



## Black Horse Pike Regional School District

Highland Regional High School, Blackwood NJ 08012  
Office of the Registrar, Enrollment & Summer Programs  
Phone: (856) 227-4100 ext. 4089 or 4026 Fax: (856) 227-8008

### New Student Registration Checklist

Registrar: Laura Greenwood

Highland Regional High School, 450 Erial Road, Blackwood, NJ 08012

Email all documents to [registration@bhprsd.org](mailto:registration@bhprsd.org) or make an appointment to drop them off to the address above

Please submit the following items to the email above ( if needed - make an appointment to drop off in person)

- \_\_\_ Must present a **TRANSFER CARD** from the previous school
- \_\_\_ Copies of current **IMMUNIZATION** records from previous school or pediatrician
- \_\_\_ Current **ACADEMICS** (report card), attendance, discipline, all test scores, **TRANSCRIPT**, **IEP** (if CST)
- \_\_\_ A completed **DEMOGRAPHIC** form (see registration packet)
- \_\_\_ A completed **RECORDS RELEASE** form (see registration packet) - \*complete CST Records Release if nec.
- \_\_\_ A completed **AUP** technology agreement form (see registration packet)
- \_\_\_ Copy of the student's **BIRTH CERTIFICATE**
- \_\_\_ Copy of parent(s)/guardian(s) **DRIVER'S LICENSE**

### **PROOF of RESIDENCY: FOUR PROOFS TOTAL**

- \_\_\_ *ONE MANDATORY proof of residency* (see registration packet)
- \_\_\_ *THREE additional proofs of residency* (see registration packet)
- \_\_\_ **COURT** documentation that coincides with the student(s) and guardians (if necessary)
  - \_\_\_ If, **leasing**, please be sure to bring a copy of the lease, signed pages are mandatory
  - \_\_\_ If you are **living with others**, complete the **AFFIDAVIT** (see registration packet) – NOTARY REQUIRED!
    - \_\_\_ if due to personal hardship, family may be McKinney-Vento eligible
- \_\_\_ **MANDATORY ATHLETIC form** (see registration packet) Complete Athletic Affidavit – NOTARY REQUIRED!

**\*ALL ATHLETIC DOCUMENTS MUST BE RETURNED, EVEN IF YOUR STUDENT(S) DO NOT PLAY SPORTS!**

### **SEMI form:**

- \_\_\_ *MANDATORY please complete and return*

# BLACK HORSE PIKE REGIONAL SCHOOL DISTRICT

580 Erial Road, Blackwood, New Jersey 08012-4550  
(856) 227-4106 • Fax (856) 227-6835

[www.bhprsd.org](http://www.bhprsd.org)

Where inspiring excellence is our standard and student achievement is the result

**Dr. Brian Repici**

Superintendent

**Frank Rizzo**

Board Secretary, Business Administrator

**Julie A. Scully**

Assistant Superintendent

## **PROOF OF RESIDENCY DOCUMENTATION**

*The totality of documentation presented will be considered in evaluating an individual student's application for enrollment within the district, and unless expressly permitted by law, the student will not be denied enrollment based upon an inability to provide certain form(s) of documentation where other acceptable evidence is presented.*

### **I. MANDATORY – MUST PROVIDE AT LEAST ONE OF THE FOLLOWING:**

- a. Property Tax Bills
- b. Deeds
- c. Contracts of Sale
- d. Leases
- e. Mortgages
- f. Signed letters from landlords
- g. Other evidence of property ownership, tenancy or residency

### **II. SECONDARY DOCUMENTS – MUST PROVIDE THREE OF THE FOLLOWING:**

- a. Current voter registration, licenses, permits, bank statements, utility bills, and other evidence of personal attachment to a particular location
- b. Court orders, state agency, agreements, or other evidence of court/agency placement or directives
- c. Bills or other evidence of expenditures demonstrating personal attachment to a particular location, or where applicable, to support a student
- d. Medical reports, counselor/social worker assessments, employment documents, benefits statements
- e. Affidavits, certificates and sworn attestations pertaining to statutory criteria for school attendance from the parent/guardian or person with whom an “affidavit student”, or adult student is residing
- f. Documents pertaining to military status and assignment
- g. Any business record or document issued by a government entity
- h. Any other form of documentation relevant to demonstrating entitlement to attend school

