

## Tuition Based Preschool

Or

## Preschool Disability

This page contains the LIST OF DOCUMENTS and FORMS you will need to register your child(ren) for ***Tuition Based Preschool or Preschool Disability***. **Availability for tuition based preschool is not guaranteed.** Please complete these forms and bring them to registration at the address listed below, Monday through Friday, between the hours of 10:00am – 2:00pm.

**Place:** Oxycocus Elementary School  
**Address:** 250 North Main Street, Manahawkin, NJ 08050  
**Phone:** 609-978-5700 Extension 1270

***Please note: If entering Preschool, your child must be 3 or 4 years old on or before October 1 of the current year.***

ONLY THE NATURAL PARENT OR GUARDIAN MAY REGISTER A STUDENT. PHOTO ID IS REQUIRED.  
FRAUDULENT CLAIM REGARDING RESIDENCY OF CUSTODY ARE SUBJECT TO FINES AND/OR  
IMPRISONMENT

**For Preschool tuition fees, bus fees, and other important information specific to Preschool Registration please see our Preschool Flyer on the previous page**

## Print Registration Packet

### Registration Documents – Required

PLEASE BRING THE ITEMS LISTED BELOW TO REGISTRATION

- 1) Two (2) Proofs of Residency (as outlined on page i and ii on the New Student Registration Form – listed below) Please note: We will not register your child without two proofs of residency.
- 2) Your child's original Birth Certificate with raised seal from the Bureau of Vital Statistics
- 3) Your child's Immunization Record-to-Date (provided by your child's pediatrician)
- 4) Completed Transfer Card (if applicable-for transfer students only)
- 5) Legal Custody Papers (if applicable-see Custody Alert Form listed below)
- 6) Proof of Guardianship (if applicable)
- 7) \$100.00 Non-Refundable Registration Fee (checks can be made payable to: Stafford Township Board of Education) For Tuition Based Preschool only

***Please note: It is not necessary to bring your child. You only need to bring the required documents and completed forms.***

### Registration Forms – Required

PLEASE COMPLETE THE FORMS BELOW. BRING THESE COMPLETED FORMS WITH YOU TO REGISTRATION.

- New Student Registration Form
- Universal Child Health Record Form (to be completed by your child's pediatrician )
- Custody Alert Form (if applicable)

**STAFFORD TOWNSHIP SCHOOL DISTRICT  
NEW STUDENT REGISTRATION FORM**

**PRELIMINARY INFORMATION: PLEASE READ BEFORE PROCEEDING**

**The questions asked 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., living with a parent or guardian whose permanent home is located within the district. A home is permanent when the parent or guardian intends to return to it when absent and has no present intent of moving from it, notwithstanding the existence of homes 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 person domiciled in the district, other than the parent or guardian, where the parent/guardian is a member of the New Jersey National Guard or the reserve component of the U.S. armed forces and has been ordered into active military service in the U.S. armed forces in time of war or national emergency
- 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 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 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 basis in a 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

**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 letters 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 placements or directives
- Receipts, bills, cancelled checks and other evidence of expenditures demonstrating personal attachment to a particular location, or, where applicable, to support of 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 residency
- Affidavits, certifications and sworn attestations pertaining to statutory criteria for school attendance, from the parent, legal guardian, person keeping an “affidavit student,” adult student, person(s) with 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 or information relating to citizenship or immigration/visa status, unless the student holds or is applying for an F-1 visa
- Documentation or 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.**

***If you experience difficulties with the enrollment process, please see*** Director, Human Resources (who will contact the Building Principal as necessary and appropriate) ***for assistance.***

# STUDENT REGISTRATION

Student Name: \_\_\_\_\_  
First
Middle
Last

Registration Date: \_\_\_\_\_ Grade: \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Former STSD Student: \_\_\_\_\_ Year \_\_\_\_\_ Military Family Yes  No

Student's Address: \_\_\_\_\_  
Street
Apt. #

---

City
Zip

Telephone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_

Birth Date: \_\_\_\_\_ Original Birth Certificate: \_\_\_\_\_ Checked by: \_\_\_\_\_

Birth City: \_\_\_\_\_ Birth State: \_\_\_\_\_ Birth Country: \_\_\_\_\_ US Entry Date: \_\_\_\_\_

