



STUDENT REGISTRATION FORM
SCHOOL YEAR: 2020 - 2021

MONTAGUE RESIDENTS:

- Full Day Preschool
- Full Day Kindergarten

Elementary:

- 1st Grade
- 2nd Grade
- 3rd Grade
- 4th Grade
- 5th Grade
- 6th Grade
- 7th Grade
- 8th Grade

NON RESIDENTS:

- Full Day Preschool --- \$750/month

Child's Information

Last Name _____
 First Name _____ Middle Name _____
 PO Box _____ Physical Address _____
 City _____ State _____
 Zip Code _____ Home Phone _____
 Date of Birth _____ Gender Male _____ Female _____
 City, State & Country of Birth _____
 Race: American Indian ___ Asian ___ Black ___ Hispanic ___ White ___ Other ___
 Language spoken at home _____
 IEP 504

Parent/Guardian Information

Last Name _____ First Name _____
 Relationship to child _____
 Does child live with you? Yes _____ No _____
 If no, Physical Address _____
 Mailing Address _____
 City, State & Zip _____
 Home Phone _____ Cell Phone _____
 Work Phone _____ Email _____

Last Name _____ First Name _____
 Relationship to child _____
 Does child live with you? Yes _____ No _____
 If no, Physical Address _____
 Mailing Address _____
 City, State & Zip _____
 Home Phone _____ Cell Phone _____
 Work Phone _____ Email _____
 Mail Information to each parent/guardian? Yes _____ No _____

Is there a court ordered:
 Temporary Restraining Order? Yes _____ No _____ Dated: _____
 Permanent Restraining Order? Yes _____ No _____ Dated: _____
 Child Custody Order? Yes _____ No _____ Dated: _____
 Guardianship? Yes _____ No _____ Dated: _____

If yes, a copy must be attached to this form.

Does this child have any siblings in this school? Yes _____ No _____ If Yes, please complete below.

Last Name	First Name	Grade/Class

Emergency Contact/Closing Information (other than parent)

Please notify your emergency contacts that they may be contacted by the school.

1st Contact Name _____
 Relationship to child _____
 Phone _____ Cell Phone _____
 Work Phone _____ Does this person live with student? Yes _____ No _____

2nd Contact Name _____
 Relationship to child _____
 Phone _____ Cell Phone _____
 Work Phone _____ Does this person live with student? Yes _____ No _____

Children will be sent home on their daily/regular bus, **unless a parent/guardian** calls and notifies the school of different arrangements for **that** day due to the emergency closing. Due to the critical nature of an early closing, please do not request bus changes in these situations.

All after school programs will be cancelled!

Children that have brought in bus notes to stay after school for an activity will be sent home on their regular buses, unless the school is notified otherwise by a parent/guardian.

In an emergency closing:

- () My child(ren) has permission to go directly home on his/her **regular** bus.
- () Please hold my child(ren) at school (parent/guardian must arrange pick up).

Please list all persons to whom the child(ren) may be released:

Name: _____ Phone: _____ Relationship: _____
 Name: _____ Phone: _____ Relationship: _____
 Name: _____ Phone: _____ Relationship: _____

MONTAGUE TOWNSHIP SCHOOL DISTRICT

475 Route 206 Montague, NJ 07827

V: 973 293 7131 / F: 973 293 3391

www.montagueschool.org



Timothy C. Capone

Chief School Administrator

Erkan Gumustekin

Business Administrator

Maria Costa

*Confidential District Office Secretary/
Board Secretary*

Alvinna Mheiny

Assistant to Business Administrator

MONTAGUE NEW STUDENT REGISTRATION

Please provide the requested documents to ensure timely and proper registration of your child.

