



Alloway Township School
Home of the Tigers

Pamela A. Southard
Chief School Administrator

Melanie M. Allen
Business Administrator

PreKindergarten/Kindergarten Registration
For School Year 2022-2023

The Alloway Township School is presently conducting PreKindergarten and Kindergarten registration for the 2022-23 school year. Registration is open to all Alloway Township residents whose children meet the following age requirements: children registering for PreKindergarten must be 4 years of age by October 1, 2022 and children registering for Kindergarten must be 5 years of age by October 1, 2022.

To start the registration process, please visit our website: www.allowayschool.org. Click on "Reg Forms" and either print a registration packet or complete the registration on-line via the link to OnCourse. If you are unable to upload copies of the following documents, you may email them to lapec@allowayschool.org.

All registrations must have these accompanying documents:

- Child's birth certificate with raised seal
- Immunization record
- Tax Bill (if you own your home)
- Rental agreement or lease (if renting a residence in Alloway)
- Two (2) utility bills in your name for the address of your residence

Incoming PreKindergarten students and their parents will have the opportunity to visit the classroom and meet the teacher at an open-house in late August or early September.

Should you have any questions regarding registration, please do not hesitate to contact Conni Lape in the main office at lapec@allowayschool.org or 935-1622 ext. 108. Our office hours are 8:00 a.m. to 3:30 p.m.

43 Cedar Street, PO Box 327, Alloway, NJ 08001 P: 856.935.1627 F: 856.935.3017 www.allowayschool.org

We are an Equal Opportunity Employer – F/M



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Alloway Township School Enrollment Application
Please print legibly

Part 1: Required Student Information:

Student's Name: _____ Grade Entering: _____
(First) (Middle) (Last)

Date of Birth: _____ Place of Birth: _____ Male ___ Female ___

Ethnicity (circle all that apply): American Indian Asian Black Hispanic Pacific Islander White

Address: _____

Home Phone: _____ Cell Phone: _____ Email Address: _____

Resides with: _____ Language Spoken at home: _____
(both parents, mother, father, etc)

Father's Name: _____ Occupation: _____

Employer: _____ Phone #: _____

Mother's Name: _____ Occupation: _____

Employer: _____ Phone #: _____

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Media Release Consent Form

Under the Family Educational Rights and Privacy Act (FERPA), schools are permitted to release school directory information unless the student's parent/guardian has exercised the right to refuse this release. School directory information according to the FERPA law could include a variety of information including the student's name, photograph/image, and participation in activities.

Pursuant to N.J.S.A. 18A:36-35, Alloway Township School will not release any personally identifiable information without consent from a parent/guardian. By definition from the State, a student's photograph/image, name, and participation in an activity is considered personally identifiable information. Potential dangers associated with the posting of personally identifiable information on a website exist since global access to the Internet does not allow us to control who may access such information.

Alloway Township School's intention and practice to distribute, publicize, publish, or post a student's name and/or photograph/image with discretion for the following publication purposes: student work, student achievement, student accomplishment, school events, and school spirit. We are proud of our students, and we want to celebrate our students' success, accomplishments, and spirit.

Student's Name: _____

Grade: _____

This completed consent form informs the Alloway Township School (ATS) regarding permission to use a student's name and photo/image for school-related publication purposes in the following formats:

1. District publications (Examples include: yearbook, bulletin boards, District slideshows/presentations)

____ Yes ____ No - I give permission to use my child's name and photo/image for school-related publication purposes.

2. Media (Examples include: newspaper, local media outlets, press releases)

____ Yes ____ No - I give permission to use my child's name and photo/image for school-related publication purposes.

3. Internet (Examples include: District website & District social media.)

____ Yes ____ No - I give permission to use my child's name and photo/image for school-related publication purposes.

Name of Parent/Guardian: _____

Parent/Guardian Signature: _____

Date: _____



CHROMEBOOK HOME USE PERMISSION FORM

Before filling out the Chromebook Home Use Permission Form below, please read the 2022-2023 Family Handbook that outlines:

- Chromebook Rules and Guidelines
- Caring for the Chromebook
- Storing the Chromebook
- Using the Chromebook at School
- Chromebook Home Use
- Chromebook Return Procedures
- Liability for Chromebook Damage, Loss or Theft (including replacement and repair costs)

Student's Name

First _____ Last _____

Date: _____

Consent *

- I have read the Code of Conduct listed in the Family Handbook and have discussed this with my child.

Permission *

Please check the appropriate box.

- I DO grant permission for my child to participate in the Chromebook take home program
- I DO NOT grant my child permission to participate in the Chromebook program.
- My child is in grades PreK-3 and we have a device at home in case of quarantine or school closure.