*You will not be asked to present any documentation protected from disclosure by law or pertaining to criteria which does not serve as a legitimate basis for determining eligibility to attend school. You may voluntarily, though, disclose any documentation you believe will help establish that your child meets the requirements by law for enrollment within the district. This information may include, but not limited to: income tax returns, citizenship/visa status documents (unless student possesses or is applying for an F-1 visa); social security numbers/card; documents relative to local housing ordinances of tenancy.*

#### **TRITON REGIONAL HIGH SCHOOL**

250 Schubert Avenue  
Runnemede, NJ 08078-1796  
(856) 939-4500 • Fax (856) 939-4724

Mrs. Melissa Sheppard, Principal



@TritonHigh



#### **HIGHLAND REGIONAL HIGH SCHOOL**

450 Erial Road  
Blackwood, NJ 08012-4599  
(856) 227-4100 • Fax (856) 227-3619

Mr. Ryan Varga, Principal



@HighlandHS

#### **TIMBER CREEK REGIONAL HIGH SCHOOL**

501 Jarvis Road  
Erial, NJ 08081-2169  
(856) 232-9703 • Fax (856) 232-5267

Mrs. Kelly McKenzie, Principal



@TimberCreekHS

<https://www.facebook.com/Black-Horse-Pike-Regional-School-District>

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## REGISTRATION PROCESS

### **I. Obtain the registration packet online at [www.bprsd.org](http://www.bprsd.org) via the Registration tab or contact a school below.**

1. HIGHLAND HIGH SCHOOL: (856) 227-4100, ext. 4036 or 4037
2. TIMBER CREEK HIGH SCHOOL: (856) 232-9703, ext. 6052 or 6053
3. TRITON HIGH SCHOOL: (856) 939-4500, ext. 2021 or 2022

1. The parent seeking enrollment within the BHPRSD must withdraw the student from prior district
2. If you need an in-person meeting for assistance with registration, please contact the Registration Office for an appointment (856) 227-4100 ext 4089 or 4026
3. IF in-person: The parent must accompany the student for the registration process
4. IF in-person: HOMEOWNER MUST ATTEND IF AN AFFIDAVIT STUDENT

### **II. COMPLETE REGISTRATION PAPERWORK:**

- a. Registration paperwork is available on the school/district website or within each school
- b. School Counseling secretary may email paperwork to parent, if applicable
- c. Incomplete paperwork may result in a rescheduled appointment

### **III. IF NEEDED - ATTEND REGISTRATION APPOINTMENT WITH DOCUMENTATION:**

- a. Please bring the following documents to your scheduled registration appointment:
  1. **Four (4) proofs of residency** (See Attached Acceptable Proof of Residency Documents)
  2. Student's most recent **Report Card / Academic Transcript / Standardized Test Scores**
  3. **Withdrawal Form**
  4. **Individualized Education Plan (IEP)**, if applicable for the Child Study Team
  5. Student **Immunization** Records
  6. Original or copy of **Birth Certificate** with parents' name
  7. **Custody agreement**, if applicable
  8. Copy of Parent/Guardian **Driver's License**

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BLACK HORSE PIKE REGIONAL SCHOOL DISTRICT

\_\_\_\_\_HIGHLAND \_\_\_\_\_TIMBER CREEK \_\_\_\_\_TRITON

DEMOGRAPHICS FOR REGISTRATION

**FOR OFFICE USE ONLY**

STATE ID# _____	STUDENT ID# _____
DATE STARTING: _____	COUNSELOR: _____
OUT OF DISTRICT SCHOOL _____	

**STUDENT INFORMATION**

Today's Date: \_\_\_\_\_

Student Legal First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Legal Last Name: \_\_\_\_\_ Student's Birth Date: \_\_\_\_\_

