

Office of Education Regional School Intake Packet

Date of Application:	Student Date of B		MM / DD / YYYY			
Student Name:	First Name		Middle Name			
Preferred Name/Nickname:	Ger	nder: 🗆 female	🗆 male	□ non-binary		
Student Place of Birth:	City	State		Country		
If born outside the US or Puerto Rico, first e			MM / DD / YYYY			
Is the student Hispanic or Latino? Yes What is the student's race? American Indiar	□ No /Alaskan □ Asian □ Black/Africa	an American 🛛 Pa	icific Islander/Hav	waiian 🛛 White		
Home language:	Native Languag	je:				

Most Recent School Attended:		
	Name of School	
	City	State
Guidance Counselor:	Name	Phone
	Email	
School where Student is Currently Registered:	:	
		Name of School
District where Student is Currently Registered: *School district must match parent's current address		Name of District
s the student eligible for Special Education an	Id/or Related Services? □ YES	
		 NO Deaf-Blindness Orthopedically Impaired Other Health Impaired Preschool Child with Disability Specific Learning Disability Traumatic Brain Injury Visually Impaired Eligible for Speech-Language Services
	r: Auditorily Impaired Autistic Cognitively Impaired- Mild Cognitively Impaired- Moderate Cognitively Impaired- Severe Communication Impaired Emotionally Disturbed Multiply Disabled	 Deaf-Blindness Orthopedically Impaired Other Health Impaired Preschool Child with Disability Specific Learning Disability Traumatic Brain Injury Visually Impaired Eligible for Speech-Language Services
Is the student eligible for Special Education an If yes, please select the classification category DCF DCPP Case Manager:	 Auditorily Impaired Autistic Cognitively Impaired- Mild Cognitively Impaired- Moderate Cognitively Impaired- Severe Communication Impaired Emotionally Disturbed 	 Deaf-Blindness Orthopedically Impaired Other Health Impaired Preschool Child with Disability Specific Learning Disability Traumatic Brain Injury Visually Impaired



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Contact Information

Student lives with:		Mother Father Relative Foster Parent(s)	□ Mother & Stepfather □ Father □ Group Home □ Friend	& Stepmother 🛛 Care Giver 🗌 Guardian	
Name(s):		Full Name(s)			
Address:					
		Street		Apartment	
	(City	State	Zip	
Does mail go here?	🗆 Yes 🗆 No	Allowed to pick up student?	□ Yes □ No Medical Co	ontact? 🛛 Yes 🗆 No	
Main Phone:		_			
Phone #2		Type : □ Cell □ Moth	er Cell 🛛 Mother Work 🗍 Father Ce	II 🗆 Father Work 🛛 Work	
Phone #3		Type : □ Cell □ Moth	er Cell 🛛 Mother Work 🔲 Father Ce	II 🛛 Father Work 🛛 Work	
Phone #4		_ Type: □ Cell □ Moth	er Cell 🛛 Mother Work 🗖 Father Ce	I 🗆 Father Work 🛛 Work	
Email #1:					
Email #2	Type: 🛛 Mother	□ Mother Work □ F	ather 🛛 Father Work 🗋 Othe	er	
	Type: D Mother	□ Mother Work □ F	ather 🛛 Father Work 🗍 Othe	er	
Contact #2		Mother 🛛 Father Relative 🗍 Foster Parent(s)	□ Mother & Stepfather □ Father □ Group Home □ Friend	& Stepmother 🛛 Care Giver 🗌 Guardian	
Name(s):					
Full Name(s)					
Address:		Street		Apartment	
	(<i>Tity</i>	State	Zip	
Does mail go here?	🗆 Yes 🗆 No	Allowed to pick up student?	□ Yes □ No Medical Co	ntact? 🛛 Yes 🗆 No	
Main Phone:					
Phone #2		- Type: □ Cell □ Mothe	er Cell 🛛 Mother Work 🔲 Father Cel	I □ Father Work □ Work	
Phone #3		Type: Cell Doth	er Cell 🛛 Mother Work 🖾 Father Cel	I □ Father Work □ Work	
Phone #4		- Type : □ Cell □ Mothe	er Cell 🛛 Mother Work 🔲 Father Cel	I □ Father Work □ Work	
Email #1:					
	Type: D Mother	□ Mother Work □ F	ather 🛛 Father Work 🗖 Othe	r	
Email #2	Type: D Mother	□ Mother Work □ F	ather 🛛 Father Work 🔲 Othe	r	