Student Name/Signature:

electronic signature (First, Last) _____

Parent/Guardian Name/Signature:

electronic signature (First, Last) _____

NJ SMART STUDENT INFORMATION QUESTIONNAIRE

Please fill out the form below and **return** to Alloway Twp. School.

Student Formal First Name (As it appears on Birth Certificate) _____

Student Formal Middle Name (As it appears on Birth Certificate) _____

Student Formal Last Name (As it appears on Birth Certificate) _____

City of Birth _____

(Should be the city that appears on Birth Certificate or other official record)

State of Birth _____

(Should be the city that appears on Birth Certificate or other official record)

Country of Birth _____

(Should be the city that appears on Birth Certificate or other official record)

Hispanic or Latino: Yes No

A person of Cuban, Mexican, Puerto Rican, South or Central American or other Spanish language culture or origin, regardless of race. (This question is to be answered in addition to the race section below.)

Select all that apply:

American Indian

Asian (Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, Philippine Islands, Thailand and Vietnam)

Black or African American

Native Hawaiian or Other Pacific Islander (Hawaii, Guam, Samoa, or other Pacific Island)

White

Military Duty – select 1 not military connected

Active Duty

National Guard or Reserve

Home Language _____

Immigrant Status Yes No

Homeless Yes No

(See homeless liaison)

Alloway Township School
43 Cedar St
P.O. Box 327
Alloway, NJ 08001

School Health Office
PK Registration Requirements

Dear Parents/Guardians:

Welcome to Alloway Township School! I would like to take this opportunity to welcome you and your child and to inform you of the following medical requirements mandated by the State of New Jersey for entry into school. Please return the required documentation to the school as soon as possible, documentation must be received prior to the start of the school year.

Immunization Requirements for PK:

- DPT/Dtap 4 doses
- Polio 3 doses
- HIB 1 dose given on or after first birthday
- Pneumococcal 1 dose given on or after first birthday
- MMR 1 dose
- Varicella 1 dose
- Influenza 1 dose given during current flu season (due by 12/31/21)

Physical Exam

- Physical Examination completed within the last calendar year. For your convenience, this can be completed on the attached form or using a form of your physician's choice provided that it includes the same information.

If you anticipate that your child will require medication during the school day, please request a medication administration packet from the school health office. Please do not hesitate to contact me if you have any questions. I look forward to working with your family in the upcoming school year. Thank you for your cooperation.

Sincerely,

Kellie Whelan, RN CSN
School Nurse

Alloway Township School
43 Cedar St
P.O. Box 327
Alloway, NJ 08001

School Health Office
Kindergarten Registration Requirements

Dear Parents/Guardians:

Welcome to Alloway Township School! I would like to take this opportunity to welcome you and your child and to inform you of the following medical requirements mandated by the State of New Jersey for entry into school. Please return the required documentation to the school as soon as possible, documentation must be received prior to the start of the school year.

Immunization Requirements for Kindergarten:

- DPT/Dtap 4 doses with one dose on or after 4th birthday OR any 5 doses
- Polio 3 doses with one dose on or after 4th birthday OR any 4 doses
- MMR 2 doses with 1st dose given on or after 1st birthday
- Hepatitis B 3 doses
- Varicella 1 dose

Physical Exam

- Physical Examination completed within the last calendar year. For your convenience, this can be completed on the attached form or using a form of your physician's choice provided that it includes the same information.

If you anticipate that your child will require medication during the school day, please request a medication administration packet from the school health office. Please do not hesitate to contact me if you have any questions. I look forward to working with your family in the upcoming school year. Thank you for your cooperation.

Sincerely,

Kellie Whelan, RN CSN
School Nurse

Alloway Township School
Physical Examination Report

*Please attach a copy of
the child's current
immunization record.*

For the School Year 2022-23

Name _____

Birthdate _____ Gender _____ Grade _____

Significant Health History:

Allergies _____

Past Serious / Chronic Illnesses _____

Surgeries / Injuries _____

Hospital Admissions _____

Current Health Problems _____

Medications Taken Routinely _____

Physical Examination:

Date of Exam - _____

Height (inches) _____ Weight (pounds) _____ BP _____

Vision & Muscle Balance _____ Hearing _____

Lymph Glands _____ Heart _____ Feet _____

Thyroid _____ Lungs _____ Skin _____

Eyes _____ Abdomen _____ Nutrition _____

Ears _____ Hernia _____ Speech _____

Nose _____ Nervous System _____ Other _____

Throat _____ Skeletal _____ Date of last dental

Teeth/Mouth _____ Scoliosis _____ appt. _____

Past blood lead levels (date/level) _____

General Appearance _____

Do you recommend any activity limitations? Explain: _____

Do you recommend any school health accommodations? Explain: _____

Examining Physicians Name (please print) _____

Telephone Number _____

Examining Physician's Signature * _____

Date _____

(* Physician's personal signature – no cosigners or stamps please!)