Primary Language: \_\_\_\_\_ Home Language: \_\_\_\_\_ \*

*\*If other than English complete HOME LANGUAGE SURVEY (see Form B)*

**\*\*Ethnicity and Race: This information is optional, for statistical purposes only, and will not affect registration.\*\***

Ethnicity – Are you Hispanic/Latino? Yes/No

Hispanic  Latino

Race – Select one or more from the following five racial groups:

White (not of Hispanic origin)  Black/African American  Asian  
 American Indian/Alaska Native  Native Hawaiian/Other Pacific Islander

Former School: Name: \_\_\_\_\_  
 Street Address: \_\_\_\_\_  
 City/State/Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_

Former Residency Information: Street Address: \_\_\_\_\_  
 City/Sate/Zip: \_\_\_\_\_  
 County: \_\_\_\_\_

If your child has previously attended school, please check off any of the following services that he/she has received:

<input type="checkbox"/> Pre-School Handicapped	<input type="checkbox"/> Basic Skills
<input type="checkbox"/> Occupational Therapy/Physical Therapy	<input type="checkbox"/> Speech
<input type="checkbox"/> Child Study Team Evaluation	<input type="checkbox"/> Resource Room
<input type="checkbox"/> Bilingual/English as a Second Language	<input type="checkbox"/> Other

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**For Office Use Only:**  PLC  Ocean Acres  Oxycocus  McKinley  Intermediate

STSD ID # \_\_\_\_\_ NJ Smart Student ID # \_\_\_\_\_

Start Date \_\_\_\_\_

Transportation

CST

Records Requested

Records Received

Homeroom (via Main Office Secretary)

Nurse

Guidance

Meal Verification

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

**RESIDENCY INFORMATION**

Proof of Residency:  1  2

Child resides with:      Both Parents: \_\_\_\_\_      One Parent (please name): \_\_\_\_\_  
   Guardian: \_\_\_\_\_      Relationship of Guardian to child: \_\_\_\_\_

Parent/Guardian Contact Information:

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

Address \_\_\_\_\_ Apt. # \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Cell #: \_\_\_\_\_ Email Address: \_\_\_\_\_

Employer Name: \_\_\_\_\_ Work #: \_\_\_\_\_

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

Address \_\_\_\_\_ Apt. # \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Cell #: \_\_\_\_\_ Email Address: \_\_\_\_\_

Employer Name: \_\_\_\_\_ Work #: \_\_\_\_\_

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

Address \_\_\_\_\_ Apt. # \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Cell #: \_\_\_\_\_ Email Address: \_\_\_\_\_

Employer Name: \_\_\_\_\_ Work #: \_\_\_\_\_

**List brothers and sisters (oldest first) living at home:**

Name	Relationship	Birth Date

***DO NOT RELEASE STUDENT TO THE FOLLOWING PERSON(S) – LEGAL PROOF ON FILE:***

\_\_\_\_\_

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

**Emergency contacts listed below may pick up my child from school:** (Contacts other than parents/guardians)

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Are you enrolling this student under the McKinney Vento Act? Yes \_\_\_\_\_ No \_\_\_\_\_  
If you checked "yes", please complete the McKinney Vento eligibility required forms.

**Medical**

Student's Medical Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Does the child have Health Insurance?

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 [www.njfamilycare.org](http://www.njfamilycare.org) to apply online.

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

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

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

**STAFFORD TOWNSHIP SCHOOL DISTRICT  
HOME LANGUAGE SURVEY**

Dear Parents/Guardians:

In order to improve the plans for your child's educational needs, we are asking you to answer the questions listed below regarding your child's native language\*.

Please answer all questions and sign the form.

If you have any problems or need help with answering the questions, please see principal at the school your child attends.

Thank you for your cooperation.

