

-NEW STUDENTS-

The following information is required to schedule an appointment

- Must be signed out of previous school.
- Transcript from previous school.
- Last report card from previous school.
- Health Record (**MUST** include all immunizations).
- Two Proofs of Residency with address (i.e. driver's license, insurance, telephone, electric, gas/oil, cable or credit card bill).
- Copy of Current Custody Papers (if applicable)
- Copy of Birth Certificate
- Copy of Disciplinary Record
- Copy of Current Schedule
- NJ ASK Scores, Any Standardized Testing scores.
- Individualized Educational Plan, I.E.P., (*Special Education Only*).

For office use only:

<i>Sign out sheet</i>	<i>Received</i> _____	<i>PDQ</i>	<i>Received</i> _____
<i>Transcript</i>	<i>Received</i> _____	<i>Internet Form</i>	<i>Received</i> _____
<i>Report Card</i>	<i>Received</i> _____		
<i>Health Record</i>	<i>Received</i> _____	<i>Date given to Health Office</i>	_____
<i>Proof of Res.</i>	<i>Received</i> _____		
<i>Custody Papers</i>	<i>Received</i> _____		
<i>Birth Certificate</i>	<i>Received</i> _____		
<i>Discipline Report</i>	<i>Received</i> _____		
<i>Current Schedule</i>	<i>Received</i> _____		
<i>Testing Scores</i>	<i>Received</i> _____		
<i>I.E.P.</i>	<i>Received</i> _____		

**HIGH POINT REGIONAL HIGH SCHOOL
GUIDANCE DEPARTMENT
PERSONAL DATA QUESTIONNAIRE**

Grade: 9 10 11 12
Counselor: KJ BW LF JK

Date: _____

(PLEASE PRINT)

Copy of Birth Certificate Required

Name: _____ Date of Birth: _____
Last First Middle Mo. Day Yr.

Place of Birth: City _____ State _____ Country _____

Mailing Address: _____ Phone # _____

Road or Street: _____

Town: _____ Zip _____ Email Address: _____

District of Residence (District to Whom You Pay Taxes)

MUST Circle One Branchville Frankford Lafayette Sussex Wantage Other

Name, Address and **Phone number** of **Former School** Check if you have recently been educated outside of the US

List names and ages of brothers and sisters living at home:

Do you live with both parents? Yes _____ No _____

If not, with whom do you live? Name: _____ Relationship: _____

Please provide most recent official Custody Agreement

Check if you would like reports cards, progress reports etc. to be sent to the non-custodial parent/guardian

Are you now associated with any social agency? (i.e. Social Security, Bureau of Child Services, Welfare, New Jersey Rehabilitation Commission, etc.) _____

Have you ever received *special education services* under IDEA or classroom accommodations under Section 504 of the Americans with Disabilities Act of 1990? Yes _____ No _____

MUST Circle One

Ethnicity: American Indian Asian Black Hispanic Pacific Islander White

Language spoken at home: Primary English _____ Other _____
Secondary None _____ Other _____

Parent's Signature: _____

Date: _____

HEALTH OFFICE/EMERGENCY CONTACT INFORMATION
2010-2011

Student's Name: _____ Male/Female _____ D.O.B _____

Grade _____ Place of Birth _____

Home Address _____
Address _____ City, State, Zip _____

Mailing Address _____
Address _____ City, State, Zip _____

Mother's Name _____
Address _____

Mother's Home Phone _____

Mother's Employer _____ Daytime Phone _____

Mother's Cell Phone _____ Mother's Email _____

Father's Name _____

Address _____

Father's Home Phone _____

Father's Employer _____ Daytime Phone _____

Father's Cell Phone _____ Father's Email _____

Guardian's Name _____

Address _____

Guardian's Home Phone _____

Guardian's Employer _____ Daytime Phone _____

Guardian's Cell Phone _____ Guardian's Email _____

Emergency Contact 1

Name _____ Relationship _____

Home Phone _____

Employer _____

Daytime Phone _____ Cell _____

Email _____

Emergency Contact 2

Name _____ Relationship _____

Home Phone _____

Employer _____

Daytime Phone _____ Cell _____

Email _____

Emergency Contact 3

Name _____ Relationship _____

Home Phone _____

Employer _____

Daytime Phone _____ Cell _____

Email _____

Student Name _____

Emergency Information:

Family Physician and/or clinic Facility: _____

Address _____

Phone _____

Please note: All medications, including Advil and Tylenol, require written parental permission renewed annually. Prescription medications must be sent in the original prescription bottle with a note from the prescribing doctor.