**PLEASE CIRCLE THE APPROPRIATE RACE AND ETHNIC CODE NUMBER.**

RACE CODE	RACE DESCRIPTION	RACE CODE	RACE DESCRIPTION	RACE CODE	RACE DESCRIPTION
1	WHITE	3	AMERICAN INDIAN/ALASKAN	5	HAWAIIAN NATIVE/OTHER PACIFIC ISLANDER
2	BLACK	4	ASIAN		
<b>ETHNIC CODE</b>	1 HISPANIC	<b>ETHNIC CODE</b>	2 non-HISPANIC		

Is this child a Special Education and/or Child Study Team? (Please check one) YES \_\_\_\_\_ NO \_\_\_\_\_

Previous School: \_\_\_\_\_ Student Gender: Male: \_\_\_\_\_ Female: \_\_\_\_\_

Grade Level: \_\_\_\_\_ City Student was Born in: \_\_\_\_\_

State Student Was Born in: \_\_\_\_\_ Country Student was Born in: \_\_\_\_\_

\_\_\_\_\_ 1 = Not Military Connected – Student is not military connected.

\_\_\_\_\_ 2 = Active Duty – Student is a dependent of a member of the Active-Duty Forces (Full-time) Army, Navy, Air Force, Marine Corps, or Coast Guard.

\_\_\_\_\_ 3 = National Guard or Reserve – Student is a dependent of a member of the National Guard or Reserve Forces (Army, Navy, Air Force, Marine Corps, or Coast Guard).

**PARENT/GUARDIAN INFORMATION**

(Please check only one of the following)

Only English spoken at Home: \_\_\_\_\_ Only \*\* \_\_\_\_\_ spoken at Home.

(\*\*Please write the name of the language.)

English and \*\* \_\_\_\_\_ spoken at Home.

(\*\*Please write the name of the language.)

Parent/Guardian Info: **(Please check one)** Student lives with: **Both Parents:** \_\_\_\_\_, **Mother Only:** \_\_\_\_\_,  
**Father Only** \_\_\_\_\_, **Grandparents** \_\_\_\_\_, **Other (please specify):** \_\_\_\_\_

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Parent/Guardian **(FIRST)** What is your Relationship to the Student: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Title: **(Please Check One):** Mrs. \_\_\_\_\_, Ms. \_\_\_\_\_, Mr. \_\_\_\_\_, Dr. \_\_\_\_\_, Rev. \_\_\_\_\_

Parent/Guardian Street Address: \_\_\_\_\_

Apartment #: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Parent/Guardian Home Phone #: (\_\_\_\_) \_\_\_\_\_

Alternate Phone # (cell phone, etc.): (\_\_\_\_) \_\_\_\_\_

Parent/Guardian Employer Name: \_\_\_\_\_

Work Telephone #: (\_\_\_\_) \_\_\_\_\_ Ext.: \_\_\_\_\_

Parent/Guardian **(SECOND)** What is your Relationship to the Student: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Title: **(Please Check One):** Mrs. \_\_\_\_\_, Ms. \_\_\_\_\_, Mr. \_\_\_\_\_, Dr. \_\_\_\_\_, Rev. \_\_\_\_\_

Parent/Guardian Street Address: \_\_\_\_\_

Apartment #: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Parent/Guardian Home Phone #: (\_\_\_\_) \_\_\_\_\_

Alternate Phone # (cell phone, etc.): (\_\_\_\_) \_\_\_\_\_

Parent/Guardian Employer Name: \_\_\_\_\_

Work Telephone #: (\_\_\_\_) \_\_\_\_\_ Ext.: \_\_\_\_\_

**EMERGENCY INFORMATION (OTHER THAN PARENT/GUARDIAN LISTED ABOVE.)**

**Emergency 1** – First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

GUARDIAN HAS GIVEN PERMISSION FOR CONTACT TO PICK UP STUDENT: YES: \_\_\_\_\_ NO: \_\_\_\_\_

HOME STREET ADDRESS: \_\_\_\_\_ APT #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Emergency 1 – Phone # (\_\_\_\_) \_\_\_\_\_ Ext: \_\_\_\_\_

