

Fairfield Township School

375 Gouldtown-Woodruff Rd.

Bridgeton, NJ 08302

Phone: 856-453-1882 / Fax: 856-459-1369

Kindergarten-8th Grade Student Registration

In accordance with New Jersey Administrative Code 6A:28-2.5 Proof of eligibility: A district board of education representative shall accept the following forms of current documentation from persons attempting to demonstrate a student's eligibility for enrollment in the Fairfield Township School District.

Grades K-8 Student(s):

- ✓ An Original Birth Certificate or Passport with an Approved VISA
- ✓ Immunization Record
- ✓ Transfer Card from previous school
- ✓ Physical within one year before registration
- ✓ IEP from a Child Study Team or 504 Plan (if applicable)
- ✓ Kindergarten: Children turn 5 years old by October 1st of the school year



Parent/Guardian Identification:

- ✓ Parent must provide sufficient identification to establish their relationship to the registered child.

These documents are acceptable if dated within two months before registration.

If you own a house (any FOUR forms will be accepted):

- ✓ Property tax bill, mortgage statement, plus THREE current utility bills i.e., gas, electric water, sewer, phone and cable, government issued documentation, etc.

If you rent (any FOUR forms will be accepted):

- ✓ Current Signed Lease (original) including student(s) name(s), plus THREE current utility bills i.e., gas, electric water, sewer, phone and cable, government issued documentation, etc.

If you and/or your children live with someone else:

- ✓ If you and/or your child lives with someone else that is a district resident or you are considered homeless, in addition to the student requirements, the person you are living with must come in person, provide sufficient identification, four proofs of residency of acceptable documents listed above and both must sign affidavits (available in the office) in front of the notary for verification.

PLEASE READ

PLEASE READ

PLEASE READ

- ✓ After the registration process is complete, parents will be notified when the student can start school and when the bus is scheduled to start pick up and drop off. Before the bus is scheduled, the student will have to be dropped off and picked up at the designated areas. For further information, see Form E - **EARLY DISMISSAL, STUDENT PICK-UP & DROP OFF AND SECURITY PROCEDURES.**
- ✓ If your child is eligible to receive free lunch, it is in your best interest to complete your lunch application immediately. You will be charged each day full price for lunch until your application is approved. Breakfast is free.

Welcome to the Fairfield Township School!

MUST CHECK THE APPROPRIATE SELECTION OF ENROLLMENT

- ☐ **DOMICILE (Live With):** If the **student is living with a parent or guardian whose permanent home is in the district**, the parent or guardian must provide an original birth certificate (we will make the copy). If you are the student's guardian, or will be the guardian of a student from an 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.

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.

No district is required, as a result of being the district of domicile or 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 domiciled within the district to the extent required by law.

AFFIDAVIT STUDENT NOTICE: (Please read carefully)

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

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 and guardian will be required to file a sworn statement with documentation to support the claims made along with a copy of the person's mortgage or lease (if a tenant without a lease, a sworn statement from the landlord).

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.

AFFIDAVIT STUDENT: (Please read carefully and check the appropriate box)

- ☐ If the **student is living with a person in the district, other than the parent or guardian** the parent must complete **Form A** and the person that are caring for your child(ren), must complete **Form B**. If there is no lease, the resident must complete Form J.
- ☐ If the **student is living with a parent or guardian and temporarily or permanently residing with a district resident** (even if the parent has a domicile elsewhere), the parent must complete **Form C** and the person that you reside with must complete **Form D**. If there is no lease, the resident must complete Form J.
- ☐ If the **student is temporarily living with a parent or guardian and residing outside the district and still has a permanent address in the district**, the parent must complete **Form E** and the person that you reside with must complete **Form F**. If there is no lease, the resident must complete **Form G**.

OTHER 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. (Parent - Complete Form K) (Resident – Complete Form L)
- The student has been evaluated through the Child Study Team and has been implemented an I.E.P program.
- The student has special needs that need to be discussed with a counselor.
- The student has medical needs that need to be discussed with the nurse. (504 Plan ___ YES / ___ NO)
- 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 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.
- The student is kept in the home of a person domiciled in the district, other than the parent or legal 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? Y () / N ()
- Where? _____
- The student's circumstances do not appear to be addressed anywhere in this application. I understand that I will be contacted by administration for further information.