1. Completion of an entire application packet and medical forms.
2. Current immunization records including hepatitis "B" series record.
3. Copy of Birth Certificate (a certified copy of birth certificate or other proof of a student's identity must be provided within 30 days of initial enrollment).
4. Two (2) proofs of residency with physical street address, which may include:
 - Property tax bills, deeds, contracts of sale, leases, mortgages, signed letters from landlords and other evidence of property ownership, tenancy or residency;
 - Voter registrations, licenses, permits, financial account information, utility bills, delivery receipts, and other evidence of personal attachment to a particular location;
 - Court orders, State agency agreements and other evidence of court or agency placements or directives;
 - Receipts, bills, cancelled checks and other evidence of expenditures demonstrating personal attachment to a particular location, or, where applicable, to support of the student;
 - Medical reports, counselor or social worker assessments, employment documents, benefit statements, and other evidence of circumstances demonstrating, where applicable, family or economic hardship, or temporary residency;
 - Affidavits, certifications and sworn attestations pertaining to statutory criteria for school attendance, from the parent, guardian, person keeping an "affidavit student," adult student, person(s) with whom a family is living, or others as appropriate;
 - Documents pertaining to military status and assignment;
 - Any business record or document issued by a governmental entity; and
 - Any other form of documentation relevant to demonstrating entitlement to attend school.
5. Physical Examination Form completed or date of appointment.

Please remember to complete a transfer card with your current school (if applicable).

If you have any questions regarding the registration process, please contact the Montague Township School District at 973-293-7131.

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MONTAGUE TOWNSHIP RESIDENCY

So as not to delay the registration process we are accepting the information you are supplying at the time of registration. This information may or may not be sufficient for us to satisfy our residency requirements. This form, along with your registration form, will be forwarded to my office and given to an administrator for further research and verification, if necessary.

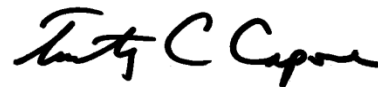
Please check one.

- I reside within the Montague Township boundaries. The student I am registering is a full-time resident at that address.
- I am not a resident of Montague Township.

If, for any reason, you choose not to sign this form, your son/daughter will not be registered.

If our verification reveals that the address you supplied is not within our boundaries, or you are not living full-time within this District, you understand that you will be notified, the student will be removed from our program, and you will be personally liable for the full tuition payment.

Thank you and welcome to the Montague Township School District.



Timothy C. Capone
Chief School Administrator

Signature: _____

Parent/Guardian

Address: _____

Date: _____

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REQUEST FOR STUDENT RECORDS

Former School Name _____

Address _____

Phone and Fax Number _____

Student's Name _____ Date of Birth _____

Please forward all mandated records for the above-named student who has enrolled in the _____ grade in the Montague Township School District, including the student's State I.D. Number.

In addition, we would appreciate receiving copies of all permitted records, as per parent release below. Please include Federal Lunch Program Application or verification of eligibility, if applicable.

Thank you for your prompt attention to this matter.

A handwritten signature in black ink that reads "Timothy C. Capone". The signature is fluid and cursive, with the first letters of the first and last names being capitalized and prominent.

Timothy C. Capone
Chief School Administrator

I authorize the release of all permitted records of the above-named student; this includes all CST, IEP's, Speech, health and birth certificates.

Signature of Parent/Guardian

Relationship to Student

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CONSENT AND RELEASE FORM

I am the Parent or Guardian of

Student Name: _____

Class: _____

By signing this form, I give Montague School District permission to publish/display my child's name, image, and schoolwork on school website, World Wide Web, a part of the Internet, newsletters, newspapers, and/or magazines. I understand that copyright and ownership of the work or writing remain my child's property. I also understand that the publication/display of image and schoolwork may include personally identifiable information about my child, such as my child's name, grade level, name of class, and name of school.

I also understand that information published in the newsletters, newspapers, magazines, or Internet may be accessed and distributed by parties over whom Montague School District has no control, and I agree, on myself and my child's behalf, to release Montague Township School District, its board members, administrators, teachers, and employees, from and against any and all claims, damages, or liability arising from or related to the aforementioned publications/displays of my child's name, image, and/or schoolwork.

I have read this Consent and Release form before signing it and I fully understand that my child will not be penalized academically or otherwise if I do not sign it.

Parent/Guardian's Full Name (please print) _____

Parent/Guardian's Signature _____ **Date** _____

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Grades PreK-8 Acceptable Use Policy

Student Name: _____ Date: _____

I understand that, as an Internet user, I am responsible for acting considerately and appropriately in accordance with the following rules when using the Montague School technology resources:

- I will not send, show, or download inappropriate messages or pictures.
- I will not use bad language.
- I will not insult, annoy, or hurt others.
- I will not damage computers, networks, or other technology equipment.
- I will obey all copyright laws.
- I will not use other users' passwords.
- I will not go into other users' work or files.
- I will not intentionally waste resources like paper, power, or ink.
- I will not access any instant messaging programs like AIM© or Yahoo© instant messenger.
- I will not access any social networking sites like Myspace© or Facebook©.