Emergency 2 – Phone # (\_\_\_\_) \_\_\_\_\_ Ext: \_\_\_\_\_

**Emergency 2** – First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

GUARDIAN HAS GIVEN PERMISSION FOR CONTACT TO PICK UP STUDENT: YES: \_\_\_\_\_ NO: \_\_\_\_\_

HOME STREET ADDRESS: \_\_\_\_\_ APT #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Emergency 1 – Phone # (\_\_\_\_) \_\_\_\_\_ Ext: \_\_\_\_\_

Emergency 2 – Phone # (\_\_\_\_) \_\_\_\_\_ Ext: \_\_\_\_\_

**DOCTOR EMERGENCY INFORMATION**

Physician's First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Phone # (\_\_\_\_) \_\_\_\_\_ Ext: \_\_\_\_\_

Do you have health insurance? YES: \_\_\_\_\_ NO: \_\_\_\_\_

If yes, what is the name of your provider? \_\_\_\_\_

**PARENT ACCESS INFORMATION**

Please provide an email address to be used for our Parent Access System. This will allow you to view your child's grades, attendance, and discipline.

Parent Name: \_\_\_\_\_

Email Address: \_\_\_\_\_ (please print clearly) \*\*

\*\* The email address above will be your username and you will receive a temporary password sent to that email. \*\*



# BLACK HORSE PIKE REGIONAL SCHOOL DISTRICT

*Where Inspiring Excellence is our Standard and Student Achievement is the Result*



**REGISTRAR**

450 Erial Rd.  
Blackwood, NJ 08012  
(P) 856-227-4100  
**(F) 856-227-8008**  
**ATTN: Registrar**

**TRITON REG HS**

250 Shubert Ave.  
Runnemede, NJ 08078  
(P) 856-939-4500  
**(F) 856-939-1155**  
**ATTN: Counseling**

**TRITON REG HS (Special Education Records)**

250 Shubert Ave.  
Runnemede, NJ 08078  
(P) 856-939-4500  
**(F) 856-939-1155**  
**ATTN: Sarah Campo**

## Request for Student Records

Parent/Guardian: **PLEASE FILL IN THE INFORMATION BELOW**

**Name and Address of the School student is transferring from:**

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

**Grade:** \_\_\_\_\_

**State ID#:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

The above named student has enrolled in the Black Horse Pike Regional School District (BHPRSD). Please send us the following information as soon as possible:

- Transfer Card
- Health Records (original health records for NJ state schools)
- Transcript of grades
- Standardized test results / report cards / grades in progress
- Attendance report
- Discipline records
- Athletic Records (ie. Varsity letters, etc)
- IEP (if necessary)

Any other pertinent information regarding his/her educational history, including all Special Services Records, (psychological, learning disabilities, social work, psychiatric, neurological and medical) is to be included.

You are authorized to send the documentation requested to the address of the school/office listed above

Parent/Guardian signature: x \_\_\_\_\_ Date: x \_\_\_\_\_

# BLACK HORSE PIKE REGIONAL SCHOOL DISTRICT

## DISTRICT ISSUED TECHNOLOGY AGREEMENT

\_\_\_\_\_ **HIGHLAND**      \_\_\_\_\_ **TIMBER CREEK**      \_\_\_\_\_ **TRITON**

**STUDENT NAME:** \_\_\_\_\_

No student shall be allowed to use the BHRPSD network (SSID), any school/district technological device including school-issued Chromebooks, and the district Internet connection unless this consent form is signed by the student and his/her parent(s)/guardian(s). This consent form will remain on file at the school which the student attends.

### Acceptable Use:

- I agree to use school district/devices, including school-issued Chromebooks, and the BHRPSD network for educational purposes. I have reviewed all guidelines for acceptable use. I understand that violations of acceptable use may result in suspension or revocation of Technology privileges including the use of Chromebooks, school computers, and/or network privileges.
- I have read and agreed to the terms of the Technology Handbook located on the district/school website under Parents and Students.

### Care:

- I agree to care for all district/school technology equipment including the Chromebook as described within the Technology Handbook.

### Damage and User Fee:

- I agree to pay the \$20.00 mandatory User Fee for my school-issued Chromebook. If paying by check, make check payable to BHRPSD. I understand this covers damage for normal wear and tear and does not cover lost devices, negligence, willful damage, or vandalism. I understand the financial obligations for missing or broken parts, vandalism, or loss of the device.