Fairfield Township School
STUDENT INFORMATION FORM

Student: _____ Gender: ____ Male ____ Female
 Last Name First Name Middle Name

Place of Birth: _____ DOB: ____/____/____
 City State Country Year Month Day

Ethnicity (Please check all that apply): ____ African American ____ White ____ Hispanic ____ Native American ____ Asian

Check all that apply: ☐ Classified Student ☐ Basic Skills Required ☐ Attended Alternative School
☐ 504 or Medical Alert ☐ Home Instruction ☐ Requires Bilingual ☐ Speech
☐ Another Language Spoken Language _____ ***If applicable, custody papers must be presented.***

Mother/Father/Guardian Registering Student: (Circle One)	Mother/Father/Guardian:	Circle One
Street Address:	Street Address:	
City & Zip:	City & Zip:	
Home Phone:	Home Phone:	
Cell Phone:	Cell Phone:	
Work Place & Phone:	Work Place & Phone:	
Email:	Email:	

Please list any contacts that you give permission for student pick up. These individuals listed will be contacted if a parent/guardian cannot be reached. Individuals whose names are not listed above will not be permitted contact with students during school hours. This includes picking up students, visiting students at the school, or receiving any information regarding the student. ***Check here () if attaching a list of more names to this form.***

Name: _____ Relationship: _____ Phone#: _____
 Name: _____ Relationship: _____ Phone#: _____
 Name: _____ Relationship: _____ Phone#: _____
 Name: _____ Relationship: _____ Phone#: _____

Please list any other children enrolled in the Fairfield Township School:

1. Name: _____ Grade: _____
 2. Name: _____ Grade: _____
 3. Name: _____ Grade: _____ 4. Name: _____ Grade: _____

Parent/Guardian Signature: _____ Date: _____

Office Use Only:

SID#: _____ FTS#: _____ Start Date: _____
 Class of: _____ New: _____ Address Change: _____ Re-Admit: _____ Notification: _____
 Business Office: _____ IT/Technology: _____

Fairfield Township School
375 Gouldtown Woodruff Road
Bridgeton, NJ 08302

STUDENT HEALTH INFORMATION

Student's Name: _____
Last Name First Name Middle Name

Please complete the following information:

Does child have Health Insurance? **Yes** _____ If Yes, name of insurance company _____

No _____ NJ Family Care provides free or low cost health insurance for uninsured children and certain low income parents. For more information call 800-701-0710 or visit www.njfamilycare.org to apply online. You may release my name and address to the NJ Family Care Program to contact me about health insurance.

Signature _____ Printed Name _____ Date _____
Written consent required pursuant to 20 U.S.C. § 1232g (b)(1) and 34 C.F.R. 99.30(b.)

Student Physician _____ Phone number _____

Student Dentist _____ Phone number _____

Hospital _____ Phone number _____

Student is allergic to:

Medications _____ Food _____ Environment _____

Last eye exam ____ / ____ / ____ Glasses Yes _____ No _____ Contacts Yes _____ No _____

Last dental exam ____ / ____ / ____ Does student have Asthma? Yes _____ No _____

Does student have any limitations or restrictions of any kind? Please list _____

Has student had any recent surgery? Please list _____

Please list daily medications _____

N/A _____

If student has received immunizations since last year please submit a copy of the shot record.

Please list additional comments or special health problems that may impact your student's day at school.

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

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

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

PARENT/GUARDIAN SIGNATURE _____ DATE ____ / ____ / ____

Teacher: _____ Grade: _____

Fairfield Township School
375 Gouldtown-Woodruff Road
Bridgeton, NJ 08302

Student's Name: _____
Last Name First Name Middle Name

EARLY DISMISSAL AND SECURITY PROCEDURES:

To ensure the safety of our students, please adhere to the following policy:

1. **Early Dismissal** – No pupil in early childhood through eighth grade shall be permitted to leave the school before the close of the day unless he/she is met in the school office by his/her parent/guardian or a person authorized. The parent/guardian or person authorized by the parent/guardian to act in his/her behalf MUST present a photo ID before the child will be permitted to leave with him/her.
2. **Early Student Arrivals** – The school does not provide supervision before 8:45 AM. Parents will be called to pick up any student who arrives before 8:45 AM. Should this behavior persist, law enforcement and/or child welfare services will be contacted. Leaving a child unattended is considered “neglect” in the State of NJ.
3. **Student Pick-Up** – Parents/Guardians who wish to pick up their student(s) at 3:20, must report to the A-wing parking lot (the entrance facing Gouldtown-Woodruff Rd.). This is being done in an effort to ensure that all students are safely transported home during dismissal. Parents should drive their cars or walk to the A-wing parking lot. Students will be paged to report to A-wing during dismissal. (Parents/Guardians who wish to pick up their student from the main office will do so at 3:20.)