*\*Definition of native language from New Jersey Department of Education: The language first used by student, or the language most often spoken at home regardless of the language spoken by the student.*

\*\*\*\*\*

Student's Name: \_\_\_\_\_ Date: \_\_\_\_\_

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

- 1. What language do you most often use when speaking to your child? \_\_\_\_\_
- 2. What language did your child first use for communication? \_\_\_\_\_
- 3. What language does your child most often use when speaking to brothers, sisters, and other children in the home? \_\_\_\_\_
- 4. What language does your child often use when speaking with you or other adults in the home? (Grandparents, aunts, uncles, etc.) \_\_\_\_\_
- 5. What language does your child most often use when speaking with friends or neighbors? \_\_\_\_\_

\*\*\*\*\*

In which language do you wish to receive communication? \_\_\_\_\_

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

\_\_\_\_\_  
Date

\*\*\*\*\*

For School Use Only

Language: \_\_\_\_\_

Code: \_\_\_\_\_

# UNIVERSAL CHILD HEALTH RECORD

Endorsed by: American Academy of Pediatrics, New Jersey Chapter  
New Jersey Academy of Family Physicians  
New Jersey Department of Health and Senior Services

SECTION I - TO BE COMPLETED BY PARENT(S)					
Child's Name (Last) _____ (First) _____		Gender <input type="checkbox"/> Male <input type="checkbox"/> Female		Date of Birth /      /	
Does Child Have Health Insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No		If Yes, Name of Child's Health Insurance Carrier _____			
Parent/Guardian Name _____		Home Telephone Number _____		Work Telephone/Cell Phone Number _____	
Parent/Guardian Name _____		Home Telephone Number _____		Work Telephone/Cell Phone Number _____	
<b><i>I give my consent for my child's Health Care Provider and Child Care Provider/School Nurse to discuss the information on this form.</i></b>					
Signature/Date _____				This form may be released to WIC. <input type="checkbox"/> Yes <input type="checkbox"/> No	
SECTION II - TO BE COMPLETED BY HEALTH CARE PROVIDER					
Date of Physical Examination: _____		Results of physical examination normal? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Abnormalities Noted:			Weight (must be taken within 30 days for WIC)		
			Height (must be taken within 30 days for WIC)		
			Head Circumference (if <2 Years)		
			Blood Pressure (if ≥3 Years)		
<b>IMMUNIZATIONS</b>		<input type="checkbox"/> Immunization Record Attached <input type="checkbox"/> Date Next Immunization Due: _____			
MEDICAL CONDITIONS					
Chronic Medical Conditions/Related Surgeries • List medical conditions/ongoing surgical concerns:		<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached		Comments	
Medications/Treatments • List medications/treatments:		<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached		Comments	
Limitations to Physical Activity • List limitations/special considerations:		<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached		Comments	
Special Equipment Needs • List items necessary for daily activities		<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached		Comments	
Allergies/Sensitivities • List allergies:		<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached		Comments	
Special Diet/Vitamin & Mineral Supplements • List dietary specifications:		<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached		Comments	
Behavioral Issues/Mental Health Diagnosis • List behavioral/mental health issues/concerns:		<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached		Comments	
Emergency Plans • List emergency plan that might be needed and the sign/symptoms to watch for:		<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached		Comments	
PREVENTIVE HEALTH SCREENINGS					
Type Screening	Date Performed	Record Value	Type Screening	Date Performed	Note if Abnormal
Hgb/Hct			Hearing		
Lead: <input type="checkbox"/> Capillary <input type="checkbox"/> Venous			Vision		
TB (mm of Induration)			Dental		
Other:			Developmental		
Other:			Scoliosis		
<input type="checkbox"/> <b><i>I have examined the above student and reviewed his/her health history. It is my opinion that he/she is medically cleared to participate fully in all child care/school activities, including physical education and competitive contact sports, unless noted above.</i></b>					
Name of Health Care Provider (Print) _____			Health Care Provider Stamp:		
Signature/Date _____					



# Instructions for Completing the Universal Child Health Record (CH-14)

## Section 1 - Parent

Please have the parent/guardian complete the top section and sign the consent for the child care provider/school nurse to discuss any information on this form with the health care provider.

The WIC box needs to be checked only if this form is being sent to the WIC office. WIC is a supplemental nutrition program for Women, Infants and Children that provides nutritious foods, nutrition counseling, health care referrals and breast feeding support to income eligible families. For more information about WIC in your area call 1-800-328-3838.

## Section 2 - Health Care Provider

1. Please enter the date of the physical exam that is being used to complete the form. Note significant abnormalities especially if the child needs treatment for that abnormality (e.g. creams for eczema; asthma medications for wheezing etc.)

