

GLOUCESTER CITY MIDDLE SCHOOL  
500 Market Street, Gloucester City, NJ 08030  
TELEPHONE: 856-456-7000 x 2111



William O’Kane  
Principal

Kristin Kellogg  
Assistant Principal

Sarah Foley  
Assistant Principal

Welcome to the Gloucester City Middle School. In partnership with our parents and the community we are focused on developing an engaging, positive learning environment for all of our students. The GMS experience is filled with challenges, new beginnings, supportive team members and lots of joy. It’s our goal to enhance all our students’ strengths and develop confident independent learners. We ask all our parents and guardians to join us as we strive for excellence in and out of the classroom. Character education is an important component in everything we do here at school. Please be diligent about continuing the “Good Character” conversation at home. Take advantage of all we have to offer here at GMS by keeping informed about programs, activities and events. Clear communication is a priority. Please reference to our web page, school calendar and your child’s agenda book for constant updates.

# GLOUCESTER CITY PUBLIC SCHOOLS

500 MARKET STREET ~ GLOUCESTER CITY, NJ 08030

PHONE: 856-456-7000 EXT. 2154 FAX: 856- 456-1254

[www.gcsd.k12.nj.us](http://www.gcsd.k12.nj.us)

## *Preliminary Information for Student Registration*

### **Please Read Before Proceeding**

The information provided in the following pages will enable us to determine your student's eligibility to attend school in this district in accordance with New Jersey law. Please be aware that N.J.S.A. 18A:38-1 and N.J.A.C. 6A:22 require that a free public education be provided to students between the ages of 5 and 20, and to certain students under 5 and over 20 as specified in other applicable law, who are:

- Domiciled in the district, i.e., the child of a parent or guardian, or an adult student, whose permanent home is located within the district. A home is permanent when the parent, guardian or adult student intends to return to it when absent and has no present intent of moving from it, notwithstanding the existence of home or residences elsewhere
- Living with a person, other than the parent or guardian, who is domiciled in the district and is supporting the student without compensation, as if the student were his or her own child, because the parent cannot support the child due to family or economic hardship
- Living with a parent or guardian who is temporarily residing in the district
- The child of a parent or guardian who moves to another district as the result of being homeless
- Placed in the home of a district resident by court order pursuant to N.J.S.A. 18A:38-2
- The child of a parent or guardian who previously resided in the district but is a member of the New Jersey National Guard or the United States reserves and has been ordered to active service in time of war or national emergency, resulting in relocation of the student, pursuant to N.J.S.A. 18A:38-3(b)
- Residing on federal property within the State pursuant to N.J.S.A. 18A:38-7.7 et seq.

Note that "guardian" means a person to whom a court of competent jurisdiction has awarded guardianship or custody of a child, provided that a residential custody order shall entitle a child to attend school in the residential custodian's school district subject to a rebuttable presumption that the child is actually living with such custodian; it also means the Department of Children and Families for purposes of N.J.S.A. 18A:38-1(e). Also note that a student is entitled to attend school in the district of domicile notwithstanding that the student is qualified to attend school in a different district as an "affidavit" student or temporary resident.

### **Note that the following do not affect a student's eligibility to enroll in school:**

- Physical condition of housing or compliance with local housing ordinances or terms of lease
- Immigration/visa status, except for students holding or seeking a visa (F-1) issued specifically for the purpose of limited study on a tuition bases in the United States public secondary school
- Absence of a certified copy of birth certificate or other proof of a student's identity, although these must be provided within 30 days of initial enrollment pursuant to N.J.S.A. 18A:36-25.1
- Absence of student medical information, although actual attendance at school may be deferred as necessary in compliance with rules regarding immunization of students, N.J.A.C. 8:57-4.1 et seq.
- Absence of a student's prior educational record, although the initial educational placement of the student may be subject to revision upon receipt of records or further assessment by the district

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**The following forms of documentation may demonstrate a student's eligibility for enrollment in the district. Particular documentation necessary to demonstrate eligibility under specific provisions in law will be indicated in the appropriate section of the registration form.**

- Property tax bills, deeds, contracts of sale, leases, mortgages, signed letter 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 placement or directives
- Receipts, bills, cancelled checks and other evidence of expenditures demonstrating personal attachment to a particular location, or where applicable, to support 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 residence
- 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) who 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
- Any other form of documentation relevant to demonstrating entitlement to attend school

The totality of information and documentation you offer will be considered in evaluating an application, and, unless expressly required by law, the student will not be denied enrollment based on your inability to provide certain form(s) of documentation where other acceptable evidence is presented.