I understand that any or all of the following could be imposed if I violate any of the policies and procedures regarding the use of Montague School technology resources, including the Internet.

1. Loss of access.
2. Additional disciplinary action taken by the elementary teacher and administration in line with existing district policy.
3. Legal action, when applicable.

My child has my permission to access the Internet under the supervision of a certificated member of the Montague School faculty.

Parent Name: _____

Parent Signature: _____

Student Signature (Grades 2-8 only): _____

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CHILD CUSTODY INFORMATION FORM

(Please complete only if applicable)

The parent with whom the child resides will be considered the custodial parent; however the non-custodial parent has many rights in the absence of an explicit Court Order that limits those rights. It is the responsibility of the custodial parent to provide the school with a copy of any Court Order that limits the custodial rights of the non-custodial parent. Unless specified in the Court Order, the child may be released from school to the non-custodial. It is also expected that the custodial parent will provide the non custodial parent with academic progress information such as report cards or other academic information.

Child's Full Name _____

School child will be attending _____

Name of custodial parent with whom child resides _____

Do you, as the custodial parent, have legal custody through a Court Order?
 Yes No Pending*

*Date finalization is expected: _____
(If pending, please inform the school when finalized)

If there is a Court Order, does it limit the non-custodial parent's access to school records? Yes* No

*If Yes, a copy of the order must be given to the school office.

Please provide any additional information regarding custody of which the school should be aware: _____

Date

Signature of Custodial Parent

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Roster Card



Name:

Home () _____

Cell () _____

Office () _____

Other () _____

Please fill in and return. By returning this card, you give permission to receive calls.

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From the School Nurse:

No child may begin school without documentation of immunizations and a current physical within the last six months. The school nurse clears all students to begin school. Please call the school nurse at 973.293.7131 ext 214, to schedule an appointment to review immunization documents and health records.

Absence:

Your child is expected to be on time and in school every day that school is in session. If your child is sick and cannot attend school you must call the school nurse at 973.293.7131 ext 214, and report the child's name, grade, teacher, and reason for absence. When the child returns to school, a written reason of absence is needed. Please have doctor's notes given to the school.

Attendance:

Consistent attendance at school is a strong predictor of student achievement and success.

1. Children are expected to be in attendance every day school is in session.
2. Every absence from school will be documented and recorded.
3. If a child is in school less than four hours, the day is considered an absence.
4. Parents/guardians will be notified of their child's absences approximately every fifth day's absence.
5. Upon notification, parents/guardians will work to correct the absence pattern and may be required to meet with the Assistant Principal regarding attendance.
6. Parents/guardians of each absent child must call the nurse to explain the reason, or the school will call.
7. Two days after an absence a note must be brought to school explaining the cause, with a note from the doctor if that applies.
8. Any student absence without an acceptable note or at the accumulation of ten days will be considered truant. State mandates regarding truancy issues will be followed.
9. All absences are cumulative regardless of parent or physician notes.
10. If a child is ill and will be home longer than two days, parent may request the child's teacher prepare missed work after two day's absence.
11. After an absence of twenty days, retention is possible.
12. If school is required to close for extended periods, the legally required attendance of 180 days may lead to an extension of the school year, including attending on Saturdays or scheduled holidays.

Medication Policy:

It is the policy of the school board that all children's medication be administered by the parent whenever possible, If a child is required to take medication during school hours, the school nurse will administer the medication in compliance with the regulations that follow:

1. A prescription written by a physician stating child's name, diagnosis, name of medication, dosage, and time to be given.
2. This policy includes prescription and over-the-counter medications (i.e. Tylenol, Motrin, etc.)
3. Medication must be in a prescription labeled bottle.
4. Written permission signed by the parent.
5. The PARENT must deliver the medication to the school nurse.

NO medication will be dispensed without the physician and parent written authorizations.