- **Weight** - Please note pounds vs. kilograms. If the form is being used for WIC, the weight must have been taken within the last 30 days.
- **Height** - Please note inches vs. centimeters. If the form is being used for WIC, the height must have been taken within the last 30 days.
- **Head Circumference** - Only enter if the child is less than 2 years.
- **Blood Pressure** - Only enter if the child is 3 years or older.

2. **Immunization** - A copy of an immunization record may be copied and attached. If you need a blank form on which to enter the immunization dates, you can request a supply of Personal Immunization Record (IMM-9) cards from the New Jersey Department of Health and Senior Services, Immunization Program at 609-588-7512.

- The Immunization record must be attached for the form to be valid.
- "Date next immunization is due" is optional but helps child care providers to assure that children in their care are up-to-date with immunizations.

3. **Medical Conditions** - Please list any ongoing medical conditions that might impact the child's health and well being in the child care or school setting.

- a. Note any significant medical conditions or major surgical history. **If the child has a complex medical condition, a special care plan should be completed and attached for any of the medical issue blocks that follow.** A generic care plan (CH-15) can be downloaded at [www.state.nj.us/health/forms/ch-15.dot](http://www.state.nj.us/health/forms/ch-15.dot) or pdf. Hard copies of the CH-15 can be requested from the Division of Family Health Services at 609-292-5666.
- b. **Medications** - List any ongoing medications. Include any medications given at home if they might impact the child's health while in child care (seizure, cardiac or asthma medications, etc.). Short-term medications such as antibiotics do not need to be listed on this form. Long-term antibiotics such as antibiotics for urinary tract infections or sickle cell prophylaxis should be included.

PRN Medications are medications given only as needed and should have guidelines as to specific factors that should trigger medication administration.

*Please be specific about what over-the-counter (OTC) medications you recommend, and include information for the parent and child care provider as to dosage, route, frequency, and possible side effects. Many child care providers may require separate permissions slips for prescription and OTC medications.*

c. **Limitations to physical activity** - Please be as specific as possible and include dates of limitation as appropriate. Any limitation to field trips should be noted. Note any special considerations such as avoiding sun exposure or exposure to allergens. Potential severe reaction to insect stings should be noted. Special considerations such as back-only sleeping for infants should be noted.

d. **Special Equipment** - Enter if the child wears glasses, orthodontic devices, orthotics, or other special equipment. Children with complex equipment needs should have a care plan.

e. **Allergies/Sensitivities** - Children with life-threatening allergies should have a special care plan. Severe allergic reactions to animals or foods (wheezing etc.) should be noted. Pediatric asthma action plans can be obtained from The Pediatric Asthma Coalition of New Jersey at [www.pacnj.org](http://www.pacnj.org) or by phone at 908-687-9340.

f. **Special Diets** - Any special diet and/or supplements that are medically indicated should be included. Exclusive breastfeeding should be noted.

g. **Behavioral/Mental Health issues** - Please note any significant behavioral problems or mental health diagnoses such as autism, breath holding, or ADHD.

h. **Emergency Plans** - May require a special care plan if interventions are complex. Be specific about signs and symptoms to watch for. Use simple language and avoid the use of complex medical terms.

4. **Screening** - This section is required for school, WIC, Head Start, child care settings, and some other programs. This section can provide valuable data for public health personnel to track children's health. Please enter the date that the test was performed. Note if the test was abnormal or place an "N" if it was normal.

- For lead screening state if the blood sample was capillary or venous and the value of the test performed.
- For PPD enter millimeters of induration, and the date listed should be the date read. If a chest x-ray was done, record results.
- Scoliosis screenings are done biennially in the public schools beginning at age 10.

This form may be used for clearance for sports or physical education. As such, please check the box above the signature line and make any appropriate notations in the Limitation to Physical Activities block.

5. Please sign and date the form with the date the form was completed (note the date of the exam, if different)
- Print the health care provider's name.
  - Stamp with health care site's name, address and phone number.

