

## ***Fairfield Township School***

375 Gouldtown-Woodruff Rd.

Bridgeton, NJ 08302

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

# **2023-2024 Pre-School 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.

### **Pre-School registrations requirements:**

#### **Student(s):**

- ✓ Pre-School: Children turn 3 or 4 years old by October 1st of the school year
- ✓ Resident of Fairfield Township School
- ✓ An Original Birth Certificate or Passport with an Approved VISA
- ✓ Immunization Record (Must be updated – See list)
- ✓ Physical within one year before registration
- ✓ Seasonal flu shot before December 31<sup>st</sup> of the school year or your child will not be permitted to return to school in January 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 TWO forms will be accepted):**

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

#### **If you rent (any TWO forms will be accepted):**

- ✓ Current Signed Lease (original) including student(s) name(s), plus ONE 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**

- ☐ 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.

### **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 an affidavit must be completed by all parties (parent/guardian and resident).**
- ☐ If the **student is living with a parent or guardian and temporarily or permanently residing with a district resident an affidavit must be completed by all parties (parent/guardian and resident).**
- ☐ 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**, please complete an affidavit and follow-up with school social worker.

### **OTHER CIRCUMSTANCES: Please indicate if any of the following apply:**

- 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.



Office Use Only: Teacher: \_\_\_\_\_ Grade: \_\_\_\_\_

**STUDENT INFORMATION FORM**

Student: \_\_\_\_\_ Gender: \_\_\_\_ Male \_\_\_\_ Female  
Last Name First Name Middle Name

Place of Birth: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_  
City State Country M D Y

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: <sup>Circle One</sup>
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 can not 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: Teacher: \_\_\_\_\_ Grade: \_\_\_\_\_

Fairfield Township School  
375 Gouldtown Woodruff Road  
Bridgeton, NJ 08302

### STUDENT HEALTH INFORMATION

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

**Please complete the following information:**

Does child have Health Insurance? Yes \_\_\_\_\_ If Yes, name of insurance company \_\_\_\_\_

No \_\_\_\_\_ NJ FamilyCare provides free or low cost health insurance for uninsured children and certain low income parents. For more information call 800-701-0710 or visit [www.njfamilycare.org](http://www.njfamilycare.org) to apply online. You may release my name and address to the NJ FamilyCare Program to contact me about 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 \_\_\_\_/\_\_\_\_/\_\_\_\_



Office Use Only: Teacher: \_\_\_\_\_ Grade: \_\_\_\_\_

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

Student's Name: \_\_\_\_\_  
Last Name First Name Middle Name

**EARLY DISMISSAL, STUDENT DROP-OFF & PICK-UP 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** – Parents/Guardians dropping off their children at school, must park in a designated parking spot, and walk their child to the A-wing entrance at 9:20 a.m. Please be advised that preschool students may not be dropped off at school before 9:20 a.m. The adult dropping the child off is required to wait with that child until the preschool day begins at 9:20 a.m. *The school does not provide supervision before 9:20 a.m. for the pre-school students. Parent/Guardian will be called to pick up any student who arrives before 9:20 a.m. 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 New Jersey.*
3. **Student Pick-Up** – Parents/Guardians picking their children up at the end of the day, must park in a designated parking spot, and wait outside the A-wing entrance. Sign-out begins at 3:15 p.m. Please be prepared to show proof of identification.
4. **Bus Riders** – The school bus will drop-off and pick-up preschool students at the A-wing exit which faces Gouldtown-Woodruff Road. Please make sure that a responsible adult is present at the time of the pick-ups and drop-offs at your child's assigned bus stop.  
*For security reasons, students will only be released to parent/guardian and/or other adults listed on the Emergency Contact Form. Please be prepared to show proof of identification to the driver or the aide when requested. When the bus driver and the aide determine that there is no one and/or designated adult supervisor at the drop-off site, students will then be returned to the school. Parents will be notified to make arrangements for immediate pick-up from the school.*

Parent/Guardian 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.

☐ 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.

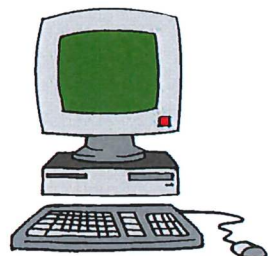
Parent/Guardian (Print) \_\_\_\_\_

Parent/Guardian (Signature) \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Office Use Only: Teacher: \_\_\_\_\_ Grade: \_\_\_\_\_

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

Grade: \_\_\_\_\_



*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: \_\_\_\_\_**



Office Use Only: Teacher: \_\_\_\_\_ Grade: \_\_\_\_\_

-----

**STUDENT:** \_\_\_\_\_

*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.