MEDICAL HEALTH HISTORY AND EMERGENCY CONTACT FORM

Student Name _____ Grade & Teacher _____ DOB _____

Mailing Address _____ PO Box _____

Name Address Telephone

Mother/Guardian _____ Home _____ Home _____

Work _____ Work _____

Cell _____

Father _____ Home _____ Home _____

Work _____ Work _____

Cell _____

Parent Email Address _____

Emergency Contact #1 _____ Phone _____

#2 _____ Phone _____

Does your child have health insurance?

Yes _____ Name of Insurance Company or NJ FamilyCare Insurance Provider: _____

No _____ NJ FamilyCare provides free or low cost health insurance for uninsured children and certain low income parents. For more info call 800-701-0710 or visit 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 _____ Date _____

MEDICAL HISTORY (Most recent)

Allergies: _____ Plants _____ Animals _____ Food _____ Mold _____ Drugs _____ Bees _____ Date of reaction _____

Life threatening? _____ Yes _____ No

There should be a meeting with the School Nurse to discuss medication or treatment orders.

Please describe the reaction & treatment _____

Documented Medical Condition & Restrictions if any: _____ Date _____

Daily Medications & Dosages: _____ Date _____

If your child needs to take medication at school, please download and print the form from the school website and have the doctor complete it. This form must be completed prior to the administration of any medication at school. The school nurse cannot give OTC (over the counter) medications without a doctor's note. An adult must bring to school any medication, including OTC meds to be given by the school nurse.

Recent Surgeries or Injuries _____ Date _____

Physical Exam Date _____ Doctor & Phone _____

Dental Exam Date _____ Dentist & Phone _____

Eye Examination Date _____

*****REMINDER*****

Please be advised that physicians recommend that a child have a physical examination at least once during each of the student's developmental stages: early childhood (preschool-grade 3), pre-adolescence (grades 4-6), and adolescence (grades 7-12). When your child receives a physical examination, please **submit a copy** of the report to the School Nurse so that your child's health history can be updated.

I am aware that my child will participate in the following School Health Services where applicable:

1. Vision & hearing screening
2. Scoliosis screening every 2 yrs starting at age 10
3. Height, weight & blood pressure
4. Periodic head lice checks

Have you ever been told by a physician or health care professional that your child has:

Asthma Seizure Disorder Bleeding Disorder ADD/ADHD
 Diabetes Bone/Muscle Disorder Skin Condition
 Heart Condition Mental Health Condition (i.e. depression, anxiety, eating disorder)
 Learning Disability

Does your child experience any of the following:

Nose Bleeds Frequent Earaches Overweight for Age Underweight for age
 Physical Disability Poor Appetite Frequent Stomachaches Frequent Headaches
 Fainting Spells Tires Easily Emotional concerns

Do any of the above condition(s) limit/effect your child at school? Yes No

Describe _____

Hearing: Does your child wear hearing aids? Yes No

Vision: Does your child wear glasses or contacts? Yes Distance Reading

I understand that the information given above will be shared with appropriate school staff to provide for the health and safety of my child. If either I or an authorized emergency contact person cannot be reached at the time of a medical emergency, I authorize and direct school staff to send my child to the most easily accessible hospital or physician. I understand that I will assume full responsibility for payment of any transport or emergency medical services rendered.

Parent/Guardian Signature _____ Date _____

MONTAGUE TOWNSHIP SCHOOL DISTRICT

Growth and Development

Registration _____
Date

Child's Last Name First Name Middle Name Date of Birth

Address (Number, Street, Town) Phone Number

Mailing Address (if different than street address)

Father's Name Mother's Name Last School Attended

Is your child subject to: (Please circle Yes or No) Has your child had:

Frequent Colds	Yes	No	Poor eating habits	Yes	No
Bronchitis	Yes	No	Eye Disease	Yes	No
Frequent sore throats	Yes	No	Head Injury	Yes	No
Speech Difficulties	Yes	No	A severe fall	Yes	No
Ear Aches	Yes	No	Difficulty sleeping	Yes	No
Development:			Eye Injury	Yes	No
Age Walked	_____		Eyeglasses Prescribed	Yes	No
Age Talked	_____		Hearing Loss	Yes	No

Has your child had a history of (Please circle and give dates)

Allergy:	Hernia	
Medication _____	High Fever	
Other _____	Hospitalization	
Chicken Pox	Mononucleosis	Operations:
Enuresis (bed wetting)	Pneumonia	Appendectomy: _____
Epilepsy	Tonsillitis	Hernia Repair _____
Heart Disease	Tuberculosis	Tonsillectomy _____
Hepatitis	Whooping Cough	Ear Surgery _____
		Other _____

Please list any childhood diseases, accidents or problems: _____

Medication: Please list medications your child takes both at home and in school. If your child must take prescription or over-the-counter medication (i.e. Tylenol, Motrin, etc) in school, a medical authorization form must be completed and signed by the parent/guardian and physician.