You will not be asked for any information or document protected from disclosure by law, or pertaining to criteria which are not legitimate bases for determining eligibility to attend school. You may voluntarily disclose any document or information you believe will help establish that the student meets the requirements of law for entitlement to attend school in the district, but we may not, directly, or indirectly, require or request:

- Income tax returns
- Documentation/information relating to citizenship or immigration/visa status, unless the student holds or is applying for an F-1 visa

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- Documentation/information relating to compliance with local housing ordinances or conditions of tenancy
- Social security numbers

Please be aware that any initial determination of the student's eligibility to attend school in this district is subject to more thorough review and subsequent re-evaluation, and that tuition may be assessed in the event that an initially admitted student is later found ineligible. If your student is found ineligible, now or later, you will be provided the reasons for our decision and instructions on how to appeal.

State law allows school districts to admit nonresident students, through policies adopted at Board discretion, on a tuition basis. If your student is not eligible to attend school in this district free of charge, he or she may enroll on a tuition basis by contacting the Office of the Superintendent.

***If you experience difficulties with the enrollment process, please see (add person) for assistance.***

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## GLOUCESTER CITY PUBLIC SCHOOLS NEW STUDENT REGISTRATION CHECKLIST

**NAME:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

In order that the requirements of various State and Federal laws be met, the following information is mandatory for the registration of a student in Gloucester City Middle School

**A. PROOF OF RESIDENCY – four proofs are required, inclusive of, but not limited to**

- Tax bill
- Mortgage or settlement papers
- Lease agreement (naming parent/child)
- Utility Bill (gas/electric/sewer/water/telephone)
- Employment document

**B. DOCUMENTATION OF RELATIONSHIP TO STUDENT (as appropriate)**

- Birth Certificate
- Court documentation demonstrating custody
- Foster Parent (State Agency Documentation)

**C. DOCUMENTATION OF GRADE PLACEMENT**

- a. Most recent report card
- b. Copy of unofficial transcript
- c. Copy of standardized test score reports
- d. Copy of transfer card, if applicable

**D. PHYSICAL EXAMINATION FORM AND IMMUNIZATION RECORD**

- a. Completed and signed by child's physician
- b. Current copy of immunizations

**E. OTHER DOCUMENTATION, IF RELEVANT**

- a. Current IEP
- b. Current 504 Plan
- c. Free & reduced lunch application

# GLOUCESTER CITY PUBLIC SCHOOLS REGISTRATION FORM

**Office use only:**

Date: \_\_\_\_\_ Anticipated Start Date: \_\_\_\_\_ Registrar's Initials: \_\_\_\_\_

Documents: BC \_\_\_\_\_ Immunizations \_\_\_\_\_ Physical \_\_\_\_\_ Records/Report Card \_\_\_\_\_

Residency Verification \_\_\_\_\_ ESL/ELL \_\_\_\_\_ Special Education/504 \_\_\_\_\_ Bus Route \_\_\_\_\_

**STUDENT INFORMATION:**

Name of Student: \_\_\_\_\_  
(Last Name) (First) (Middle Initial)

Student's Physical Address: \_\_\_\_\_  
(House/Apt.No) (Street Name) (Town) (State) (Zip Code)

Student's Mailing Address: \_\_\_\_\_  
(If different from above) (House/Apt. No/P.O. Box) (Street Name) (Town) (State) (Zip Code)

Home Telephone #: (\_\_\_\_) \_\_\_\_\_ Sex: \_\_\_\_\_ (M/F) Date of Birth: \_\_\_\_\_

Siblings: \_\_\_\_\_  
Name/Age/Grade

**HOME LANGUAGE:**

**Foreign Students Only** – Date of Student's Entry into the United States: \_\_\_\_\_ Date of Student's Entry into United States' School System \_\_\_\_\_  
 RACE: (\_\_\_\_ White), (\_\_\_\_ Black), (\_\_\_\_ Hispanic), (\_\_\_\_ Asian), (\_\_\_\_ American Indian/Alaskan), (\_\_\_\_ Hawaiian Native/Other Pacific Islander)

**Language Spoken at Home (Specify if other than English)**

**English is spoken & understood by the consenting adult enrolling the student. Yes: \_\_\_\_\_ No: \_\_\_\_\_**

**EMERGENCY & FAMILY CONTACT:**

Father/Guardian  
 Name: \_\_\_\_\_  
 Physical Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Cell Phone #: (\_\_\_\_) \_\_\_\_\_  
 Work #: (\_\_\_\_) \_\_\_\_\_  
 Email: \_\_\_\_\_