**Student:** \_\_\_\_\_ **Grade:** \_\_\_\_\_

**Date:** \_\_\_\_\_

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

**Printed Student Name:** \_\_\_\_\_

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

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



Fairfield Township School  
Pre-School Home Language Survey  
Parent/Guardian Questionnaire

**PLEASE PRINT**

Child's Name: \_\_\_\_\_  
(First) (Middle) (Last)

Date of Birth: \_\_\_\_\_ Date of School Entrance: \_\_\_\_\_

Person completing the survey: ( ) Mother ( ) Father ( ) Grandparent ( ) Guardian ( ) Other

Please tell us about your child:

1. What language did the child learn when he/she first began to talk? \_\_\_\_\_
2. What language does the family speak at home most of the time? \_\_\_\_\_
3. What language does the mother (guardian) speak to the child most of the time? \_\_\_\_\_
4. What language does the father (guardian) speak to the child most of the time? \_\_\_\_\_
5. What language does the child speak to his/her mother most of the time? \_\_\_\_\_
6. What language does the child speak to his/her father most of the time? \_\_\_\_\_
7. What language does the child speak to his/her brothers and sisters most of the time? \_\_\_\_\_
8. What language does the child speak to his/her friends most of the time? \_\_\_\_\_
9. Please list any school your child attended before coming to our program. \_\_\_\_\_
10. In which language do you wish to receive information from school? \_\_\_\_\_
11. What name do you use for your child? \_\_\_\_\_
12. If you would like us to call your child a different name, please specify: \_\_\_\_\_
13. What does the child call his/her mother (guardian)? \_\_\_\_\_
14. What does the child call his/her father (guardian)? \_\_\_\_\_
15. List the foods your child likes to eat? \_\_\_\_\_
16. List the foods your child DOES NOT like to eat? \_\_\_\_\_
17. How does your child tell you that he/she has to go to the bathroom? \_\_\_\_\_
18. Does your child enjoy looking at books? \_\_\_\_\_
19. Do you have children's books available in the child's home language? \_\_\_\_\_
20. Where was the child born? \_\_\_\_\_
21. What country or countries are most important to your family's cultural background? \_\_\_\_\_
22. Research tells us that one of the most important things we can do to help children succeed in school and do well in English is to support their home language. Would you like more information on any of these resources and activities:  
( ) Storybooks in the child's home language that the family can borrow from school  
( ) Parent workshops about helping the child learn in their home language(s) and also help to learn English  
( ) Opportunities to read stories in your home language to the class  
( ) Opportunities to share some of your culture with the children – such as favorite foods, games, songs, art or crafts  
( ) Newsletters with ideas about helping your child learn in his/her home language

## 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 business 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's Name: \_\_\_\_\_ Gr: \_\_\_\_\_ Teacher: \_\_\_\_\_

Address Change: \_\_\_\_\_ City: \_\_\_\_\_

### REASON FOR CHANGE

**DID YOU MOVE? YES OR NO** (Must provide 2 proofs of residency)

**CHILDCARE? YES OR NO** [ Circle one: AM Change / PM Change or BOTH (AM & PM) ]

Parent/Guardian Name (Printed): \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

---

*Office Use Only:*

Date Received: \_\_\_\_\_

Change Effective: \_\_\_\_\_



**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/>.

## **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.



# **PRE-SCHOOL STUDENTS**

**Don't Delay....Get your child's Flu Shot today!**

**Seasonal Flu Shots are required for children enrolled  
in Pre-School.**

**The vaccine needs to be given before December 31<sup>st</sup> or your child will  
not be permitted to return to school in January.**

**Schedule your appointment now and send in proof the vaccine  
was received. Shots can be provided by your  
child's physician or local clinics.**

**Local clinics include:**

**Complete Care Pediatric & Family Medical Professionals - 451-4700  
265 Irving Avenue, Bridgeton, NJ 08302**

**RiteCare – Upper Deerfield (Inside of the Shoprite) - 451-4700  
1000 North Pearl Street, Bridgeton, NJ 08302**

**Cumberland County Health Department - 327-7602**

**Thank you!**

**Please call the school nurse with any questions  
at 453-1882 x5.**