Parent/Guardian Signature: _____
Date ____/____/____

HANDBOOK VERIFICATION FORM (GRADES 2-8)

This indicates that you have read and discussed the Fairfield Township School Discipline Code and Handbook with your student.

Parent/Guardian Signature: _____ **Date** ____/____/____

Student Signature: _____ **Date** ____/____/____

IDENTIFICATION/IMAGE RELEASE

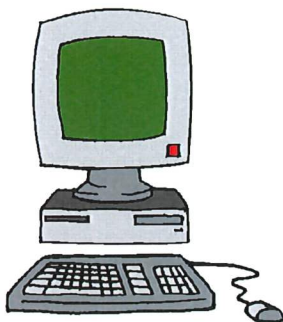
Check one of the following choices:

___ I GRANT permission for a photo/image that includes my student's personal information (such as name, grade, and school to be published on the district and/or school's web site, district and local newspaper(s), TV and district newsletter.) I will be personally contacted if any additional information is requested. At any time, you rescind your permission, you may send a letter to the principal and it will take effect upon receipt of your letter.

___ I DO NOT GRANT permission for a photo/image that includes my student's personal information to be published on the district and/or school's web site, district and local newspaper(s), TV and district newsletter.

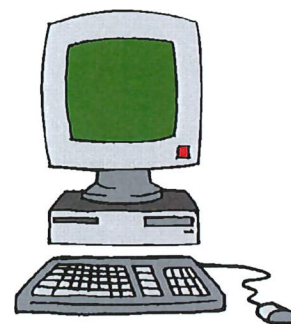
Parent/Guardian (Print) _____

Parent/Guardian (Signature) _____ **Date** ____/____/____



Fairfield Township School

**INTERNET USER CONTRACT
ALL GRADES**



I, _____, accept and agree to the following:

I agree to follow all rules which are listed in the Fairfield Township School District Guidelines for Internet Use in the Student Handbook.

I realize that the use of the Internet is a privilege, not a right. If I break any rules regarding the use of the Internet, I may lose my privilege to use the Internet, and I may be disciplined.

I agree that I will not transfer inappropriate or illegal materials through the Fairfield Township School District Internet Connection. I realize that in some cases the transfer of such material may result in legal action against me.

I agree not to allow other individuals to use my account for Internet activities, and I will not give anyone else my password.

Signature of User: _____ Date: _____

I, _____, being the parent/guardian of the above named student understand the terms and conditions outlined in the Fairfield Township Public School Internet usage Procedure contained on this document and in the Student Handbook. I also understand that even though my son/daughter's school is providing supervision and guidance during the student's use of the Internet, complete blockage of all unauthorized material is not guaranteed, and I will not hold the school responsible for the student's access the Internet through the school.

Parent/Guardian (Print) _____

Parent/Guardian (Signature) _____

Date: _____

Teacher: _____

Grade: _____



Fairfield Township School

**NOTIFICATION OF VIDEO
CAMERA USE FOR PARENTS
AND STUDENTS**

The Fairfield Township Board of Education has installed video cameras on its school buses in order to ensure that students can be transported to and from school in as safe an environment as possible.

Administration may use the videos to determine appropriate discipline for inappropriate behavior. Parents and students will be provided the opportunity to view the videos as part of any appeal process.

Please sign the bottom portion and return this notice as acknowledgement that you have read and are aware of this student discipline policy.

Date: _____

I acknowledge receipt of the notice and use of video cameras and tapes on school buses.