STAFFORD TOWNSHIP SCHOOL DISTRICT

**CUSTODY ALERT FORM/CERTIFICATION**

According to Stafford Township School District Policy #9240 and applicable state and federal laws, parents/guardians have equal rights and access to a child and his/her records unless a court order says otherwise. Please complete this form ONLY if parents/guardians do not have equal legal and/or physical custody of the child and one parent/guardian's rights to access a child or his/her records are limited. You MUST attach/submit a copy of the official court order or custody documentation with this completed certification.

NAME OF STUDENT: \_\_\_\_\_

NAMES OF PARENTS/GUARDIANS (please print): \_\_\_\_\_  
\_\_\_\_\_

**LEGAL CUSTODY ARRANGEMENTS:** (please check one)

**Joint Legal Custody** (If parents/guardians share this arrangement, both will be granted access to child's records and information)

**Sole Legal Custody** (If one parent/guardian has sole legal custody, the rights of the non-custodial parent/guardian to access a child's records and information may be limited)

→Name of sole legal custodian \_\_\_\_\_

**Other**

→Please explain \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PHYSICAL/RESIDENTIAL CUSTODY ARRANGEMENTS:** (please check one)

**Joint Physical/Residential Custody** *(If parents/guardians have this arrangement, both will be granted access to the child unless Stafford Township School District is specifically told otherwise with a written visitation/parenting time access schedule, as it relates to school purposes)*

**Physical/Residential Custody Arrangement Where One Parent/Guardian Has Primary Residential Custody and the Other Has A Visitation/Parenting Time Schedule** *(If parents/guardians have this arrangement, both will be granted access to the child unless Stafford Township School District is specifically told otherwise with a written visitation/parenting time access schedule, as it relates to school purposes)*

→Name of parent/guardian with primary physical/residential custody

\_\_\_\_\_

→Name of parent/guardian with visitation/parenting time schedule

\_\_\_\_\_

**Sole Physical/Residential Custody - No Visitation/Parenting Time Schedule** *(If parents/guardians have this arrangement, only the parent with sole physical/residential custody will be granted access to the child)*

→Name of sole physical/residential custodian \_\_\_\_\_

**Other**

→Please explain \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I hereby certify that that above information as well as the attached documentation is accurate and up-to-date. I am aware that if any for the above information or attached documentation changes, it is my responsibility to immediately notify the Stafford Township School District IN WRITING.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of Parent/Guardian

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



# STAFFORD TOWNSHIP SCHOOL DISTRICT

Administrative Offices  
250 N. Main Street  
Manahawkin, NJ 08050

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

George J. Chidiac  
Superintendent

Voice: 609.978.5700  
Ext. 1000

Fax: 609.978.0807

*"BUILDING A BETTER WORLD ONE STUDENT AT A TIME"*

Dear Parents/Guardians,

Welcome to the Stafford Township School District. In an effort to increase efficiency and communicate better with our families, we have implemented a Parent Portal that allows you to have access to your child's records, including Attendance and Report Cards. Within two weeks after registering, you will receive an email from [genesis@staffordschools.org](mailto:genesis@staffordschools.org) and it will contain your Username and a Temporary Password.

Upon first logging into the site, you will be prompted to change your password. If you ever lose or forget your password, you can always click Forgot My Password at the portal's login page. Note that only the Primary Custodial Parent will receive an email containing login information. This person is listed as Guardian 1 in the system. In the case of married couples, this is generally the mother. In the case of a divorce or other scenarios, court documents dictate who the Primary Custodial Parent is.

For Guardians two through four to receive an account, they will need to send an email from the email address they want to use for the account, containing their name, the full name of their child, and their child's school to [genesis@staffordschools.org](mailto:genesis@staffordschools.org). Once the email is received, we will verify the information with what we have on file to ensure that only those permitted can access a student's information.

The direct link to the portal is <http://parents.staffordschools.org>, but you can also go to our website [www.staffordschools.org](http://www.staffordschools.org) and click on the Parent Portal icon near the upper right hand corner. If you are the Primary Custodial Guardian and do not receive an email within 2 weeks of registering, please feel free to email the Technology Department at [genesis@staffordschools.org](mailto:genesis@staffordschools.org) and they will verify your email address and attempt to resend. Be sure to check your SPAM folder for the message prior to contacting the Technology Department.

Sincerely,

George J. Chidiac  
Superintendent

GJC:bt