### Discipline:

- I understand that inappropriate conduct or misuse of any school/district device, including Chromebooks, and network will be subject to the Student Code of Conduct. I understand that unacceptable conduct may result in suspension or loss of technology privileges, as well as any other applicable consequences.

### Legal Notices:

- "Anti-Big Brother" notification: The Chromebook automatically stores information about its use and browsing history. That information as well as any emails, documents, photos, or videos may be monitored by the school district. The Chromebook is equipped with a camera. The district cannot remotely access the camera to violate the privacy of any students or other people residing with the student.
- CIPA certification: the district technology supervisor certifies that the district network is equipped with a filter in accordance with the Children's Internet Protection Act (CIPA).

Signature for AUP/Consent:

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_



**NEW JERSEY STATE INTERSCHOLASTIC ATHLETIC ASSOCIATION**

1161 Route 130 North, Robbinsville, NJ 08691-1104

**STUDENT-ATHLETE RESIDENCY AFFIDAVIT**

\_\_\_\_\_  
Print Student’s Full Name

\_\_\_\_\_  
School

\_\_\_\_\_  
Date

I, \_\_\_\_\_, of full age, being duly sworn to law, upon my oath  
depose and say:

- 1. I am the parent/legal guardian of the above listed student. (circle)
- 2. I currently reside at: \_\_\_\_\_  
I have resided at the above address since: \_\_\_\_\_
- 3. The above-named student moved with me at my new address on: \_\_\_\_\_
- 4. Prior to moving to the new residence address listed above, I resided at the following address:  
\_\_\_\_\_
- 5. Prior to moving to the new address listed in #2 above, the student resided at the following address:  
\_\_\_\_\_  
with named parent/legal guardian \_\_\_\_\_
- 6. I hereby authorize the New Jersey State Interscholastic Athletic Association (“NJSIAA”) to investigate and confirm any and all Statements made by me in this affidavit. I agree to provide any additional information that may be requested by the NJSIAA.
- 7. I will notify the present school immediately, in writing, if any of the conditions recited herein are changed.
- 8. This residence may not be associated with, leased, or provided by anyone associated with the school or acting at the direction of the school, including but not limited to administration, staff, coaches, students, parents, booster clubs, or any organization having a connection with the school.

I hereby certify that the forgoing statements are true, and I am aware that if any of the foregoing statements are willfully false, I am subject to punishment.

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

\_\_\_\_\_  
Print Parent/Guardian Full Name

STATE OF NEW JERSEY, COUNTY OF \_\_\_\_\_. The above-named affiant appeared before me, a notary public of the State of New Jersey, on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_ and I made known to him/her the contents of the above affidavit which was then sworn and subscribed to by said affiant before me on this date.

Notary Public: \_\_\_\_\_

***Copies of this Affidavit must be sent to the New Jersey State Interscholastic Athletic Association upon request***

# NEW JERSEY STATE INTERSCHOLASTIC ATHLETIC ASSOCIATION

1161 Route 130 North, Robbinsville, NJ 08691-1104

Phone 609-259-2776 ~ Fax 609-259-3047

The new transfer rule, as amended, would read as follows:

## Article V – Eligibility of Athletes

K. Transfers – After his/her initial enrollment in a secondary school, as provided for in Article V, Section 4.G (2) of the Bylaws, a student-athlete is subject to the following transfer rules:

1. A student-athlete who transfers from one secondary school to another because of a bona fide change of residence by his/her parents or guardians, or through assignment by the Board of Education, becomes eligible to represent his/her new school immediately upon entrance unless recruitment or transfer for athletic advantage is alleged and provided all other eligibility regulations are satisfied.

Both the former and new school must complete a transfer form affirmatively stating that the transfer is a bona fide change of residence and that there was no athletic recruitment or a transfer for athletic advantage.