Printed Student Name: _____

Student Signature: _____

Parent/Guardian Signature: _____

THIS NOTICE IS TO BE PLACED IN THE STUDENT'S PERMANENT FILE

Fairfield Township School
375 Gouldtown-Woodruff Road
Bridgeton, NJ 08302
Phone: 856-453-1882 / Fax: 856-459-1369

Date: _____

(Name of Previous School)

(Fax #:)

(School's Address)

(School's City, State & Zip)

RE: _____
(Student's Name)

Dear School Superintendent,

Please forward the following records for the above named child, who has transferred into our district to the above address. Thank you.

SCHOLASTIC RECORDS
STATE ASSESSMENT SCORES
HEALTH RECORDS
TRANSFER CARD
CHILD STUDY TEAM
EVALUATION
RELATED SERVICES
(IE, SPEECH, OT, PT)

PARENTAL PERMISSION

I give Fairfield Township Board of Education permission to release or receive information from any source outside the school system that may have worked with my son or daughter. This may include information from the Family Doctor or Child Study Team from another school district.

Parent(s)/Guardian(s) Signature

Date

Teacher: _____

Grade: _____

Fairfield Township School
375 Gouldtown-Woodruff Road
Bridgeton, NJ 08302
Phone: 856-453-1882 / Fax: 856-459-1369

Households in Schools/Districts Participating in
Community Eligibility Provision

Dear Parent or Guardian,

We are pleased to inform you that Fairfield Township School District will be implementing a new option available to schools participating in the National School Lunch and School Breakfast Programs called the Community Eligibility Provision (CEP) for School Year 2023-2024.

All enrolled students of Fairfield Township School District implementing CEP are eligible to receive a healthy breakfast and lunch at school at **no charge** to your household each day of the 2023-2024 school year. Please be aware that alternative snacks and beverages will still be available for students to purchase during each student's assigned lunch period. This letter is to inform you that your child (ren) will be able to participate in these meal programs without having to pay a fee or submit an application. No further action is required of you.

As part of our participation in the CEP, families will not need to complete the Federal Form, "Application for Free or Reduced Price Meals or Free Milk"; **however**, other Educational Programs funded by the State of New Jersey require that our school collect similar household information for all students.

In order to collect the information for the State, the New Jersey Department of Education has developed a "**Household Information Survey**" and a "Sharing Information with Medicaid or NJ Family Care Form". Please take a moment to complete these forms and return them to your child's school. Your participation is essential in order for us to provide the Department of Education with the information it needs to ensure our school will continue to receive **critical** State Funding.

All surveys and forms must be received by **Friday**, September 9, 2023. Surveys and forms should be completed and returned to the Main Office. Additional information and forms can also be found at the following link: <http://www.state.nj.us/education/finance/cep/>. Surveys should be returned as early as possible, and without marks or cross-outs. Thank you in advance for your cooperation in this important matter.

Respectfully,

Dr. Ja'Shanna Jones
Superintendent/Principal

New Jersey Department of Education

Household Information Survey 2022 – 2023



County: _____ District: _____ School: _____

Please complete, sign, and return this form to your child's school.

Part A. Household Members

Fill in the information for every person living in your household (adults & children). For help determining who should be included in the household, see instructions on the third page.

List all who live in the household: Names (Last Name, First Name)	Date of Birth XX-XX-XXXX	Name of School the Student Attends (if applicable)	Grade Level	Student Information (mark as applicable)			
				Migrant	Homeless	Foster	In Head Start
1.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

* If household size is greater than 8, list additional household members on a separate paper, and follow special instructions in Part C.

Part B. Benefits Received (if applicable)

1) If anyone in the household receives FDPIR, TANF, or SNAP, check the appropriate box(es): ☐ FDPIR ☐ TANF ☐ SNAP

2) If you checked a box, write the full name (Last, First) and 10-digit case number of any one person receiving the benefit and skip to Part D.

Name: _____ Case #: _____

New Jersey Department of Education

Household Information Survey Instructions

This survey is used to determine eligibility for state benefits for which your child(ren)'s school may qualify. Please complete, sign, and return this form to your child's school.

Part A: Who should I include in "Household"?

You must include yourself and all people living in your household, related or not (for example, children, grandparents, other relatives, or friends) who share income and expenses. If you live with other people who are economically independent (they do not share income with you/your children and they pay a share of the expenses), do not include them.

Part B: What are benefits received?

