

**SUPERINTENDENT**  
*Nikolaos C. Koutsogiannis*  
350 East Clinton Street  
Clayton, NJ 08312  
856-881-8700 school  
856-863-8196 fax

**HERMA SIMMONS**  
*(PK – 5<sup>th</sup>)*  
300 West Chestnut Street  
Clayton, NJ 08312  
856-881-8704 school  
856-307-0924 fax  
*Scott Uribe, Principal*  
*Tanya Harper, Asst Principal*

**CLAYTON MIDDLE**  
*(6<sup>th</sup> – 8<sup>th</sup>)*  
55-B Pop Kramer Blvd  
Clayton, NJ 08312  
856-881-8701 school  
856-881-8623 fax  
*Marvin Tucker, Principal*  
*Alicia Fragoso, Asst Principal*

**CLAYTON HIGH**  
*(9<sup>th</sup> – 12<sup>th</sup>)*  
55-A Pop Kramer Blvd  
Clayton, NJ 08312  
856-881-8701 school  
856-863-0808 fax  
*Joseph Visalli, Principal*  
*Dan Antonelli, Asst Principal*

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

## 2018-2019 PRE-SCHOOL 3-YEAR OLD REGISTRATION PACKET

Welcome to the Clayton Public School District. Your child must be three (3) years of age on or before October 1, 2018 to apply for our half-day PK3-year old program.

**TUITION:** Our PK3-year old program is a 10-month, tuition-based, half-day program with both AM and PM sessions. Tuition rates are determined annually by the Clayton Board of Education. The 2018-2019 rate is \$500/year; however, this rate may be adjusted based on income and household size. The District has established an installment plan for tuition payments which consists of four (4) equal payments due on the second Friday in October, December, February, and May.

**TRANSPORTATION:** The District provides bus transportation to all PK3 students and placement in either the AM or PM session is based solely on transportation. If a student is transported to/from an address East of Delsea Drive (Middle/High School side) that student will be enrolled in the AM session (8:40AM to 11:20AM). If a student is transported to/from an address that is West of Delsea Drive (Elementary School side), that student will be enrolled in the PM session (12:30PM to 3:00PM). Parents are fully responsible for providing transportation to/from school, if they request a session placement that does not align with the above transportation schedule for PK3.

**LOTTERY:** Enrollment for general education students is determined through a public lottery selection process. Early registration for the 2018-2019 school year will begin on April 3, 2018 and close on May 25, 2018. **Completed registration packets must be submitted by May 25, 2018 to participate in the lottery on May 30, 2018.** Registration packets received after May 25, 2018, will be accepted, however, based on enrollment, student may be placed on a waiting list.

All registration packets are submitted BY APPOINTMENT – drop off packets will NOT be accepted.

→ Please go to <https://claytonps.org/registration-booking> to schedule your appointment

### **Required documents for proof of residency**

1. Mortgage, deed, settlement papers, rental/lease agreement, and
2. Any utility bill dated within the last 30 days with the name and address of the resident.

**OR**

3. Most recent property tax bill

### **Proof of parent/legal guardianship, child's age and date of birth**

1. Original birth certificate
2. Legal custody papers (if applicable)

### **Required health documents regarding student**

1. Immunization record to include the following:
  - Four (4) DTP/DTaP with booster given after 4<sup>th</sup> birthday or any five (5) DTP/DTaP
  - One (1) Hib administered after 1<sup>st</sup> birthday
  - Three (3) Polio with one given after 4<sup>th</sup> birthday or any 4 doses
  - One (1) MMR administered after the 1<sup>st</sup> birthday
  - One (1) Varicella Vaccine (Chicken Pox) administered after 1<sup>st</sup> birthday
  - One (1) Pneumococcal administered after the 1<sup>st</sup> birthday
  - One (1) Influenza administered annually between September 1<sup>st</sup> and December 31<sup>st</sup>
2. Entrance Examination Form completed by a physician no more than 365 days prior to registration and includes any modifications necessary to ensure your child's full participation in our school programs

### **Previous school records *\*\*required only if transferring from another school\*\****

1. Transfer card with name, address, telephone number and fax number of previous school
2. State Identification Number (SID) – *only required if transferring from a New Jersey School*
3. Current IEP for students receiving services through the Child Study Team or equivalent