Mother/Guardian  
 Name: \_\_\_\_\_  
 Physical Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Cell Phone #: (\_\_\_\_) \_\_\_\_\_  
 Work #: (\_\_\_\_) \_\_\_\_\_  
 Email: \_\_\_\_\_

Name of Person enrolling Student: \_\_\_\_\_  
 Cell Phone #: (\_\_\_\_) \_\_\_\_\_

Relationship to Student: \_\_\_\_\_  
 Work #: (\_\_\_\_) \_\_\_\_\_

**Emergency Contact: \_\_\_\_\_ Relation to student \_\_\_\_\_ Phone #: (\_\_\_\_) \_\_\_\_\_**

**Emergency Contact: \_\_\_\_\_ Relation to student \_\_\_\_\_ Phone #: (\_\_\_\_) \_\_\_\_\_**

Has your child ever attended Gloucester City Schools before? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please indicate which school:  
 In the event by child transfers to or from the district, I authorize my previous district or the Gloucester City School District to release permitted records to the administrative officials of the school within 10 days after the transfer has been verified by the present district. I acknowledge that mandated student records will be forwarded to the administrative officials of the school in a similar manner.

**X**  
 \_\_\_\_\_  
 Signature of Consenting Adult

**MEDIA RELEASE**

I hereby ( ) grant ( ) I do not grant permission for my child to be photographed and/or appear in media coverage approved by the Gloucester City Public Schools.

**X**  
 \_\_\_\_\_  
 Signature of Parent

**NOTE:** As required by law, all students entering the district schools for the first time MUST HAVE A LICENSED PHYSICIAN ATTEST TO THE STUDENT'S PHYSICAL CONDITION AND COMPLETE THE IMMUNIZATION INFORMATION ON THE MEDICAL FORM. Students will not be permitted to attend school without up-to-date immunization records, physical and Mantoux Tuberculin Test, if applicable (out of state/country)

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**GCMS Student Registration Form – RESIDENCY STATUS**

**Student's Name:** \_\_\_\_\_ **School** \_\_\_\_\_ **Grade** \_\_\_\_\_

*In accordance with New Jersey State Law (NJSA 18A:38-1 and 18A:7B-12), it is necessary to determine the residence of students entering the school district in addition to addressing the McKinney-Vento Act.*

**Your answers will help determine if the student is eligible for additional services**

Please indicate which of the following situations best describes the student's residence for the current school year: This information is kept confidential

1. \_\_\_\_\_ I am in my own residence: Please Circle one: Rent or Own (A)
2. \_\_\_\_\_ Lives with Family/ Friend's home by choice (relationship) \_\_\_\_\_  
(explain circumstances under "other") (B) (C)
3. \_\_\_\_\_ Hotel/ Motel/ Car/ RV/ Campground (circle one)
4. \_\_\_\_\_ Home for Adolescent School-Age Mothers
5. \_\_\_\_\_ Transitional Housing
6. \_\_\_\_\_ Resides in sub-standard housing, such as an abandoned building
7. \_\_\_\_\_ Migrant family dwelling
8. \_\_\_\_\_ Shelter: Domestic Violence Shelter / Runaway/Youth Shelter (circle one)
9. \_\_\_\_\_ Waiting for house to be built
10. \_\_\_\_\_ Previous home is uninhabitable due to fire, water, wind or smoke damage
11. \_\_\_\_\_ Student is a dependent of a Parent/Guardian who was ordered to active service duty, resulting in relocation of the student to Gloucester City. (Military/Reserves/Guard)
12. \_\_\_\_\_ Foster Placement or Therapeutic Treatment Home by DCP, Court ordered or a similar agency (documentation/court orders must be provided at registration)
13. \_\_\_\_\_ Relinquishment of student to Gloucester City resident due to Financial Hardship

14. \_\_\_\_\_ TUITION

15. \_\_\_\_\_ Other: Please explain

\_\_\_\_\_  
\_\_\_\_\_  
Prior School Attended \_\_\_\_\_

Prior Residence \_\_\_\_\_

Current Phone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**ELIGIBILITY TO ATTEND SCHOOL IS SUBJECT TO REVIEW AND RE-EVALUATION. THERE IS POTENTIAL FOR ASSESSMENT OF TUITION IN THE EVENT THAT AN INITIALLY ADMITTED APPLICANT IS LATER FOUND INELIGIBLE.**