Special forms are required for self-administration of emergency medications and Epi-Pens at school.

My son/daughter has the following medical problems, chronic disease, or allergies:

My son/daughter takes the following medication(s) on a regular basis:

****Information regarding my child's medical history and or condition may be shared with school staff on a need to know basis.**

Parent/Guardian Signature

Date

Insurance Information Requested by
State of New Jersey
Department of Education

Does child have Health Insurance?

Yes _____ If Yes, name of insurance company _____

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

You may release my name and address to the NJ FamilyCare Program to contact me about health insurance.

Signature

Printed Name

Date

Written consent required pursuant to 20U.S.C. § 1232g (b)(1) and 34 C.F.R.99.30 (b).

Please list other children attending New Jersey Public Schools (Name, School)

Please check this box if there has been a name change of parent/guardian, address or telephone number.

HIGH POINT REGIONAL HIGH SCHOOL

299 PIDGEON HILL ROAD SUSSEX, NJ 07461-2733

Phone: 973-875-3101 Fax: 973-875-2756

www.hpregional.org

Gregory B. Youngman
Principal

Jon Tallamy
Assistant Principal

Dear Parent/Guardian:

Children need healthy meals to learn. The High Point Regional High School participates in the following Child Nutrition Programs at the prices indicated:

	FULL PRICE			REDUCED PRICE		
	Elementary	Middle	High	Elementary	Middle	High
National School Lunch	N/A	N/A	\$3.00	N/A	N/A	\$0.40
School Breakfast	N/A	N/A	N/A	N/A	N/A	N/A
After School Snack	N/A	N/A	N/A	N/A	N/A	N/A
Special Milk Program	N/A	N/A	N/A	Not Applicable	Not Applicable	Not Applicable
Split Session Kindergarten Milk	N/A	Not Applicable	Not Applicable	Not Applicable	Not Applicable	Not Applicable
N/A - Not Applicable						

How can I get health insurance for my children? New Jersey is committed to ensure that all children are enrolled in a health insurance program. Information on your meal application will be shared with NJ FamilyCare to determine if your children qualify to participate in this state insurance program. **IF YOU DO NOT WISH TO SHARE YOUR INFORMATION WITH MEDICAID OR NJ FAMILYCARE YOU MUST COMPLETE AND SIGN THE ENCLOSED INFORMATION SHARING FORM FOR MEDICAID or NJ FAMILYCARE, AND RETURN IT TO YOUR CHILD'S SCHOOL.** Contact information for NJ FamilyCare is listed below:

NJ FamilyCare

www.njfamilycare.org

1-800-701-0710

Contact information for other food assistance programs in New Jersey are listed below:

NJ SNAP (Food Stamps)

www.njsnap.org

1-800-687-9512

WIC Program

www.nj.gov/health/fhs/wic

1-866-446-5942

1. **DO I NEED TO FILL OUT AN APPLICATION FOR EACH CHILD?** No. Complete the application to apply for free or reduced price meals. Use one Free and Reduced Price School Meals Application for all students in your household. We cannot approve an application that is not complete, so be sure to fill out all required information. Return the completed application to one of your children's schools.
2. **WHO CAN GET FREE MEALS?** All children in households receiving benefits from NJ SNAP or TANF can get free meals regardless of your income. Also, your children can get free meals if your household's gross income is within the free limits on the Federal Income Eligibility Guidelines.
3. **CAN FOSTER CHILDREN GET FREE MEALS?** Yes, foster children that are under the legal responsibility of a foster care agency or court, are eligible for free meals. Any foster child in the household is eligible for free meals regardless of income.
4. **CAN HOMELESS, RUNAWAY, AND MIGRANT CHILDREN GET FREE MEALS?** Yes, children who meet the definition of homeless, runaway, or migrant qualify for free meals. If you haven't been told your children will get free meals, please call or e-mail the school's homeless liaison or migrant coordinator to see if they qualify.
5. **WHO CAN GET REDUCED PRICE MEALS?** Your children can get low cost meals if your household income is within the reduced price limits on the Federal Eligibility Income Chart, shown on this letter.