New Jersey Department of Children and Families

Office of Education Regional School Intake Form

Contact #3	 Parents Grandparent(s) DCP & P 	□ Mother □ Relative	□ Father □ Foster		Mother & Stepfathe Group Home	r □ Father & □ Friend	·	Care Giver Guardian
Name(s):			Full Name	e(s)				
Address:								
				Street			Aµ	partment
		City			Stat	te	Zip	
Does mail go here?	🗆 Yes 🗆 No	Allowed to	o pick up st	tudent? 🗆 Yes	s 🗆 No	Medical Cor	ntact? 🗆 Yes 🗆	No
Main Phone:								
Phone #2		Type:	🗆 Cell	□ Mother Cell	□ Mother Work	□ Father Cell	□ Father Work	□ Work
Phone #3		Туре:	🗆 Cell	□ Mother Cell	□ Mother Work	□ Father Cell	□ Father Work	□ Work
Phone #4		Туре:	🗆 Cell	□ Mother Cell	□ Mother Work	□ Father Cell	□ Father Work	□ Work
Email #1:								
Email #2	Type: 🗆 Moth		ther Work	□ Father	🗆 Father W			
	Type: D Moth		ther Work	□ Father	🗆 Father W	′ork □ Other		
Contact #4	□ Parents □ Grandparent(s) □ DCP & P	□ Mother □ Relative	□ Father □ Foster		Mother & Stepfathe Group Home	r □ Father 8 □ Friend	•	Care Giver Guardian
Name(s):			Full Nam	e(s)				
Address:								
				Street			A	partment
Does mail go here?	🗆 Yes 🗆 No	City Allowed to	o pick up st	tudent? 🗆 Ye	Stat	Medical Cor	Zip ntact? □ Yes □	
Main Phone:								
Phone #2		Туре:	🗆 Cell	□ Mother Cel	□ Mother Work	□ Father Cell	□ Father Work	□ Work
Phone #3		Туре:	🗆 Cell	□ Mother Cel	Mother Work	□ Father Cell	□ Father Work	□ Work
Phone #4		Туре:	🗆 Cell	□ Mother Cel	Mother Work	□ Father Cell	□ Father Work	□ Work
Email #1:								
Email #2	Type: 🗆 Moth		ther Work	□ Father	🗆 Father W			
	Type: D Moth	ner 🗆 Mo	ther Work	🗆 Father	🛛 Father W	/ork 🛛 Other		



CONSENT FOR ROUTINE COMMUNITY-BASED INSTRUCTIONAL TRIPS

Our program at the DCF Regional School includes a variety of instructional, vocational, and recreational experiences that occur in the community. Students work on their educational goals while they are in these community settings. This encourages generalization of skills learned while in school. Our goal is for all students to participate in community experiences such as trips to the library, parks, stores, etc. as often as possible. These trips are local and are scheduled for only a portion of the academic day. Students engage in a variety of activities on a rotating basis. If you sign this consent form, you will give us permission to take your child on these types of trips.

We will notify you and seek your specific permission when we have scheduled a special field trip that is different than the regularly scheduled type mentioned above. This form does not pertain to the use of community facilities for required physical educational classes

I give permission for my child, ______, to participate in community-based trips as described in this letter. I understand these trips occur on various days to a variety of locations.