## Questionnaire for Pre-School Parents

Child's Name: \_\_\_\_\_

1. Does your child have any prior pre-school experience? YES \_\_\_\_\_ NO \_\_\_\_\_

If YES, where: \_\_\_\_\_

If NO, does your child have an opportunity to play with children his/her own age? \_\_\_\_\_

2. Does your child have any food allergies? YES \_\_\_\_\_ NO \_\_\_\_\_

If YES, please list: \_\_\_\_\_

3. Can your child have dairy products? YES \_\_\_\_\_ NO \_\_\_\_\_

4. Does your child have a nickname that he/she goes by? YES \_\_\_\_\_ NO \_\_\_\_\_

If YES, please list: \_\_\_\_\_

5. Is your child potty trained? YES \_\_\_\_\_ NO \_\_\_\_\_

6. Does your child sit for a story? YES \_\_\_\_\_ NO \_\_\_\_\_

7. Does your child dress him/herself? YES \_\_\_\_\_ NO \_\_\_\_\_

8. Does your child use crayons and scissors? YES \_\_\_\_\_ NO \_\_\_\_\_

9. Does your child play with puzzles? YES \_\_\_\_\_ NO \_\_\_\_\_

10. What is your child's favorite activity? \_\_\_\_\_

What is your child's favorite toy? \_\_\_\_\_

11. At what age did your child begin to speak in sentences? \_\_\_\_\_

12. Do you have any concerns about your child's development that can be addressed in our program?

\_\_\_\_\_

13. What is the most important thing you would like your child to learn in school this year?

\_\_\_\_\_

Clayton Public School District  
*Nickolaos C. Koutsogiannis, Superintendent of Schools*

Herma Simmons Elementary School  
300 West Chestnut Street  
Clayton, NJ 08312

*Scott Uribe, Principal*

(856) 881-8704, school  
(856) 307-0924, fax

*Tanya Harper, Assistant Principal*

RECORDS RELEASE FORM

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

DOB: \_\_\_\_\_ Grade Level: \_\_\_\_\_

Does student have: \_\_\_\_\_ IEP \_\_\_\_\_ 504 \_\_\_\_\_ IR&S (PAC)

Previous School Name: \_\_\_\_\_

Previous School Address: \_\_\_\_\_

Previous School City/State/Zip: \_\_\_\_\_

Previous School Phone: \_\_\_\_\_

Previous School Fax: \_\_\_\_\_

*I am the parent/guardian of the above-named student. I give his/her previous school permission to release ACADEMIC RECORDS, HEALTH RECORDS, TEST SCORES, DISCIPLINE RECORDS, ATTENDANCE RECORDS and CONFIDENTIAL RECORDS (i.e. PSYCHOLOGICAL REPORTS, LEARNING DISABILITY EVALUATIONS, SOCIAL HISTORY, INDIVIDUALIZED EDUCATION PLAN, etc.) to the Clayton Public School District upon request.*

Parent/Guardian: \_\_\_\_\_  
(please print name)

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

# CLAYTON PUBLIC SCHOOL DISTRICT HOUSEHOLD INFORMATION QUESTIONNAIRE

*The purpose of this questionnaire is to obtain information that can be used by the District to apply for various grants and appropriate grant funding correctly. The information obtained is confidential and will only be used as stated. This form is NOT part of the student's academic file.*

## HOUSEHOLD INFORMATION

Is parent or guardian an active member of the military?

YES  NO

Does any member of your household receive NJ SNAP?

YES  NO

Does any member of your household receive TANF?

YES  NO

Does any member of your household receive SSI?