6. **SHOULD I FILL OUT AN APPLICATION IF I RECEIVED A LETTER THIS SCHOOL YEAR SAYING MY CHILDREN ARE APPROVED FOR FREE MEALS?** Please read the letter you got carefully and follow the instructions. Call the school if you have questions.
7. **MY CHILD'S APPLICATION WAS APPROVED LAST YEAR. DO I NEED TO FILL OUT ANOTHER ONE?** Yes. Your child's application is only good for that school year and for the first few days of this school year. You must send in a new application unless the school told you that your child is eligible for the new school year.
8. **I GET WIC. CAN MY CHILD(REN) GET FREE MEALS?** Children in households participating in WIC may be eligible for free or reduced price meals. Please fill out an application.
9. **WILL THE INFORMATION I GIVE BE CHECKED?** Yes and we may also ask you to send written proof.
10. **IF I DON'T QUALIFY NOW, MAY I APPLY LATER?** Yes, you may apply at any time during the school year. For example, children with a parent or guardian who becomes unemployed may become eligible for free and reduced price meals if the household income drops below the income limit.
11. **WHAT IF I DISAGREE WITH THE SCHOOL'S DECISION ABOUT MY APPLICATION?** You should talk to school officials. You also may ask for a hearing by calling or writing to:
Hearing Officer Name: Linda A. Alvarez Address: 299 Pidgeon Hill Road, Sussex, NJ 07461
Phone Number: (973)875-7205 Ext:
12. **MAY I APPLY IF SOMEONE IN MY HOUSEHOLD IS NOT A U.S. CITIZEN?** Yes. You or your child(ren) do not have to be U.S. citizens to qualify for free or reduced price meals.
13. **WHO SHOULD I INCLUDE AS MEMBERS OF MY HOUSEHOLD?** You must include all people living in your household, related or not (such as grandparents, other relatives, or friends) who share income and expenses. You must include yourself and all children living with you. If you live with other people who are economically independent (for example, people who you do not support, who do not share income with you or your children, and who pay a pro-rated share of expenses), do not include them.
14. **WHAT IF MY INCOME IS NOT ALWAYS THE SAME?** List the amount that you normally receive. For example, if you normally make \$1000 each month, but you missed some work last month and only made \$900, put down that you made \$1000 per month. If you normally get overtime, include it, but do not include it if you only work overtime sometimes. If you have lost a job or had your hours or wages reduced, use your current income.
15. **WE ARE IN THE MILITARY. DO WE INCLUDE OUR HOUSING ALLOWANCE AS INCOME?** If you get an off-base housing allowance, it must be included as income. However, if your housing is part of the Military Housing Privatization Initiative, do not include your housing allowance as income.
16. **MY SPOUSE IS DEPLOYED TO A COMBAT ZONE. IS HER COMBAT PAY COUNTED AS INCOME?** No, if the combat pay is received in addition to her basic pay because of her deployment and it wasn't received before she was deployed, combat pay is not counted as income. Contact your school for more information.

If you have other questions or need help,
call (973)875-7205 Ext:

Sincerely,

Signature: _____

Name: Gregory Youngman

Title: Principal

Federal Eligibility Income Chart For School Year 2011-2012			
Household Size	Yearly	Monthly	Weekly
1	20,147	1,679	388
2	27,214	2,268	524
3	34,281	2,857	660
4	41,348	3,446	796
5	48,415	4,035	932
6	55,482	4,624	1,067
7	62,549	5,213	1,203
8	69,616	5,802	1,339
For each additional person, add:	+7,067	+589	+136

FREE AND REDUCED PRICE SCHOOL MEALS HOUSEHOLD APPLICATION

Part 1. Children in School (Include foster children)

Names of all children in school (First, Middle Initial, Last)	School Name	Grade or ID Number	Check if a foster child
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>

Part 2. If any member of your household receives NJ SNAP (food stamps) or TANF provide the name and case number for the person who receives benefits and skip to Part 5. If no one receives these benefits, skip to Part 4.
 Name _____ Case number _____

