

Office of Education Regional School Intake Packet

Date of Application:	Student Date of Birth:		MM/DD/YYYY				
NJ Smart ID:	Social Security Number		IVIIVI DU / TTT				
Student Name:							
Last Name	First Name		Middle Name				
Preferred Name/Nickname:	Gender:	☐ female	□ male □ non-binary				
Student Place of Birth:							
Ci	ty	State	Country				
If born outside the US or Puerto Rico, first entry	date in a US School:						
Is the student Hispanic or Latino? □ Yes □ No							
What is the student's race? □ American Indian/Alask	an □ Asian □ Black/African Amer	ican 🗆 Pac	ific Islander/Hawaiian				
Home language:	Native Language:						
Most Recent School Attended:							
	Name of School						
	City		State				
Guidance Counselor:	Name	ame Phone					
	Email						
Colored and are Charles to Commonth Designations do							
School where Student is Currently Registered:		Name of School					
District where Student is Currently Registered:							
*School district must match parent's current address	1	Name of District					
Is the student eligible for Special Education and	or Related Services? □ YES	□ NO					
If yes, please select the classification category:	 ☐ Auditorily Impaired ☐ Autistic ☐ Cognitively Impaired- Mild ☐ Cognitively Impaired- Moderate ☐ Cognitively Impaired- Severe ☐ Communication Impaired ☐ Emotionally Disturbed ☐ Multiply Disabled 	☐ Other He ☐ Preschoo ☐ Specific ☐ Traumati ☐ Visually	dically Impaired ealth Impaired of Child with Disability Learning Disability ic Brain Injury				
DCF DCPP Case Manager:							
	Name		Phone				
	Email						



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Contact Information

Student lives with:	☐ Parent☐ Grand		□ Mo		☐ Father☐ Foster		Mother & Stepfathe Group Home	r □ Father 8 □ Friend	•	Care Giver Guardian
Name(s):					Full Nam	e(s)				
Address:										
					Street				A	partment
			City				Stat	e	Zip	
Does mail go here?	☐ Yes ☐] No	Al	llowed to	pick up s	tudent? □ Yes	□ No	Medical Cor	ntact? □ Yes □	No
Main Phone:										
Phone #2				Type:	☐ Cell	☐ Mother Cell	☐ Mother Work	☐ Father Cell	☐ Father Work	□ Work
Phone #3				Type:	☐ Cell	☐ Mother Cell	☐ Mother Work	☐ Father Cell	☐ Father Work	☐ Work
Phone #4				Type:	☐ Cell	☐ Mother Cell	☐ Mother Work	☐ Father Cell	☐ Father Work	□ Work
Email #1:										
Email #2	Type:	☐ Moth	er	☐ Mo	ther Work	☐ Father	☐ Father W	/ork □ Other		
	Type:	☐ Moth	er	☐ Mo	ther Work	☐ Father	☐ Father W	/ork □ Other		
Contact #2	☐ Parents ☐ Mother ☐ Father ☐ Mother & Stepfather ☐ Father & Stepmother ☐ Care Giv☐ Grandparent(s) ☐ Relative ☐ Foster Parent(s) ☐ Group Home ☐ Friend ☐ Guardia ☐ DCP & P						Care Giver Guardian			
Name(s):					Full Nam	a (s)				
Address:					T ull TVall	C(3)				
	Street Apartment Apartment						partment			
-			City				Stat	e	Zip	
Does mail go here?	☐ Yes ☐] No	Al	llowed to	pick up st	tudent? □ Yes	□ No	Medical Cor	itact? □ Yes □	No
Main Phone:										
Phone #2				Type:	☐ Cell	☐ Mother Cell	☐ Mother Work	☐ Father Cell	☐ Father Work	□ Work
Phone #3				Type:	☐ Cell	☐ Mother Cell	☐ Mother Work	☐ Father Cell	☐ Father Work	☐ Work
Phone #4				Type:	☐ Cell	☐ Mother Cell	☐ Mother Work	☐ Father Cell	☐ Father Work	□ Work
Email #1:										
	Type:	☐ Mothe	er	☐ Mot	her Work	☐ Father	☐ Father Work ☐ Other			
Email #2	Type:	☐ Mothe	er	☐ Mot	her Work	☐ Father	☐ Father W	ork 🗆 Other		
<u> </u>										



Office of Education Regional School Intake Form

Contact #3	☐ Parents ☐ Grandpare ☐ DCP & P		Mother Relative	□ Father		Mother & Stepfathe Group Home	r □ Father & □ Friend	•	Care Giver Guardian
Name(s):				Full Nam	ne(s)				
Address:					,,				
					Street			A	partment
-		С	ity			Stat	е	Zip	
Does mail go here?	☐ Yes ☐ No	0	Allowed to	o pick up s	tudent? ☐ Yes	□ No	Medical Cor	ntact? □ Yes □	No
Main Phone:			_						
Phone #2			Type:	☐ Cell	☐ Mother Cell	☐ Mother Work	☐ Father Cell	☐ Father Work	□ Work
Phone #3			Type:	☐ Cell	☐ Mother Cell	☐ Mother Work	☐ Father Cell	☐ Father Work	□ Work
Phone #4			Type:	☐ Cell	☐ Mother Cell	☐ Mother Work	☐ Father Cell	☐ Father Work	□ Work
Email #1:									
Email #2	Type:	☐ Mother	□ Mo	ther Work	☐ Father	☐ Father W	′ork □ Other		
	Type:	☐ Mother	☐ Mo	ther Work	☐ Father	☐ Father W	′ork □ Other		
Contact #4	☐ Parents ☐ Grandpar ☐ DCP & P		Mother Relative	□ Father		Mother & Stepfathe Group Home	r □ Father & □ Friend	•	Care Giver Guardian
Name(s):				Full Nam	20(0)				
Full Name(s) Address:									
					Street			A	partment
		C	ity			Stat	'e	Zip	
Does mail go here?	☐ Yes ☐ N	0	Allowed to	o pick up s	tudent? □ Yes	□ No	Medical Cor	ntact? □ Yes □	No
Main Phone:									
Phone #2			- Type:	☐ Cell	☐ Mother Cell	☐ Mother Work	☐ Father Cell	☐ Father Work	□ Work
Phone #3			Type:	☐ Cell	☐ Mother Cell				□ Work
Phone #4			Type:	☐ Cell	☐ Mother Cell				□ Work
Email #1:			-						
	Type:	☐ Mother	□ Mo	ther Work	☐ Father	☐ Father W	ork □ Other		
Email #2	T				· ·	— — — —			
	Type:	☐ Mother	∐ 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 _____, to participate in community-based trips as described in I give permission for my child, _____ this letter. I understand these trips occur on various days to a variety of locations. Parent/Guardian: CONSENT OF PARENT/GUARDIAN FOR STUDENT TO BE VIDEOTAPED, PHOTOGRAPHED, 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



Office of Education
Regional School Intake Packet
OOE Policy #33, Attachment 3

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 pertain physical control techniques by trained staff, if and when necesschool community from imminent, serious, physical harm.	ning to my child which would prohibit the use of
Physical control techniques should not be used for my child	due to a known medical or psychological condition.
Medical/Psychological Condition:	
Parent/Legal Guardian Printed Name:	
Parent/Legal Guardian Signature:	
Residential Provider Name:	
Residential Provider Signature:	
Date:	



an English language learner? □YES □NO

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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. Date of Birth: Student Name: 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? □YES □NO 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? 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? □YES 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? □YES □NO 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