Please list my child and his/her health concern on your confidential list to be distributed to teachers and cafeteria staff ____ Yes ____ No

Parent/Guardian Signature Date

School Year: 2020-2021

PHYSICAL EXAMINATION – To be completed by a medical doctor

Name _____ DOB _____ Grade _____

Height _____ Weight _____ Blood Pressure _____ Pulse _____

Significant Medical/Surgical History: _____

Allergies: Insects Food Environmental _____

Medications: _____

Vision Screening _____ Hearing Screening _____

Examination Findings

Ears _____	Abdomen _____
Eyes _____	Hernia _____
Nose _____	Scoliosis _____
Throat _____	Skin _____
Heart _____	General Appearance _____
Lungs _____	Neurological _____
Other _____	

Summary of Findings

Immunization History: PLEASE ATTACH UPDATED IMMUNIZATION RECORD

Physician Signature

Date of Exam

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MEDICAL AUTHORIZATION FORM

TO BE COMPLETED BY PHYSICIAN

Student's Name _____ Age _____ Grade _____

Diagnosis _____

Medication _____

Dosage _____

Time of Administration _____

Possible Side Effects _____

Restrictions on Activities _____

Physician's Name (Printed)

Date

Physician's Signature

TO BE COMPLETED BY PARENT

I request that my child _____ receive the medication prescribed by his/her physician. The medication is to be provided by me as required by School Board Policy. I understand that the district is rendering a service and does not assume any responsibility for this matter. I further understand that the school nurse, or substitute school nurse, will administer the medication.

NOTE: All medication, prescribed and over-the-counter, must be brought to the school by the parent, in the original, labeled bottle or container.

Parent/Guardian's Signature

Date

Required Immunizations for Preschool Enrollment

DTaP	Diphtheria, Tetanus and Pertussis: 4 doses
Polio	Inactivated Poliovirus: 3 doses
Hib	Haemophilus Influenzae type B: at least 1 dose given on or after the first birthday
PCV	Pneumococcal conjugate: at least 1 dose given on or after the first birthday
MMR	Measles, Mumps and Rubella: 1 dose
Varicella	Chicken Pox: 1 dose
Influenza	1 dose yearly for flu season, must be given by Dec. 31, 2019 *required at time of enrollment between Jan 1, 2020-March 31, 2020

Required Immunizations for Kindergarten Enrollment

DTaP	Diphtheria, Tetanus and Pertussis: A total of 4 doses with the 4 th one being after the 4 th birthday or any 5 doses
Polio	3 doses with the 3 rd one being after the 4 th birthday or any 4 doses
Hepatitis B	3 doses (one usually at birth, the second dose one month later and the third one at least 5 months after the second one)
PCV	Pneumococcal conjugate: at least 1 dose given on or after the first birthday
MMR	Measles, Mumps and Rubella: 2 doses
Varicella	Chicken Pox: 1 dose yearly for flu season, must be given by Dec. 31, 2019 *required at time of enrollment between Jan 1, 2020-March 31, 2020 *optional if already 5 years old

Required Immunizations for Sixth Grade Enrollment

Meningitis	1 dose at 11 years of age. (can be given any time after 10 years old)
Tdap	1 dose at 11 years of age. (can be given any time after 10 years old)

Students **transferring** into a NJ school, preschool, or child care facility from out of state/ out of country shall be allowed a 30 day grace period in order to obtain past immunization documentation.

