCHOOL DISTRICT

921 Lafayette Street
Cape May New Jersey 08204
609-884-8485

FAMILY MEDICAL CARE PROCEDURES

Name: _____

Address: _____

Telephone Number: _____

Do you currently have medical insurance for your family?

_____ Yes _____ No

If you answered NO to the above question, would you like for someone from the NJ Health and Human Services to contact you regarding medical insurance coverage?

_____ Yes _____ No