

Student _____

Grade _____



2016-17 REGISTRATION PACKET

Kindergarten - 12th Grade

Please note:

Packet(s) cannot be accept without all the proper documentation. If the residence you are enrolling with is not in your name or you are living with someone and have none of the **"Proof of residency"** documents listed in your name, you will need to have the person with whom you reside come in with you and bring their **ID & proof of residence** in their name in order to complete the enrollment.

You will need the following to register your child:

- Original birth certificate
- Proof of residency (in the form of)
 - Property tax bill
 - Deed, lease, contract of sale, or mortgage
 - Letters from Landlords and other evidence of property ownership/tenancy/residency
 - Utility bill for the stated address in same person's name
 - Court documents or State Agency Placements
 - Voter Registration
 - Residency Certification (only if you are living with someone & there are no bills in your name)
- 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:

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

Registrations are completed at:

Culver Center

110 North 3rd Street

Millville, NJ 08332

856-327-6166

FOR OFFICE USE:

Completed By: _____

Comments:



MILLVILLE PUBLIC SCHOOLS

STUDENT ENROLLMENT FORM



Stamp date here:

School Year: _____

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

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

PO BOX# _____ (if applicable) City _____ State _____ Zip _____ (use as mailing address? yes no)

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 _____

**List only the parent(s) with whom the student resides. Parent/Guardian not living in household, list them under "Emergency Contact"

Mother/Guardian Last Name _____ First Name _____

Father/Guardian Last Name _____ First Name _____ Suffix _____

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

Mother/Guardian cell phone [_____] _____ Mother/Guardian work phone [_____] _____

Father/Guardian cell phone [_____] _____ Father/Guardian work phone [_____] _____

**Are parents federally employed? Yes No Federal ID# _____

EMERGENCY CONTACTS NOT LIVING IN THE HOUSEHOLD. **They're only called if parents/guardian cannot be reached.

Name: _____ Relationship to student _____ Phone [_____] _____

Name: _____ Relationship to student _____ Phone [_____] _____

Name: _____ Relationship to student _____ Phone [_____] _____

LAST SCHOOL OF ATTENDANCE INFORMATION:

School Name: _____ Phone [_____] _____

School address _____ Fax [_____] _____

City _____ State _____ Zip _____

LIST ONLY THE SIBLINGS THAT ARE CURRENTLY ATTENDING MILLVILLE PUBLIC SCHOOLS:

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

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

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

Check all that apply:

Classified Student with IEP Basic Skills Required Attended Alternative School 504 or Medical Alert

Home Instruction Parental Instruction Speech Requires Bilingual/Language Spoken in the Home: _____

Foster Placement/ Resource Home Student living in Transition (Out of State or In State NJ) circle one

Custody Restriction Custody Flag Entered by: _____

SCHOOL USE ONLY

School assigned to: _____

Grade _____

Start date: _____

Student ID # _____

Entered by: _____

NJ State ID # _____

Transportation done by: _____

Health Record A45 Proof of Residency Birth Cert. Transfer Card A41 Meets Requirements

Emailed to (Secretary / Guidance / Principal / Nurse) at: _____ Emailed date / by: _____



Millville Public Schools

SCHOOLS BUS SEATBELT & VIDEO POLICY

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 boards the vehicle and they shall be kept fastened at all times while onboard the vehicle. Seat belts may be unfastened only when the individual is departing 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

PERMISSION TO RELEASE ALL RECORDS

School Year: _____

Student Name: _____ Birth Date ____/____/____ Grade ____
MM DD YY

LAST SCHOOL OF ATTENDANCE INFORMATION:

School Name: _____ Phone (____) _____

School Address: _____ Fax (____) _____

City _____ State _____ Zip _____

Signature of Parent/Guardian _____ Date: _____

FOR OFFICE USE ONLY

Please send original of the following: Transcripts/records, grading scale, grades at time of withdrawal, date of enrollment, date of withdrawal, health records/immunizations with dates, psychological records (IEP) to:

Millville Senior High School or
 Millville Alternative High
Attn: Guidance Dept.
200 Wade Blvd
Millville, NJ 08332
Fax: 856-825-4889(MSHS)
Fax: 856-825-2543 (ALT)

Memorial High School
Attn: Guidance Dept.
504 E. Broad St
Millville, NJ 08332

Lakeside Middle School
2 N. Sharp Street
Millville, NJ 08332

R.D. Wood School
700 Archer Street
Millville, NJ 08332

R.M. Bacon School
501 S. 3rd St.
Millville, NJ 08332

Holly Heights School
2509 E. Main Street
Millville, NJ 08332

Mount Pleasant School
100 Carmel Road
Millville, NJ 08332

Rieck Avenue School
339 Rieck Avenue
Millville, NJ 08332

Silver Run School
301 Silver Run Road
Millville, NJ 08332

Child Family Center
Attn: Mrs. Beatty
1100 Coombs Rd.
Millville, NJ 08332

Millville BOE/Child Study Team
110 N. 3RD Street / P.O. Box 5010
Millville, NJ 08332

Date records requested: _____ by: _____



Millville Public Schools

Home Language Survey

Parent/Guardian Language Questionnaire

Student's name:	_____	Grade:	_____
Sibling in District:	_____	Grade:	_____
	_____	Grade:	_____
	_____	Grade:	_____
	_____	Grade:	_____

Person completing the survey: Mother Father Grandparent Guardian

Directions: Check or write in the correct response for each of the following questions about your child.

1. What language did the child learn when he/she first began to talk?
English Spanish Other [specify] _____
2. What language does the family speak at home most of the time?
English Spanish Other [specify] _____
3. What language does the mother [guardian] speak to the child most of the time?
English Spanish Other [specify] _____
4. What language does the father [guardian] speak to the child most of the time?
English Spanish Other [specify] _____
5. What language does the child speak to his/her mother [guardian] most of the time?
English Spanish Other [specify] _____
6. What language does the child speak to his/her father [guardian] most of the time?
English Spanish Other [specify] _____
7. What language does the child speak to his/her brothers and sisters most of the time?
English Spanish Other [specify] _____
8. What language does the child speak to his/her friends most of the time?
English Spanish Other [specify] _____

Signature: _____ Date: _____
(Person completing the survey)