

MILLVILLE PUBLIC SCHOOL DISTRICT

2012-13 REGISTRATION PACKET

KINDERGARTEN – 12TH GRADE

Please have the following to register your child:

- Original birth certificate
- Proof of residency
- Parent/Guardian ID
- Transfer card or withdraw form from previous school
- Health record (immunization record and proof of physical)
- Completed registration packet

When applicable, you will also need to bring:

- Custody/guardianship papers
- Individual Education Papers (IEP)
- 504 plan
- High school students will need a transcript and/or a current report card/schedule from previous school

Registrations are completed at:

**Culver Center
110 N. 3rd St.
Millville, NJ 08332
856-327-6166**

MILLVILLE PUBLIC SCHOOLS
STUDENT ENROLLMENT FORM



Today's Date: _____

Student's Last Name _____ First Name _____ Middle _____

Address _____ City _____ State ____ Zip _____ Phone [____] _____

Birth Date ____/____/____ Sex Male Female Ethnicity/Race _____
MM DD YY

City of Birth _____ State _____ Country _____

Date of US Entry ____/____/____ [Only applies to students NOT born in US]
MM DD YY

Has student ever attended Millville Schools? Yes No [If YES, last grade completed _____]

Father/Guardian Last Name _____ First Name _____ Suffix _____

Mother/Guardian Last Name _____ First Name _____

Student resides with: Both parents Mother only Father only Guardian Custody/Restrictions

Father/Guardian cell phone [____] _____ Mother/Guardian cell phone [____] _____

Father/Guardian work phone [____] _____ Mother/Guardian work phone [____] _____

Are parents federally employed? Yes No Federal ID# _____

Non-Household Emergency Contacts

Contact #1 _____ Relationship to student _____ Phone [____] _____

Contact #2 _____ Relationship to student _____ Phone [____] _____

Contact #3 _____ Relationship to student _____ Phone [____] _____

Last school attended _____ Phone [____] _____

School address _____ Fax [____] _____

City _____ State _____ Zip _____

Siblings Name _____ DOB ____/____/____ School attending _____ Grade _____

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Check all that apply

- Classified Student Basic Skills Required Attended Alternative School 504 or Medical Alert
 Home Instruction Requires Bilingual Another Language Spoken Language _____

SCHOOL USE ONLY

School assigned to _____

Grade _____

Start date _____

Student ID # _____

Entered by _____

State ID # _____

Transportation _____

- Health Record Proof of Residency BC/Transfer Card

MEETS REQUIREMENTS

Faxed to _____ by _____



Millville Board of Education
110 N. 3rd St., PO Box 5010
Millville, NJ 08332

Phone: (856) 327-6166
Fax: (856)293-1077

Administrative Procedure: Seat Belt Policy & Video Camera Usage on School Buses

MILLVILLE BOARD OF EDUCATION

NOTIFICATION OF SEAT BELT POLICY & VIDEO CAMERA USAGE ON SCHOOL BUSES

The Millville Board of Education has established a policy for seat belt use on school buses. This policy will pertain to all Millville School District students who ride on school buses to and from their homes, on field trips, sports activities, after school activities, and all other Millville Board of Education related activities.

School bus drivers and all school bus passengers shall be required to wear seat belts when transported in school buses so equipped. Seat belts shall be fastened when the driver and passengers board the vehicle and they shall be kept fastened at all times while onboard the vehicle.

Students who fail to adhere to the seat belt regulations will face disciplinary action.

The Millville Board of Education has purchased video cameras for use on its school buses in order to ensure that students can be transported in as safe an environment as possible. Administration may use the videos to determine appropriate discipline for inappropriate actions. Due to The Family Educational Rights and Privacy Act, federal law prohibits parents and guardians from viewing video tapes. Administration may view the incident on tape with the student involved in order to determine disciplinary action.

Please sign the bottom portion of this notice acknowledging that you have read and are aware of these Millville School District policies.

Date _____ School _____

I acknowledge receipt of notification of the seat belt policy and video camera usage on school buses and I am aware of disciplinary actions to be taken if these policies are not adhered to.

Student's name (PLEASE PRINT)

Signature of Parent/Guardian

This notification will be filed with the student's permanent file in his/her designated home school.

MILLVILLE PUBLIC SCHOOLS- NURSES HEALTH REGISTRATION FORM

Child's Name _____ Male: _____ Female: _____

Address: _____

Birthdate: _____ Country of Birth: _____

Mother/Guardian: _____ **Father/Guardian:** _____

Home phone: _____ Home phone: _____

Work phone: _____ Work phone: _____

Cell phone: _____ Cell phone: _____

Emergency Contacts:

Name #: _____ Name #2: _____

Home phone: _____ Home phone: _____

Work phone: _____ Work phone: _____

Cell phone: _____ Cell phone: _____

Other Children in the Home:

Name: _____ Age: _____ School Attending: _____

Name: _____ Age: _____ School Attending: _____

Name: _____ Age: _____ School Attending: _____

Language Spoken in Home: _____ Name of Interpreter: _____

Child's Physician: _____ Phone #: _____

Allergies: _____ Medications: _____

Vision Problems: _____ Glasses: _____

Hearing Problems: _____ Hearing Aids: _____

Speech Problems: _____ Receiving Speech: _____ PT: _____ OT: _____

Surgeries: _____ Dates: _____

Seizures: _____ Medications: _____

Diabetes: _____ Medications: _____

Asthma: _____ Medications: _____

Heart Defect/Murmur: _____ Restrictions: _____ Medications: _____

Nose Bleeds: _____ Frequent Ear Infections: _____ Lead Level: _____

List of medications taken daily: _____

Please list any special health problems, illnesses, or surgeries: _____

This information will be shared with administration/teacher unless the parent requests it to be kept confidential.

Date: _____ Parent Signature: _____