A bona fide change of residence takes place when:

- a. The parent/guardian moves with the student from one public high school district to another public high school district;
- b. The parent/guardian completes an affidavit or certification with proof of the new residence;
- c. The change of residence must have occurred on or before the following dates: July 1, to be immediately eligible to participate during the Fall sports season; October 1, to be immediately eligible to participate in the Winter sports season; and February 1, to be immediately eligible to participate in the Spring sports season; and
- d. The new residence may not be associated with, leased, or provided by anyone associated with the school or acting at the direction of the school, including but not limited to administration, staff, coaches, students, parents, booster clubs, or any organization having a connection with the school.

The form of the affidavit or certification shall be approved annually by the Executive Committee. The affidavit or certification must be filed with the new school and be available to the NJSIAA upon request. Any school official with actual knowledge that the affidavit or certification is false may be subject to punishment as set forth in Article X

The affidavit or certification must be accompanied by proof of the new residence. Such proof shall include at least two of the following: (i) a New Jersey driver's license or non-driver's identification showing change of address; (ii) mortgage or lease documents; (iii) utility bills; (iv) voter registration; (v) bank statement; (vi) homeowner's insurance or renter's insurance; or (vii) any business record or document issued by a governmental entity.

The term "guardian" refers to that person who has control over the person and property of a child as established by the order of a court of competent jurisdiction. A student who becomes emancipated shall be deemed not to have made a bona fide change of residence.

Note: To provide ample notice to schools and families, the July 1 deadline for a bona fide change of residence set forth in paragraph c. above shall not be applicable in 2019. All other requirements will take effect 20 days after approval, unless determined otherwise by the Commissioner of Education.

Note: If you would like to review the 2018-19 version please refer to page 51 of last year's bylaws.

\_\_\_\_\_ Highland  
\_\_\_\_\_ Timber Creek  
\_\_\_\_\_ Triton

**BLACK HORSE PIKE REGIONAL SCHOOL DISTRICT**  
**580 ERIAL ROAD**  
**BLACKWOOD, NEW JERSEY 08012**  
**(856) 227-4105**

**Affidavit** for adults unable to provide residency proofs pursuant to NJSA 18A:38:1

Name of Student: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Previous Address of Student: \_\_\_\_\_  
\_\_\_\_\_

Previous School: \_\_\_\_\_ Grade: \_\_\_\_\_

I, \_\_\_\_\_  
(Owner(s) / Renter(s) Name) (Own/Rent)

the property at \_\_\_\_\_ New Jersey.  
(Address)

I further swear that \_\_\_\_\_  
(Student)

and \_\_\_\_\_ are currently residing with me  
(Parent / Guardian)

at this address and on a \_\_\_\_\_ temporary \_\_\_\_\_ permanent basis.

**Reason for current housing arrangement:** \_\_\_\_\_

I have initialed here \_\_\_\_\_ to acknowledge that I will notify the School Counseling Office immediately when this student no longer resides at this Black Horse Pike Regional School District address.

I have read this Affidavit of Residency that I have completed, and it is true and correct. I understand that I can be held legally responsible for any violation of NJSA 18A:38-1.c as a disorderly person for fraudulently allowing the use of my residence for the purpose of receiving a free education in this district. I also understand that I may be charged tuition for the number of days attended under a fraudulent affidavit.

\_\_\_\_\_  
Resident Owner / Renter Signature

Home Phone: \_\_\_\_\_

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

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

Sworn to and subscribed before me this  
\_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
Notary Public

For District Use Only
<input type="checkbox"/> Consideration for Homelessness

**Black Horse Pike Regional School District  
Department of Special Services**

580 Erial Road  
Blackwood, New Jersey 08012  
856-227-4106

**Special Education Medicaid Initiative (SEMI) Parental Consent Form**

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 public insurance to pay for special education or related services under Part 300 (services under the IDEA). I understand that the school district is still required to provide services to my child pursuant to his or her IEP, regardless of my Medicaid eligibility status or willingness to consent for SEMI billing. 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: \_\_\_\_\_

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

I give consent to bill for SEMI:  Yes  No

This consent can be revoked at any time by contacting your child's Case Manager, or the administrator at your child's school, in writing.

Please return this form to:  
Highland Regional High School  
Registrar  
450 Erial Road  
Blackwood, NJ 08012