Part 3. If any child you are applying for is homeless, migrant, or a runaway check the appropriate box and call your school, homeless liaison, or migrant coordinator.
 Homeless Migrant Runaway

Part 4. Total Household Gross Income-You must tell us how much and how often for each person; CHECK IF NO INCOME

1. Name (List everyone in household - include students listed above)	2. List gross income and how often it was received <i>Example: \$100/monthly \$100/twice a month \$100/every other week \$100/weekly</i>				3 Check if NO income
	Earnings from work before deductions	Welfare, child support, alimony	Pensions, retirement, Social Security	All Other Income	
	How Often?	How Often?	How Often?	How Often?	
1.	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	<input type="checkbox"/>
2.	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	<input type="checkbox"/>
3.	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	<input type="checkbox"/>
4.	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	<input type="checkbox"/>
5.	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	<input type="checkbox"/>
6.	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	<input type="checkbox"/>
7.	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	<input type="checkbox"/>
8.	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	<input type="checkbox"/>
9.	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	<input type="checkbox"/>

Part 5. Signature and Social Security Number (Adult must sign)

An adult household member must sign the application. If Part 4 is completed, the adult signing the form must also list the last four digits of his or her Social Security Number or mark the "I do not have a Social Security Number" box. (See Privacy Act Statement))
I certify (promise) that all information on this application is true and that all income is reported. I understand that the school will get Federal funds based on the information I give. I understand that school officials may verify (check) the information. I understand that if I purposely give false information, my children may lose meal benefits, and I may be prosecuted.

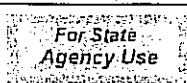
Sign here: X _____ Print name: _____ Date: _____
 Address: _____ Phone Number: _____
 Last 4 Digits of Social Security Number: ***-**-____-____ I do not have a Social Security Number

Part 6. Children's ethnic and racial identities (optional)

Choose one ethnicity: Hispanic/Latino Not Hispanic/Latino
 Choose one or more (regardless of ethnicity): Asian American Indian or Alaska Native Black or African American White Native Hawaiian or other Pacific islander

Don't fill out this part. This is for school use only. Error Prone

Annual Income Conversion: Weekly x 52, Every 2 Weeks x 26, Twice A Month x 24 Monthly x 12
 Total Income: _____ Per: Week, Every 2 Weeks, Twice A Month, Month, Year Household size: _____
 Categorical Eligibility: _____ Date Withdrawn: _____ Eligibility: Free _____ Reduced _____ Denied _____ Reason: _____
 Temporary: Free _____ Expiration Date (expires after 45 days) _____
 Determining Official's Signature: _____ Date: _____ Confirming Official's Signature: _____ Date: _____



F to R	R to F	D to F	SS #	Temp
F to D	R to D	D to R	Income	Other

SHARING INFORMATION WITH MEDICAID or NJ FAMILYCARE

Dear Parent/Guardian:

If your children get free or reduced price school meals, they may also be able to get free or low-cost health insurance through Medicaid or NJ FamilyCare. Children with health insurance are more likely to get regular health care and are less likely to miss school because of sickness.

Because health insurance is so important to children's well-being, the law allows us to tell Medicaid and NJ FamilyCare that your children are eligible for free or reduced price meals, *unless you tell us not to*. Medicaid and NJ FamilyCare only use the information to identify children who may be eligible for their programs. Program officials may contact you to offer to enroll your children (Filling out the Free and Reduced Price School Meals Application does not automatically enroll your children in health insurance).

If you do not want us to share your information with Medicaid or NJ FamilyCare, fill out the form below and send in (Sending in this form will not change whether your children get free or reduced price meals).

- No! I DO NOT** want information from my Free and Reduced Price School Meals Application shared with Medicaid or the State Children's Health Insurance Program (NJ FamilyCare)

If you checked no, fill out the form below to ensure that your information is NOT shared for the child(ren) listed below:

Child's Name: _____ School: _____

Child's Name: _____ School: _____

Child's Name: _____ School: _____

Child's Name: _____ School: _____

Signature of Parent/Guardian: _____ Date: _____

Printed Name: _____ Address: _____

Return this form to your child's school, ONLY if you do NOT wish your information to be shared with Medicaid or NJ FamilyCare.