**Gloucester City Public School District has the right to verify residency. By signing this document, the signer affirms all questions have been truthfully answered, and no information has been withheld that might affect the application or the residency requirement. Failure to respond truthfully can result in transfer of student to domicile school and/or other penalties as required by law. Applicants who fraudulently allow a child of another to use his residence, or who fraudulently claim to have custody of a child, may be charged with a disorderly persons offense. N.J.S.A.18A:38-1 (c). If the applicant is convicted of such an offense, the applicant may be fined up to \$1,000.00 and/or be imprisoned for up to 6 months. Any false statements, answers or declarations contained in the Affidavit or in an application for admission may subject the applicant to criminal prosecution for the crime of false swearing, in violation of N.J.S.A. 2C:43-3. If convicted for such a crime, the applicant may be punished by a fine of \$10,000.00 and/or be imprisoned for up to 18 months.**

**I, the undersigned, hereby acknowledge that I have read and understood the contents of this notification.**

\_\_\_\_\_  
**Signature of Parent or Guardian**

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

\_\_\_\_\_  
**Printed Name of Parent or Guardian**



**GLOUCESTER CITY BOARD OF EDUCATION**

Gloucester City, New Jersey

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**PHYSICAL EXAMINATION FORM**

A complete physical examination is required for all students upon enrollment in school.

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Blood Pressure: \_\_\_\_\_

HEENT: \_\_\_\_\_ Cardiovascular: \_\_\_\_\_

Respiratory: \_\_\_\_\_ Gastrointestinal: \_\_\_\_\_

Genitourinary: \_\_\_\_\_ Musculoskeletal: \_\_\_\_\_

Neurological: \_\_\_\_\_ Integumentary: \_\_\_\_\_

Auditory Acuity: \_\_\_\_\_ Visual Acuity: \_\_\_\_\_

Dental Screening: \_\_\_\_\_ Scoliosis Screening: \_\_\_\_\_

Allergies / Sensitivities: \_\_\_\_\_

Behavioral Issues / Mental Health Diagnosis: \_\_\_\_\_

Chronic Medical Conditions: \_\_\_\_\_

Current Medications: \_\_\_\_\_

Dietary Concerns: \_\_\_\_\_

Immunizations given at this visit: \_\_\_\_\_

Past Medical / Surgical History: \_\_\_\_\_

Other: \_\_\_\_\_

Able to participate in physical education classes? \_\_\_\_\_ Yes \_\_\_\_\_ No

List any restrictions and duration: \_\_\_\_\_

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Name of Health Care Provider (print): \_\_\_\_\_

Signature: \_\_\_\_\_

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

GLOUCESTER CITY MIDDLE SCHOOL

Gloucester City, New Jersey

**Authorization for Release of Information Form**

Telephone: 856-456-7000 ext. 2154

FAX: 856-456-1254

**To:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Student:** \_\_\_\_\_  
**Date of Birth:** \_\_\_\_\_  
**Grade Enrolling In at GCMS** \_\_\_\_\_  
**Parent/Guardian:** \_\_\_\_\_  
**Last Day of Student Attendance:** \_\_\_\_\_

To Whom It May Concern:

I hereby authorize the release of records, including medical, psychological, educational, and/or social information from the reports and records of the above child to the address listed below\*. Such information is to be used for the completion of records to aid in the proper school placement and planning for the child.

I would like to have the information sent to the following:

Gloucester City Middle School  
500 Market Street  
Gloucester City, NJ 08030  
Attn: Registration/Records

Sincerely,

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

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## MMS Parent Portal Starter Information

All Parent and Guardians can now sign up for the new MMS Parent Portal to view student grades and attendance records. Just complete the information below and send it to the main office at your student's school. Your account will be validated using the email address you supply. Once your account has been activated, you can create your account by clicking on the link for the MMS Parent Portal on the district and school websites and following the prompts. You will need your student's school ID number(s) to complete the process. If you have any questions, please contact the main office at your student's school.

