



Alloway Township School
Home of the Tigers

Pamela A. Southard
Chief School Administrator

Melanie M. Allen
Business Administrator

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)

Parent/Guardian Name: _____ relationship to child: _____

Address if different than above: _____ Phone #: _____

Parent/Guardian Name: _____ relationship to child: _____

Address if different than above: _____ Phone #: _____

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

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Parent/Guardian Name: _____ relationship to child: _____

Address if different than above: _____ Phone #: _____

If the child's parents are domiciled in different districts, regardless of which parent has legal custody, the following questions must be answered:

- 1) Is there a court order or written agreement between parents designating the district for school attendance? If so, where does it require the child to attend school? (Please provide a copy of the document.)

- 2) Does the child reside with one parent for the entire year? If so, with which parent and at what address?

- 3) If not, for what portion of time does the child reside with each parent and at what addresses?

Note: The district is not required to provide transportation for a student residing outside of the district for part of the school year other than transportation based on the residence of the parent domiciled within the district to the extent required by law.

Emergency Contacts:

Name: _____ Relationship: _____ Phone: _____ Type: _____
(cell, home, etc)

Name: _____ Relationship: _____ Phone: _____ Type: _____
(cell, home, etc)

Name: _____ Relationship: _____ Phone: _____ Type: _____
(cell, home, etc)

Health Insurance (Y/N): _____ Name of Health Insurance Provider: _____

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Part 2: Required Resident Information:

Check Only One:

_____ My family has purchased a home in Alloway Township. (Please provide a copy of the deed as 1 proof of residency).

_____ My family has leased an apartment or home in Alloway Township. (Please provide a copy of the lease as 1 proof of residency).

***Please note* Resident MUST provide proof of residency (tax bill, deed, utility bill, etc) OR if the Resident rents a property, a copy of the current lease as well as a signed statement from the landlord giving verification of additional occupants residing in the home.**

- Children should register within the district of the parent’s residence and where they are domiciled.
- If you are residing with friends/relatives, please contact the school district before completing this application.

Please list two additional forms of proof which will be furnished to demonstrate that the registration address is your permanent home.

1. _____

2. _____

I attest that the above information is true and correct.

Signature of Parent/Guardian Date

Signature of Parent/Guardian Date

Signature of Parent/Guardian Date

rev 9/22

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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)



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Chief School Administrator

Melanie M. Allen
Business Administrator

Date: _____

Re: _____

Re: _____

Re: _____

Grade: _____

Grade: _____

Grade: _____

To: _____

To Whom it May Concern:

The above named student(s) has/have registered in our school district. We are requesting the student's school records, including any Child Study Team records, Health records, Speech records, Discipline records, and any other confidential information.

Please forward records to:

Alloway Township School

Attn: Records Request

PO Box 327

Alloway, NJ 08001-0327

Thank you for your assistance in this matter.

Parent/Guardian Permission

I hereby give permission for _____ School District to forward to the Alloway Township School any of the above named records and confidential information.

Date

Parent/Guardian Signature

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