- **TANF:** NJ's Temporary Assistance for Needy Families (WorkFirst NJ)
- **SNAP:** Supplemental Nutrition Assistance Program (formerly food stamps)
- **FDPIR:** Food Distribution Program on Indian Reservations

Part C: What is included in "Annual Household Income"?

Annual Household Income includes the following:

- **Gross earnings from work:** Use your gross income, not your take-home pay. Gross income is the amount earned before taxes and other deductions. This information can be found on your pay stub or, if you are unsure, your supervisor can provide this information. Net income should only be reported for self-owned business, farm, or rental income.
- **Welfare, Child Support, Alimony:** Include the total amount everyone in your household receives from these sources. Do not include SNAP or FDPIR payments.
- **Pensions, Retirement, Social Security, Supplemental Security Income (SSI), Veteran's benefits (VA benefits), and disability benefits:** Include the amount everyone in your household receives from these sources.
- **All Other Income:** Include for everyone in the household: worker's compensation, unemployment or strike benefits, rental income, interest and dividends, regular contributions received from others who do not live in your household, and any other income received. Do not include income from WIC, federal education benefits and foster payments received by your household.
- **Military Housing Allowances and Combat Pay:** Include off-base housing allowances, and food or clothing allowances. Do not include Military Privatized Housing Initiative or combat pay.
- **Overtime Pay:** Include overtime pay only if it is received on a regular basis.

How do I calculate total household income received from multiple sources and/or on a weekly, every two weeks, twice a month, or monthly basis?

- 1) Annualize pay for each source of income based on the above definitions for every household member.
 - a. Use the table below to convert your pay to an Annual Income amount.

Frequency of payment	Annual Income Conversion Amount
Weekly	= 52 x weekly gross (not take-home) income
Bi-Weekly (every two weeks)	= 26 x bi-weekly gross (not take-home) income
Twice per Month	= 24 x gross (not take-home) amount received twice per month
Monthly	= 12 x monthly gross (not take-home) income

- 2) Add together the annualized pay from every person in the household for the total annual household income for Part C.
- 3) If your household has 8 or fewer people, check the box that shows the range for your total income. If your household has more than 8 people, do not check a box; instead, write household size and total annual household income in the space provided.

If your income fluctuates, include the wages/salary that you regularly receive. For example, if you normally make \$1,000 each month, but you missed some work last month and made \$900, use \$1,000/month as the basis for your annual income. If you have lost your job or had your hours or wages reduced, enter zero or your current reduced income.

Additional information about this survey is available on the [CEP Information webpage: http://www.state.nj.us/education/finance/cep/](http://www.state.nj.us/education/finance/cep/).

SHARING INFORMATION WITH MEDICAID or NJ FAMILYCARE

Dear Parent/Guardian:

If your children get school meals at no cost, they may also be able to get free or low-cost health insurance through Medicaid or NJ FamilyCare. Children with health insurance are more likely to get regular health care and are less likely to miss school because of sickness.

Because health insurance is so important to children's well-being, **the law allows us to tell Medicaid and NJ FamilyCare that your children are eligible for free meals, *unless you tell us not to*.** Medicaid and NJ FamilyCare only use the information to identify children who may be eligible for their programs. Program officials may contact you to offer to enroll your children. Being eligible for free school meals does not automatically enroll your children in health insurance.

If you do not want us to share your information with Medicaid or NJ FamilyCare, fill out the form below and send in (Sending in this form will not change whether your children get free meals).

☐ No! I DO NOT want my information shared with Medicaid or the State Children's Health Insurance Program (NJ FamilyCare)

If you checked no, fill out the form below to ensure that your information is **NOT** shared for the child(ren) listed below:

Child's Name: _____ School: _____

Child's Name: _____ School: _____

Child's Name: _____ School: _____

Child's Name: _____ School: _____

Signature of Parent/Guardian: _____ Date: _____

Printed Name: _____ Address: _____

Return this form to your child's school, **ONLY** if you do NOT wish your information to be shared with Medicaid or NJ FamilyCare.

Fairfield Township School

Step 1: Home Language Survey (Parent/Family Version)

Purpose: The home language survey is used solely to offer appropriate educational services (U.S. ED EL Toolkit, Chapter 1). This survey is the first of three steps to identify whether or not a student is eligible to be identified as an English language learner (ELL). "Home" is defined as a student's current place of residence.