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HOME LANGUAGE SURVEY*

Date: _____

School District: _____

School: _____ Grade: _____

Student's Name: _____

1. What was the student's first language? _____

2. Does the student speak a language other than English? ___ Yes ___ No

If yes, specify language: _____

3. What language(s) is/are spoken in your home? _____

4. Has the student ever received English as a second language (ESL) services?
___ Yes ___ No If yes, when? _____

And from what school district? _____

5. Has your family ever received migrant services? ___ Yes ___ No

If yes, please list the dates service was received: _____

6. Do either of the parents/guardians work in any field pertaining to agriculture?
___ Yes ___ No If yes, please specify where: _____

Person completing this form, if other than parent/guardian: _____

Parent/Guardian Signature

* The school district/charter school has the responsibility under the federal law to serve students who are limited English proficient and need English instructional services. Given this responsibility, the school district/charter school has the right to ask for the information it needs to identify English Language Learners (ELLs). AS part of the responsibility to locate and identify the ELL's, the school district/charter school may conduct screenings or ask for related information about students who are already enrolled in the district as well as from students who enrolled in the school district/charter school in the future.

****In summary, this form allows us to bill Medicaid for Speech, OT, PT, Counseling, School Nursing services, Transportation (if this applies) and IEP services. It DOES NOT give consent to speak to your physicians or outside services. It DOES NOT affect your benefits or cost to you at all. It DOES NOT sign you up for any type of insurance or Medicaid. It allows the school to get reimbursed for services, helping to generate income for the school system.

Medicaid Annual Notification Regarding Parental Consent

Dear Montague Parents:

Background: The State of New Jersey has participated in a Federal program, Special Education Medicaid Initiative (SEMI), since 1994. The program assists school districts by providing partial reimbursement for medically-related services listed on a student's Individualized Educational Program (IEP).

The SEMI program is under the auspices of the New Jersey Department of the Treasury through its collaboration with the New Jersey Department of Education and New Jersey Division of Medicaid Assistance and Health Services.

In 2013, the regulations regarding Medicaid parental consent for school-based services changed. Now the regulations require that, prior to accessing a child's public benefits or insurance for the first time, and annually thereafter, school districts must provide parents/guardians written notification and obtain a one-time parental consent.

Is there a cost to you?

No. IEP services are provided to students while at school at NO cost to the parent/guardian.

Will SEMI claiming impact your family's Medicaid benefits?

The SEMI program does not impact a family's Medicaid services, funds, or coverage limits. New Jersey operates the school-based services program differently than the family's Medicaid program. The SEMI program does not affect your family's Medicaid benefits in any way.

What type of services does the School-Based Services program cover?

- Evaluations
- Speech Therapy
- Occupational Therapy
- Physical Therapy
- Psychological Counseling
- Audiology
- Nursing
- Specialized Transportation

What type of information about your child will be shared?

In order to submit claims for SEMI reimbursement, the following types of records may be required: first name, last name, middle name, address, date of birth, student ID, Medicaid ID, disability, service dates and the type of services delivered.

Who will see this information?

Information about your child's special education program may be shared with the New Jersey Division of Medicaid Assistance and Health Services and its affiliates, including the Department of the Treasury and the Department of Education for the purpose of verifying Medicaid eligibility and submitting claims.

What if you change your mind?

You have the right to withdraw consent to allow for Medicaid billing at any time by contacting the school in which your child is enrolled.

Will your consent or refusal to consent affect your child's services?

No. Your school district is still required to provide services to your child pursuant to his or her IEP, regardless of your Medicaid eligibility status or your willingness to consent for SEMI billing,

What if you have questions?

Please call our Business Administration office at 973-293-7131 ext. 218 with questions or concerns, or to obtain a copy of the parental consent form.

Method of Delivery: (check one) Mailed to parent(s) Emailed to parent(s) IEP meet Hand Delivered

Special Education Medicaid Initiative (SEMI) Parental Consent Form

Dear parents of Montague School:

Our school district is participating in the Special Education Medicaid Initiative (SEMI) program that allows school districts to bill Medicaid for services that are provided to students.

In accordance with the Family Educational Rights and Privacy Act, 34 CFR §99.30 and Section 617 of the IDEA Part B, consent requirements in 34 CFR §300.622 require a one-time consent before accessing public benefits.

This consent establishes that your child's personally identifiable information, such as student records or information about services provided to your child, including evaluations and services as specified in my child's Individualized Education Program (IEP) (occupational therapy, physical therapy, speech therapy, psychological counseling, audiology, nursing and specialized transportation), may be disclosed to Medicaid and the Department of the Treasury for the purpose of receiving Medicaid reimbursement at the school district.