YES  NO

Household Size	Please circle amount closest to gross yearly income based on household size			
	1	\$11,880	\$15,800	\$17,820
2	16,020	21,307	24,030	32,040
3	20,160	26,813	30,240	40,320
4	24,300	32,319	36,450	48,600
5	28,440	37,825	42,660	56,880
6	32,580	43,331	48,870	65,160
7	36,730	48,851	55,095	73,460
8	40,890	54,384	61,335	81,780

**STUDENT #1:** \_\_\_\_\_ **GRADE:** \_\_\_\_\_

Choose ETHNICITY:  Hispanic or Latino  Not Hispanic or Latino

Choose RACE(S):  Asian  American Indian or Alaska Native  Black or African-American  White  Native Hawaiian or Pacific Islander

Please check the appropriate box to answer the following question for Student#1:

After school my child:  participates in a school sponsored activity  attends a Child Care Program  goes home

**STUDENT #2:** \_\_\_\_\_ **GRADE:** \_\_\_\_\_

Choose ETHNICITY:  Hispanic or Latino  Not Hispanic or Latino

Choose RACE(S):  Asian  American Indian or Alaska Native  Black or African-American  White  Native Hawaiian or Pacific Islander

Please check the appropriate box to answer the following question for Student#2:

After school my child:  participates in a school sponsored activity  attends a Child Care Program  goes home

**STUDENT #3:** \_\_\_\_\_ **GRADE:** \_\_\_\_\_

Choose ETHNICITY:  Hispanic or Latino  Not Hispanic or Latino

Choose RACE(S):  Asian  American Indian or Alaska Native  Black or African-American  White  Native Hawaiian or Pacific Islander

Please check the appropriate box to answer the following question for Student#3:

After school my child:  participates in a school sponsored activity  attends a Child Care Program  goes home

**STUDENT #4:** \_\_\_\_\_ **GRADE:** \_\_\_\_\_

Choose ETHNICITY:  Hispanic or Latino  Not Hispanic or Latino

Choose RACE(S):  Asian  American Indian or Alaska Native  Black or African-American  White  Native Hawaiian or Pacific Islander

Please check the appropriate box to answer the following question for Student#4:

After school my child:  participates in a school sponsored activity  attends a Child Care Program  goes home

CLAYTON PUBLIC SCHOOL DISTRICT  
STUDENT REGISTRATION PACKET

STUDENT NUMBER: \_\_\_\_\_

New Student

Returning Student

GRADE: \_\_\_\_\_

STUDENT INFORMATION

GENDER:  Male  Female

NAME \_\_\_\_\_

Last

First

Middle

ADDRESS \_\_\_\_\_

PRIMARY PHONE NUMBER \_\_\_\_\_

If this is a cell phone: Is it okay to send text messages?  YES  NO

DOB \_\_\_\_\_

CITY and STATE OF BIRTH: \_\_\_\_\_

COUNTRY OF BIRTH: UNITED STATES or \_\_\_\_\_

AGE as of OCTOBER 1<sup>st</sup>: \_\_\_\_\_

ETHNICITY:  Hispanic or Latino  Not Hispanic or Latino

RACE:  Asian  American Indian or Alaska Native  Black or African-American  White  Native Hawaiian or Pacific Islander

Was the student receiving any services through the Child Study Team in his/her previous school?

YES  NO

Did the student have an active 504 Plan in his/her previous school?

YES  NO

Did the student ever attend a day care or head-start program?  YES  NO

Program Name/Location: \_\_\_\_\_

PARENT or GUARDIAN INFORMATION #1

Does student live with you?  YES  NO

RELATIONSHIP TO STUDENT:  Mother  Father  Grandmother  Grandfather  Aunt  Uncle  Other: \_\_\_\_\_

NAME \_\_\_\_\_

Last

First

Middle

ADDRESS \_\_\_\_\_

HOME PHONE \_\_\_\_\_

CELL PHONE \_\_\_\_\_

Text messages okay:  YES  NO

E-MAIL: \_\_\_\_\_

If not parent, do you have a court order or power of attorney for guardianship?  YES  NO

PARENT or GUARDIAN INFORMATION #2

Does student live with you?  YES  NO

RELATIONSHIP TO STUDENT:  Mother  Father  Grandmother  Grandfather  Aunt  Uncle  Other: \_\_\_\_\_

NAME \_\_\_\_\_

Last

First

Middle

ADDRESS \_\_\_\_\_

HOME PHONE \_\_\_\_\_

CELL PHONE \_\_\_\_\_

Text messages okay:  YES  NO

E-MAIL: \_\_\_\_\_

If not parent, do you have a court order or power of attorney for guardianship?  YES  NO