## E-Mail Information Card

**Student Name:** \_\_\_\_\_ **Grade:** \_\_\_\_\_

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

**E-Mail Address #1:**  
\_\_\_\_\_

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

**E-Mail Address #2:**  
\_\_\_\_\_

**\*\*All parent(s)/guardian(s) wanting to access the MMS Parent Portal must submit an e-mail address**

# NOTICE OF DEFECT IN APPLICATION/POTENTIAL INELIGIBILITY

*(To be used in initial assessment upon presentation of student for enrollment)*

DATE: \_\_\_\_\_ SCHOOL: \_\_\_\_\_

STUDENT: \_\_\_\_\_ AGE: \_\_\_\_\_

NAME OF PARENT(S)/GUARDIAN: \_\_\_\_\_

PERSON ENROLLING STUDENT: \_\_\_\_\_

RELATIONSHIP TO STUDENT IF OTHER THAN PARENT: \_\_\_\_\_

Please be advised that, although the above-named student is being accepted for enrollment on a preliminary basis, **the enrollment application you have submitted has defects as noted below. If these defects are not corrected within the specified time, you will be notified that, unless you file an appeal, the student will be removed from school.** If that occurs, you will be provided with information on how to appeal the removal to the Commissioner of Education.

**On or before [DATE], please submit further evidence of:**

*[In each applicable area, briefly specify what is needed.]*

\_\_\_\_\_ Domicile/Residency at address where you claim to live

\_\_\_\_\_ Guardianship or custody of student

\_\_\_\_\_ Proof that you are supporting student financially and/or that parents are incapable of caring for student due to family or economic hardship (applies *only* to residents enrolling students of whom they are not parents or guardians/custodians)

If you have any questions, please see (*designated administrator*) or call him/her at (*phone number*) between the hours of (*time*). The information requested above should be submitted to (*name*) at (*address*).

## NOTICE OF INITIAL DETERMINATION OF INELIGIBILITY

(To be used after more thorough review of applications for enrollment or review of currently enrolled students)  
(In English and Native Language of Applicant)

DATE: \_\_\_\_\_ SCHOOL: \_\_\_\_\_

STUDENT: \_\_\_\_\_ AGE: \_\_\_\_\_

NAME OF PARENT(S)/GUARDIAN: \_\_\_\_\_

PERSON ENROLLING STUDENT: \_\_\_\_\_

RELATIONSHIP TO STUDENT IF OTHER THAN PARENT: \_\_\_\_\_

**Our review of the domicile/residency status of the above-named student indicates that the student is not entitled to a free education in the district for the reason(s) indicated below:**

\_\_\_\_\_ Domicile/Residency not in the district because:

\_\_\_\_\_ Insufficient proof that you are supporting student financially and/or that parents are incapable of caring for student due to family or economic hardship because: *(Applies only to residents enrolling students of whom they are not parents or guardians/custodians)*

\_\_\_\_\_ Other:

**If you accept these reasons**, the student will be removed from school in this district and you are advised that State compulsory education law requires you to ensure that any student between the ages of 6 and 16 is enrolled in public or private school or receives instruction elsewhere than at a school (home schooling). In the absence of your written indication that the student will be receiving education in compliance with that law, we will contact the school district of your domicile or residence, or the Department of Children and Families (DCF), to provide the student's name and your name/address, so as to ensure that the student receives an education as required by law.

**If you do not accept these reasons**, you may request a hearing before the Board of Education and the student will be permitted to continue in school until the Board makes its determination following the hearing. At the hearing, you may present additional evidence in support of your claim, and the Board will notify you in writing of its final determination. If the Board finds the student ineligible, you will be given information on how to appeal the Board's decision to the Commissioner of Education and advised of your rights and responsibilities with regard to the student's continued attendance at school, as well as of the possibility of tuition assessment.

**On or before *(date)*, please contact *(designated administrator)* at *(phone number)* between the hours of *(time)* to indicate whether the student will be removed from school and educated elsewhere, or whether you will be requesting a hearing before the Board to demonstrate that the student is entitled to attend school in this district. If we do not hear from you, the student will be removed and contact will be made to ensure compliance with compulsory education law as indicated above.**

Attachment: Statement of Compliance with Compulsory Education Law

**NOTICE OF FINAL INELIGIBILITY**  
*(In English and Native Language of Applicant)*

**Date**

**Applicant**

**Address where s/he claims to reside**

Dear \_\_\_\_\_ :

We have carefully reviewed the application for enrollment of *(student's name)* in the *(name)* School District, as well as all information submitted in support of the application, and have determined that *(student)* is ineligible to attend the schools of the district.