Student Information:

Student Name: _____ Date of Birth (YYYYMMDD): _____

Current Address: _____

Survey Questions:

1.) List all languages used in the student's home.

2.) Was the first language used by the student a language other than English?

_____ No _____ Yes

3.) Does the student speak or understand a language other than English?

_____ No _____ Yes

4.) When interacting with others at home (example: parents, guardians, siblings), does the student understand or use a language other than English **most of the time**?

_____ No _____ Yes

5.) When interacting with others outside the home (example: friends, caregivers), does the student understand or use a language other than English **most of the time**?

_____ No _____ Yes

FAIRFIELD TOWNSHIP SCHOOL DISTRICT

BUS STOP CHANGE REQUEST FORM



The Fairfield Township School District realizes the importance of families needing to make bus change requests to and/or from school for childcare purposes, but wants to be sure that the safety of our children comes first. We feel that providing our students with a clear and consistent bus routine is the best way to ensure that our staff and drivers are correctly assisting those students riding a bus to arrive at their proper destination. With that in mind, the Fairfield Township Board of Education has approved the following procedure concerning requests to change a child's bus stop.

Each year, your child's bus stop to and from school is assumed to be at their home address. Any requests to change that bus stop for a child's AM pickup and/or PM drop off must be submitted on this form. Any changes for a bus stop must be the same stop 5 days a week for either AM or PM. This form is also available in the main office or on the school district's website:

One form should be completed for each child. Parents will receive a notification date when the bus change request will take effect. If a request cannot be honored due to a bus being too full, an unsafe stop location, etc., you will be notified via a phone call.

Student Name: _____ Grade: ____ Teacher: _____

Student Name: _____ Grade: ____ Teacher: _____

Student Name: _____ Grade: ____ Teacher: _____

REASON FOR CHANGE: DID YOU MOVE? YES OR NO / CHILDCARE? YES OR NO

Circle one: AM Change PM Change or BOTH (AM & PM)

Current AM Pick-Up Address: _____ City: _____

New Address: _____ City: _____

Parent/Guardian Name (Printed): _____

Parent/Guardian Signature: _____ Date: _____

Home Phone: _____ Cell: _____ Work: _____

You will receive a written notice when the bus pass is available.

Office Use Only:

Date Received: _____ Change Effective: _____

Fairfield Township Board of Education Dress Code Policy 5132

Date Adopted: March 29, 2007

Date Revised: May 29, 2008, Mar. 22, 2010, July 28, 2011,
Aug. 23, 2012, July 25, 2013, Aug. 22, 2013, Feb. 26, 2015,
Dec. 17, 2015, March 24, 2016, Jan. 12, 2017, Sept. 17, 2018,
Aug. 11, 2022, Oct. 12, 2022, March 10, 2023

The Board of Education believes that neatly attired students take pride in themselves; therefore, they are more likely to practice habits of self-discipline and display a positive attitude and demeanor in the school setting. Therefore, school uniforms shall be worn since they have been requested by the principal, staff and parents. The school principal shall ensure that assistance is provided to economically disadvantaged students. The assistance may include, but not be limited to, providing information about how and where to obtain the uniform considering the parent's budget limitations. The specific uniform has been determined by the principal, staff and parents of the individual school as appears below. Any changes to the required uniform must be approved by the Board of Education not less than three months before implementation.

This policy shall not preclude students who participate in a nationally recognized youth organization, which is approved by the Board of Education, from wearing uniforms to school on days that the organization has scheduled a meeting. The principal may authorize exceptions to the uniform requirements on an individual event basis such as Individual Picture Day, Spirit Day or Character Ed activities.

In addition, the following general dress code regulations apply:

1. All students are expected to wear the entire uniform at all times whenever they are on school property or are attending a school activity unless permission is expressly granted for a game or dance, etc.
2. Transfer students will be allowed two days' grace time to acquire the uniform.
3. Total uniform must be visible at all times. No hats (or headgear of any type) may be worn indoors unless during character education or designated student activities such as but not limited to Dr. Seuss or **Drug awareness week activities**
4. No coats, jackets, or other outerwear, may be worn indoors.
5. No decorations, logos or writing allowed on the outside of the uniform. Polo style shirts, long/short sleeve tee-shirts, and crew/zip hooded sweat shirts with the school logo may also be worn.
6. No large jewelry; if worn, necklaces must be worn under the tops.