As parent/guardian of the child named below, I give permission to disclose information as described above and I understand and agree that Medicaid may access my child's or my public benefits or insurance to pay for special education or related services under Part 300 (services under the IDEA).

I understand that billing for these services by the district **does not** impact my ability to access these services for my child outside of the school setting, nor will any cost be incurred by my family including co-pays, deductibles, loss of eligibility or impact on lifetime benefits.

Child's Name: _____

Child's Date of Birth: ____ - ____ - ____

Parent/Guardian: _____

Date: ____ / ____ / ____

I give consent to bill for SEMI: Yes
 No

This consent can be revoked at any time by contacting the administrator at your child's school.

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*Confidential District Office Secretary/
Board Secretary*

Alvinna Mheiny

Assistant to Business Administrator

To: Parents/Guardians of Montague Students

Re: **Afternoon Bus Stops for KINDERGARTEN & ELEMENTARY students**

Students will be dropped off at their assigned bus stop **only if**:

1. The student is met by a parent or legal guardian, 18 years or older.

OR

2. A written request designating a responsible person to meet the student at the stop has been submitted and approved by the transportation office.

If there is no parent or approved designated person to meet the student, the student will be returned to the school by the bus driver. There must be visual contact of the parent or designated person by the bus driver or the student will be returned to the school.

Thank you for your cooperation.

2020-2021 Household Application for Free and Reduced Price School Meals

Complete one application per household. Please use a pen (not a pencil).

STEP 1 List ALL Household Members who are infants, children, and students up to and including grade 12 (if more spaces are required for additional names, attach another sheet of paper)

<p>Definition of Household Member: "Anyone who is living with you and shares income and expenses, even if not related."</p> <p>Children in Foster care and children who meet the definition of Homeless, Migrant or Runaway are eligible for free meals. Read How to Apply for Free and Reduced Price School Meals for more information.</p>	Child's First Name	MI	Child's Last Name	Grade	Student?		Homeless, Migrant, Runaway	
					Yes	No	Foster Child	

Check all that apply

STEP 2 Do any Household Members (including you) currently participate in one or more of the following assistance programs: SNAP, TANF, or FDIPIR?

If **NO** > Go to STEP 3. If **YES** > Write a case number here then go to STEP 4 (Do not complete STEP 3)

Case Number:

Write only one case number in this space.

STEP 3 Report Income for ALL Household Members (Skip this step if you answered 'Yes' to STEP 2)

Are you unsure what income to include here?

Flip the page and review the charts titled "Sources of Income" for more information.

The "Sources of Income for Children" chart will help you with the Child Income section.

The "Sources of Income for Adults" chart will help you with the All Adult Household Members section.

A. Child Income
Sometimes children in the household earn or receive income. Please include the TOTAL income received by all Household Members listed in STEP 1 here.

Child income

How often?

Weekly	Bi-Weekly	2x Month	Monthly
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

B. All Adult Household Members (including yourself)
List all Household Members not listed in STEP 1 (including yourself) even if they do not receive income. For each Household Member listed, if they do receive income, report total gross income (before taxes) for each source in whole dollars (no cents) only. If they do not receive income from any source, write '0'. If you enter '0' or leave any fields blank, you are certifying (promising) that there is no income to report.

Name of Adult Household Members (First and Last)	Earnings from Work	How often?				Public Assistance/ Child Support/Alimony	How often?				Pensions/Retirement/ All Other Income	How often?			
		Weekly	Bi-Weekly	2x Month	Monthly		Weekly	Bi-Weekly	2x Month	Monthly		Weekly	Bi-Weekly	2x Month	Monthly
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Total Household Members (Children and Adults)

Last Four Digits of Social Security Number (SSN) of Primary Wage Earner or Other Adult Household Member

Check if no SSN

STEP 4 Contact information and adult signature. **Mail Completed Form To: MONTAGUE TOWNSHIP SCHOOL DISTRICT**

"I certify (promise) that all information on this application is true and that all income is reported. I understand that this information is given in connection with the receipt of Federal funds, and that school officials may verify (check) the information. I am aware that if I purposely give false information, my children may lose meal benefits, and I may be prosecuted under applicable State and Federal laws."

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Street Address (if available)	Apt #	City	State	Zip	Daytime Phone and Email (optional)
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Printed name of adult signing the form	Signature of adult			Today's date	