We have made this determination based on the following:

*[Here state the specific basis on which the determination of ineligibility was made, sufficient to allow the applicant to understand the reasons for the district's decision and determine whether appeal is appropriate. Include a reference to the specific section of N.J.S.A. 18A:38-1 under which the application was decided, for example, 18A:38-1(a), domicile, or 18A:38-1(b), "affidavit" status.]*

*For example: An inspection of the apartment where you claim to be domiciled has revealed that your wife and children do not live there, and that you use the apartment only occasionally. Instead, we have determined that your family is, in fact, domiciled in Smith Town, where you own a home, are registered to vote, and were observed on several mornings leaving the house with your children to drive them to school in our district. Therefore, we have concluded that, in accordance with N.J.S.A. 18A:38-1(a), your children are entitled to attend school in the Smith School District, not the (Name) School District.*

*Another example: The information you have provided indicates that, although your niece is living with you, she is being supported by her parents, who pay for her food, clothing, medical care and incidental expenses. Therefore, she does not meet the standard established by N.J.S.A. 18A:38-1(b) for eligibility of students not living with parents or guardians to attend school in our district, since you are not supporting her gratis as if she were your own child. Instead, it appears that she should be attending school in the Smith School District, where her parents reside.*

If you believe the district's determination is in error, you have the right to appeal it to the Commissioner of Education within 21 days of the date of this notice. *(Student)* will be permitted to attend school during this period, and to continue in attendance while the appeal is pending before the Commissioner. However, if no appeal is filed by the 21<sup>st</sup> day following the date of this notice, *(student)* will be removed from school, you will be asked to indicate where s/he will be educated (see below) and we may assess you tuition at the rate of *(rate calculated pursuant to N.J.A.C. 6A:22-6)* for each day *(name)* attended school during this period. Information on how to appeal to the Commissioner is included with this letter.

Please be aware that, if you appeal to the Commissioner but abandon your appeal through withdrawal, failure to prosecute or any means other than settlement with the district and/or (*the student*) is found not to be entitled to free education in the district, you may be assessed tuition for any period of (*student's*) ineligible attendance, including the initial 21-day filing period and the period during which the appeal was pending before the Commissioner. The Commissioner assesses such tuition, which will be calculated at the approximate rate of (*rate calculated pursuant to N.J.A.C. 6A:22-6*), through an order enforceable against you in Superior Court.

*[If applicable, describe any discretionary policy the district may have that would permit continued attendance, with or without tuition, for students who move from the district but wish to remain for the school year or longer, and provide information on how to make arrangements for such attendance].*

If you do not intend to appeal the district's determination, please advise (*appropriate office or administrator*) as soon as possible, but in no event later than 21 days from the date of this notice, so that (*student's*) removal can be effectuated promptly and arrangements can be made for his/her education elsewhere. State statute on compulsory education requires you to ensure that any student who is between the ages of 6 and 16 is enrolled in a public or private school or receives instruction elsewhere than at a school. Therefore, unless you indicate to us by returning the form below that (*student*) will be receiving an education, we will contact the school district of your actual domicile or residence, or the Department of Children and Families (DCF), with (*student's*) name, and your name and address, in order to ensure compliance with the law.

If you have any questions about this notice, please see (*designated administrator*) or call him/her at (*phone number*) between the hours of (*time*). We anticipate hearing from you regarding either (*student's*) removal and education elsewhere, or your intent to appeal the Board's determination of ineligibility to the Commissioner of Education.

Sincerely yours,

*[Signature]*  
Chief School Administrator

Attachments: Appeal Form with Instruction Sheet  
Statement of Compliance with Compulsory Education Law

# STATEMENT OF COMPLIANCE WITH COMPULSORY EDUCATION LAW

My student, \_\_\_\_\_ (*Name*), is being denied enrollment in the \_\_\_\_\_ (*Name*) School District because it has been determined that s/he is not entitled to attend the schools of the district free of charge pursuant to N.J.S.A. 18A:38-1. I understand that State compulsory education law, N.J.S.A. 18A:38-25, requires me to enroll this student, who is between the ages of 6 and 16, in another public or private school, or to ensure that s/he receives instruction elsewhere (home schooling). I understand that, in the absence of my indication below that the student will be receiving education in compliance with that law, the \_\_\_\_\_ (*Name*) School District will contact the school district of my apparent actual domicile or residence, or the Department of Children and Families (DCF), in order to ensure compliance with compulsory education law.