The following are examples of unacceptable attire for students during school hours:

1. Torn and/or dirty clothing
2. Tight/form-fitting clothing
3. Dark eye glasses (except for medical reasons)
4. Combs and picks worn in the hair
5. Any accessory that may be used as a potential weapon.

Fairfield Township Board of Education District Policy Manual

Students

Series 5000

Student Dress Code

Policy 5132

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6. Any gang-related accessory.
7. No cargo pocket on any apparel.
8. Students that are in 7th and 8th grade must wear their ID badge on a daily basis. If a student loses their ID badge, a \$3.00 replacement fee will be charged.

The approved uniform shall consist of:

Shirts & Tops

- Permitted colors for shirts, sweatshirts, hoodies and sweaters are royal blue, light blue, navy blue, and white. No other colors are permitted;
- Long or short sleeve polo style shirt with a collar (Must not be tight, form-fitting or oversized, no tee-shirts with the exception of school logo and/or name.)
 - o Tops must be worn tucked into bottoms or tucked in and bloused;
- A royal blue, black or navy- blue cardigan (without hoods) may be worn in addition to a polo shirt with the exception of school logo and/or name;
- Turtlenecks, if worn, must be worn under the polo shirt and be royal blue or navy blue;
- Undershirts may be short-sleeved or long-sleeved and may be solid white, solid royal blue, solid black or solid navy blue only. No other color undershirt is permitted.
- No tops containing logos, writing or other illustrations may be worn, with the exception of the Fairfield Township School logos and/or name, which include long/short sleeve tee-shirts and crew/zip hooded sweat shirt.

Bottoms

- Permitted Colors - Khaki, Navy Blue & Black
- Slacks;
- Skirts, jumper dresses, shorts and skorts must be no shorter than 2 inches above the knee;
- Cargo, and Painter type shorts and shorts with ties on the leg are not permitted;
- Capri pants;
- Yoga attire is not permitted.

Bottom Guidelines

- All bottoms must be proper fit (not tight, not baggy and worn at the waistline.);
- "Cargo-Style" pants with pockets alongside the leg are not permitted;
- Tights must be neutral (skin-toned), royal blue, navy blue, black or white.

Footwear

- Shoes, sneakers and athletic shoes of any color are permitted;
- Boots, with no ornamentation other than a company name are permitted in any solid color;
- Shoe laces or Velcro closure straps must be same color as the shoes;

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- All footwear must cover the entire foot;
- Open toe shoes and flip-flops are not permitted;
- No heels;
- No bedroom slippers;
- Footwear must be tied or Velcro closure strapped at all times;
- Shoes with wheels and/or lights are not permitted.

Socks

- Tights / stockings are acceptable;
- Leggings, below or at the knee may be worn under shorts, skorts or jumpers and must not contain sparkles, names, faces;
- Leggings must be ankle or knee high.

Belts

- Must have a small buckle (3" or less) and no ornamentation;
- Must be worn with pants that have belt loops. Note: Pants without belt loops will not require a belt.
- Belts are optional for Pre-K, through 2nd grade students. Students are required to wear belts beginning in the 3rd grade.

Jewelry & Body Ornamentation

- Earrings may be worn provided they are no larger than a quarter;
- Visible body piercings and/or tattoos are not permitted.

Headbands

- Headbands of up to 2 inches in width may be worn, but must be white, black, navy blue or royal blue.

Book Bags/ Backpacks

- Any book bag or backpack, with the exception of messenger bags, shall be permitted.
- Students are not to carry book bag during the course of the day. They are to be placed in cubbies or in lockers upon entering school, and students are given the opportunity to use lockers at designated times.

Students who choose not to comply with these guidelines shall be subject to disciplinary action in accordance with the current district discipline policy.

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Legal References

18A:11-1 General Mandatory Powers and Duties
18A:11-7 Findings relative to school dress codes
18A:11-8 Adoption of dress code policy for school permitted
18A:11-9 Prohibition of gang-related apparel
18A:37-1 Submission of pupils to authority

Possible Cross References

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