

# ALLOWAY TOWNSHIP SCHOOL ENROLLMENT APPLICATION

## Part 1: Required Student Information:

1. Student's Name: \_\_\_\_\_ Grade Entering \_\_\_\_\_  
(First) (Middle) (Last)
- a. Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_ Male \_\_\_ Female \_\_\_
- Ethnicity (circle all that apply) Black White Hispanic Asian American Indian Pacific Islander
4. Address: \_\_\_\_\_
5. Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_
6. Resides with: \_\_\_\_\_ Language spoken at Home \_\_\_\_\_  
(both parents, mother, father, etc.)
7. Emergency contacts:
- (Name) \_\_\_\_\_ (Relationship) \_\_\_\_\_ (Phone) \_\_\_\_\_
- (Name) \_\_\_\_\_ (Relationship) \_\_\_\_\_ (Phone) \_\_\_\_\_
- (Name) \_\_\_\_\_ (Relationship) \_\_\_\_\_ (Phone) \_\_\_\_\_
8. Father's Name: \_\_\_\_\_ Occupation: \_\_\_\_\_
- Employer: \_\_\_\_\_ Phone #: \_\_\_\_\_
9. Mother's Name: \_\_\_\_\_ Occupation: \_\_\_\_\_
- Employer: \_\_\_\_\_ Phone #: \_\_\_\_\_
10. Legal Guardian: \_\_\_\_\_ Occupation: \_\_\_\_\_  
*(If you have legal custody or guardianship, please provide documentation)*
- Employer: \_\_\_\_\_ Phone #: \_\_\_\_\_
11. Former School: \_\_\_\_\_
- City/State: \_\_\_\_\_
12. Former Home Address: \_\_\_\_\_
13. Health Insurance: (Y/N) \_\_\_\_\_ Name of Health Insurance Provider: \_\_\_\_\_
14. Does your child have any CST Records (IEP, 504 plan, etc.)? (Y/N) \_\_\_\_\_ Which One? \_\_\_\_\_

**\*\*PLEASE TURN OVER AND COMPLETE THE BACK OF THIS FORM \*\***

**Part 2: Required resident information:**

**1. (Check Only One):**

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

\_\_\_ My family has leased an apartment or home. (Please provide a copy of the lease as one proof of residency).

\_\_\_ My family is living with friends or family out of necessity. (Complete Parent/Guardian AND Resident Affidavit) \*Please note\* Resident **MUST** provide proof of residency (tax bill, deed, utility bill etc.) OR if the Resident rents a property, the resident must provide a copy of the current lease as well as a signed statement from the landlord giving verification of the additional occupants residing in the home.

*Please list reason(s) for current living arrangements (ex. unable to afford, evicted, etc.)* \_\_\_\_\_

\_\_\_ My child is living with friends or family out of necessity (Complete Parent/Guardian AND Resident Affidavit).

*Please list reason(s) for living current arrangements (ex. unable to afford, evicted, etc.)* \_\_\_\_\_

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

1. \_\_\_\_\_

2. \_\_\_\_\_

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

3. Is there a court order or written agreement between parents designating the district for school attendance, and if so, where does it require the child to attend school? (A copy of the document must be provided.)

4. Does the child reside with one parent for the entire year? If so, with which parent and at what address?

5. 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 the district for part of the school year other than transportation based upon the residence of the parent domiciled within the district to the extent required by law.*

I attest that the above information is true.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date



# Alloway Township School

Home of the Tigers

**Kristin Schell**  
Superintendent

**P. Gaburo**  
Assistant Principal

## 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 our students, and we want to celebrate our students' success, accomplishments, and spirit.

**Child'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, *All About Alloway*, District social media\*)

\_\_\_\_\_ Yes \_\_\_\_\_ No - I give permission to use my child's name and photo/image for school-related publication purposes.

\* ATS does not have a social media page at present, but it is allowed by District policy.

**Name of Parent/Guardian:** \_\_\_\_\_

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

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

Alloway Township School  
P.O. Box 327, 43 Cedar St.  
Alloway, N.J. 08001  
(856)935-1622

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

Re: \_\_\_\_\_

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  
P.O. Box 327  
Alloway, N.J. 08001

Thank you for your attention to this matter.

**PARENT/GUARDIAN PERMISSION**

I hereby give permission for \_\_\_\_\_ School District to forward to the Alloway Township School any school records, including Child Study Team records, health records, Speech records, Discipline Records, and any other confidential information.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature

**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)