The student for whom enrollment has been denied will now be:

\_\_\_\_\_ Attending another public school as follows: \_\_\_\_\_

\_\_\_\_\_ Attending private school

\_\_\_\_\_ Receiving instruction elsewhere than at a school (home schooling)

Print Name: \_\_\_\_\_

\_\_\_\_\_  
(Signature)



## DIRECTIONS FOR APPEALING A LOCAL BOARD'S RESIDENCY DETERMINATION TO THE COMMISSIONER OF EDUCATION

Statute provides for appeals of school district residency determinations to be filed within **21 days of the date of the district's decision**.<sup>\*</sup> Therefore, time is of the essence and persons seeking to appeal should, if necessary, receive assistance from their county offices of education. Please note that where appeal is taken from a determination of ineligibility under *N.J.S.A. 18A:38-1(b)1* ("affidavit" students), such appeal shall be filed by the resident making the claim of entitlement, not by the parent or guardian.

**There are two ways in which a parent/guardian/resident/adult student may file an appeal with the Commissioner: 1) He/she may submit a standard Petition of Appeal** in accordance with *N.J.A.C. 6A:3-1.3* and 1.4, **or 2) in the case of a petitioner acting without legal representation ("pro se"), he/she may instead submit a letter petition** in accordance with *N.J.A.C. 6A:3-8.1*. Both methods of filing are described below. In either case, petitioners should be aware that they are initiating an agency hearing procedure where they, or their counsel, will most likely be required to present testimony and evidence in support of their claim before a judge of the Office of Administrative Law (OAL). For more information about this process, petitioners are urged to visit the OAL website at <http://www.state.nj.us/oal/hearings.html>.

### STANDARD PETITION OF APPEAL (N.J.A.C. 6A:3-1.3 and 1.4)

The regulations for filing Petitions of Appeal may be obtained at a library, the local school district, the county office of education, the Department of Education's web site (at <http://www.state.nj.us/njded/code/title6a/chap3/>) or by mail from the Bureau of Controversies and Disputes (609-292-5706).

A standard Petition of Appeal includes: 1) The **petition** itself; 2) a **verification** and 3) **proof that petitioner has served the respondent** (Board of Education) with a copy of the Petition of Appeal.

**Petition:** A petition is a written document, submitted in original with two copies, including the following:

- a. Name, address, telephone number and fax number, if available, of the petitioner;
- b. Name and address of the respondent (Board of Education);
- c. Petitioner's allegations and specific facts supporting them;
- d. Signature of the petitioner, or his/her attorney; and
- e. Date when the petition is prepared.

**Verification:** A petition must verify the facts alleged. This means that the petitioner must write or type the statement contained in *N.J.A.C. 6A:3-1.4* indicating that he/she, as petitioner, attests that the facts contained in the petition are true to the best of his/her knowledge. He/she must then sign the statement and have it notarized.

**Proof of Service:** A copy of the petition must be served upon each respondent (*N.J.A.C. 6A:3-1.3*). In the case of residency disputes, the Board of Education will be served. A copy should be submitted to the office of the Board Secretary, or the Board's attorney, if known. *The petitioner should also submit to the Bureau of Controversies and Disputes, with the Petition of Appeal, proof that respondent was served.* That proof may be:

- a. An acknowledgment of service (a "receipt") signed by the attorney for the respondent (Board), or signed and acknowledged by the respondent (Board) or its agent (e.g. the Board Secretary) indicating the address at which the respondent was served;
- b. A sworn affidavit of the person making service (mailing or delivering the petition), indicating the address at which the respondent was served and the date and manner of service;

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<sup>\*</sup> Where an appeal is filed within 21 days of the date of the district's decision, *N.J.S.A. 18A:38-1* provides that no child shall be denied admission during the pendency of the proceedings before the Commissioner. The child shall not be removed from school during the 21-day period in which the interested party may contest the district's decision. However, if in the judgment of the Commissioner the evidence does not support the claim of the petitioner, or if the appeal is withdrawn or abandoned, the Commissioner the petitioner may be assessed tuition for the student prorated to the time of the student's ineligible attendance in the school district. Appeals may be filed after expiration of the 21-day period, but the student's right to attend school during the pendency of the appeal is not guaranteed by operation of statute and the petitioner must submit an application for emergent relief in accord with *N.J.A.C. 6A:3-1.6*.

- c. A certificate of service signed by the attorney making service (mailing or delivering the petition) indicating the address at which the respondent was served;
- d. A copy of petitioner’s receipt for certified mailing to respondent. The return receipt (green card) is not required for proof of service.