Parent/Guardian:

Printed Name

Signature

Date

<u>CONSENT OF PARENT/GUARDIAN FOR STUDENT TO BE VIDEOTAPED, PHOTOGRAPHED,</u> AND/OR IDENTIFIED AND TO PARTICIPATE IN VIDEOCONFERENCING/DISTANCE LEARNING

□ I hereby consent to permit individuals, including but not limited to representatives of the Department of Children and Families (DCF) and/or members of the media such as newspapers, magazines, radio and television to make still or moving pictures of my son or daughter at school/school-related activities, to reproduce such still or moving pictures, to distribute them, and/or make use of them in the development and/or publication of any written/printed material; in educational activities, trainings, presentations, exhibits and/or conferences; in any radio and/or television broadcasts; and/or on the DCF or another entity's website.

I also consent to permit my child to participate in videoconferencing/distance learning activities which are instructional opportunities involving the use of video communication equipment.

I also consent to permit individuals, including, but not limited to, representatives of the DCF and/or members of the media, to identify my child by name during any videoconferencing/distance learning activities and/or when using the still or moving pictures in the development and/or publication of any written/printed material; in educational activities, trainings, presentations, exhibits, and/or conferences; in any radio and/or television broadcasts; and/or on the DCF or another entity's website.

I realize that in consenting to the above, I hereby release and discharge the State of New Jersey Department of Children and Families, and all its agents and employees from any and all liability, claims or demands, in law or in equity, that I might have against any of them by reason of such videotaping, photography, identification and/or videoconferencing/distance learning and subsequent use thereof.

Parent/Guardian:

Printed Name

Signature

Date



Notification Regarding Use of Approved Physical Control Techniques

In order to provide a safe and productive learning environment for all students and school personnel, staff utilize a variety of behavior management techniques to foster appropriate, pro-social behavior and, as necessary, to respond to and deescalate a range of disruptive student behaviors to avoid a crisis. Whenever possible, less intrusive behavior management interventions are implemented before more restrictive methods are employed. However, if a student's behavior is presenting an imminent danger to him/herself or to others and the student has not responded to alternative behavior management options, staff at our school may need to use a physical control technique as a temporary emergency measure to help the student regain control of his/her behavior and to protect the student from harming him/herself or other persons.

Only staff who have participated in a specialized training program that teaches accepted practices and standards regarding behavior management and the use of physical intervention techniques, such as the "Handle with Care" system, will utilize a physical control/holding method with a student. When physical interventions are necessary, they will be implemented using techniques designed to protect the health, welfare and safety of the student and others, and you, as the student's parent/legal guardian, will be notified if such an incident occurs with your child. In order to ensure that your child has no conditions that would preclude the use of a physical control technique, we ask that you please complete the form below and return it to your child's school as soon as possible.

Child's Name: Date of Birth:

I am not aware of any medical or psychological issues pertaining to my child which would prohibit the use of physical control techniques by trained staff, if and when necessary, to protect my child and/or a member of the school community from imminent, serious, physical harm.

Physical control techniques should not be used for my child due to a known medical or psychological condition.

lical/Psychological Condition:	
ent/Legal Guardian Printed Name:	
ent/Legal Guardian Signature:	
idential Provider Name:	
idential Provider Signature:	
·	

Date:



Home Language Survey: The New Jersey Administrative Code requires that a determination be made regarding the native language of all students enrolled in our school. This is to help identify students whose native language may not be English and, if appropriate, to provide necessary services.

Student Name: _____ Date of Birth: _____

Question 1: What is the first language used by the student?

- If language other than English, go to Question 2.
- If English, go to Question 3.

Question 2: At home, does the student hear or use a language other than English more than half of the time? DYES DNO

- If yes, list language(s). Then go to Question 3.
- If no, go to Question 4.

Question 3: Does the student understand a language other than English? DYES DNO

- If Yes, go to Question 4.
- If No, go to Question 6.

Question 4: When interacting with his/her parents or guardians, does the student use a language other than English more than half of the time?

- If Yes, go to Question 5.
- If No, go to Question 6.

Question 5: When interacting with caregivers other than their parents or guardians, does the student use a language other than English more than half of the time?

- If Yes, go to Question 6.
- If No, go to Question 6.

Question 6: Has the student recently moved from another school district/charter school where he/she was identified as an English language learner?