Upon receipt, the Bureau of Controversies and Disputes will acknowledge the petition in writing and notify the school district and county superintendent of its filing.

**LETTER PETITION (N.J.A.C. 6A:3-8.1)**

Petitioners who are *not* represented by an attorney (“*pro se*”) may submit a letter petition, instead of the standard Petition of Appeal as described above, *provided that the letter contains the following information:*

- a. Petitioner’s name, address, telephone number, and fax number where available;
- b. The name of the respondent board of education;
- c. A clear indication that the petitioner is appealing a determination of ineligibility to attend school in the district based on residency or domicile, identifying the date of the district’s decision, and including, where possible, a copy of the district’s written determination of ineligibility; and
- d. A signed statement that the petitioner’s claim of entitlement is based upon facts which are true to the best of the petitioner’s knowledge and belief, and that the petitioner understands that s/he may be assessed tuition through an order enforceable in Superior Court and recordable as a judgment against him/her if the claim is abandoned or withdrawn and/or if the Commissioner finds the student ineligible for free education in the district.

*Please Note: Sample letter petition forms are available from your school district, the Office of the County Superintendent, the Bureau of Controversies and Disputes, or on page 17 of the Department’s Informational Package at <http://www.state.nj.us/education/code/current/title6a/chap22sample.pdf> (PDF) or <http://www.state.nj.us/education/code/current/title6a/chap22sample.doc> (Word).*

Appeals from *pro se* petitioners need not be served upon the respondent district Board of Education. While *pro se* petitioners *may* serve their petitions on the Board, **they may also effectuate service through the Bureau of Controversies and Disputes.** Upon receipt of any *pro se* residency appeal which has not been served on the Board, the Bureau will transmit a copy of the letter petition to the board and county superintendent via fax, together with notice of the Board’s obligation to answer the letter petition pursuant to *N.J.A.C. 6A:3-1.5* and to ensure, as required by *N.J.S.A. 18A:38-1*, the attendance of petitioner’s child(ren) pending the outcome of the appeal.

\* \* \* \* \*

**ALL PETITIONS SHOULD BE SUBMITTED TO:**

**Commissioner of Education  
c/o Director of the Bureau of Controversies and Disputes  
New Jersey State Department of Education  
P.O. Box 500  
Trenton, NJ 08625-0500**

**A petition may be faxed, with hard copy following by mail, to 609-292-4333.**

Following submission of a proper petition, the board will be required to file an answer and, in most cases, the next step will be a hearing before a judge at the Office of Administrative Law, leading to an initial decision containing the judge’s recommended findings of fact and conclusions of law. The Commissioner will then review the matter and issue a final decision, which may be appealed to the Appellate Division of the Superior Court.

**Please Note: These instructions do not constitute legal advice, nor are they meant to take the place of applicable statute or regulation, which should be consulted by petitioners and will control if procedural issues arise in any appeal. These instructions are intended solely as an aid preparation and submission of a petition of appeal.**

**PRO SE RESIDENCY APPEAL:**  
**N.J.S.A. 18A:38-1/N.J.A.C. 6A:3-8.1/N.J.A.C. 6A:22**

To: Commissioner of Education  
c/o Director, Bureau of Controversies and Disputes  
New Jersey State Department of Education  
100 Riverview Plaza  
P.O. Box 500  
Trenton, NJ 08625

Fax: (609) 292-4333

Dear Commissioner: (Please Print or Type)

1. My name is \_\_\_\_\_.

2. My address is: \_\_\_\_\_  
Number Street Town/City Zip Code

3. My phone number is (\_\_\_\_\_) \_\_\_\_\_  
Area Code Number Fax If Available

4. The \_\_\_\_\_ School District located  
in \_\_\_\_\_  
Town/City County

will not allow the following child/ren, who reside with me, to attend school under N.J.S.A. 18A:38-1.  
List name(s) of child/ren and your relationship to them (i.e., parent, guardian/custodian, other).

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. Give a brief explanation of why attendance is being denied, including date of district's decision.  
Please attach, if possible, a copy of district's written determination. (Additional sheets may be used.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. With this letter, I am appealing the district's decision. My claim of entitlement is based upon facts which are true to the best of my knowledge. I understand that if the Commissioner finds that I have abandoned or withdrawn this appeal and/or that the child/ren are ineligible for a free education in this district, I may be assessed tuition costs for the period of the child/ren's ineligible attendance and such assessment may be enforced, or recorded as a judgment against me, in Superior Court.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date