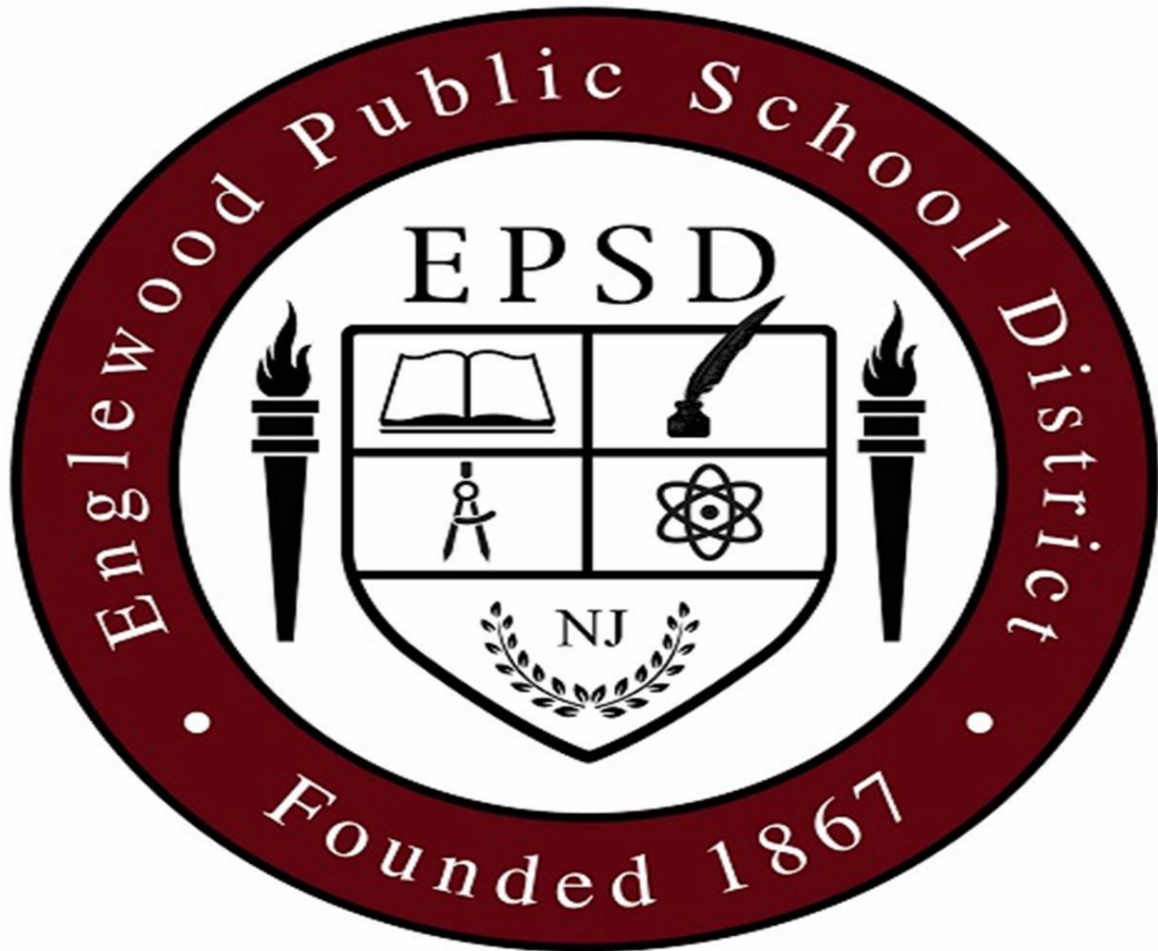


# Exiting Early Intervention Referral & Proof of Residency



# PARENT/GUARDIAN REQUEST FOR CHILD STUDY TEAM INITIAL EVALUATION

Date of Request \_\_\_\_\_

**Student Information:**

|                 |             |              |
|-----------------|-------------|--------------|
| Current School: |             | Grade Level: |
| Last Name:      | First Name: | Middle:      |
| Sex:            | DOB:        | Age:         |
| Home Address:   |             |              |

**Parent/Guardian Information:**

**(must include completed Registration Packet and Proofs of Residency)**

|                        |             |         |
|------------------------|-------------|---------|
| Last Name:             | First Name: | Middle: |
| Relationship to Child: |             |         |
| Home Address:          |             |         |
| Telephone #            |             |         |
| Email:                 |             |         |

**Second Parent/Guardian (if applicable)**

|                        |             |         |
|------------------------|-------------|---------|
| Last Name:             | First Name: | Middle: |
| Relationship to Child: |             |         |
| Home Address:          |             |         |
| Telephone #            |             |         |
| Email:                 |             |         |

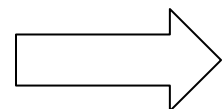
**Identified Areas of Concern:**

|                         |           |             |                 |             |
|-------------------------|-----------|-------------|-----------------|-------------|
| Reading                 | Writing   | Speaking    | Listening       | Mathematics |
| Aggression              | Irritable | Inattentive | Quiet/Withdrawn | Highs/Lows  |
| Other: (please explain) |           |             |                 |             |

**Additional Information:**

|  |
|--|
| How long have you been concerned about area(s) checked above?                            |
| Have you discussed concern(s) with your Pediatrician? If Yes, what was his/her response? |
| What interventions have you tried to assist your child with area(s) of concern?          |

**See Other Side**



**Pre-School Student Only:**

|   |
|---|
| Has child been receiving early intervention services? |
| Audiometric and vision screenings performed?          |

This form serves as a direct referral to the child study team from the undersigned parent(s)/guardian(s):

\_\_\_\_\_  
Parent/Guardian (1) Print Name

\_\_\_\_\_  
Parent/Guardian (1) Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian (2) Print Name

\_\_\_\_\_  
Parent/Guardian (2) Signature

\_\_\_\_\_  
Date

**N.J.A.C 6A:14-3.3.e.** When a preschool age or school age student is referred for an initial evaluation to determine eligibility for special education programs and services under this chapter, a meeting of the child study team, the parent and the regular education teacher of the student who is knowledgeable about the student's educational performance or, if there is no teacher of the student, a teacher who is knowledgeable about the district's programs, shall be convened within 20 calendar days (excluding school holidays, but not summer vacation) of receipt of the written request. This group shall determine whether an evaluation is warranted and, if warranted, shall determine the nature and scope of the evaluation, according to N.J.A.C. 6A:14-3.4(a). The team may also determine that an evaluation is not warranted and, if so, determine other appropriate action. The parent shall be provided written notice of the determination(s), which includes a request for consent to evaluate, if an evaluation will be conducted, according to N.J.A.C. 6A:14-2.3.

**CST DATES**

|   |
|---|
| Written Request:  |
| Notice of Identification Meeting and Registration materials sent to parent: |
| Evaluation Planning Meeting:  |

## PROOF OF RESIDENCY REQUIRED DOCUMENTATION

The following forms of documentation may demonstrate a student’s eligibility for enrollment in the district. 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.

**Required Documentation**

**Three (3)** documents that indicate that the child is domiciled in the district are required as follows:

One (1) from Group I and two (2) from Group II; or

If none from Group I then, three (3) from Group II; (please note that this will result in an automatic referral for a Verification of Address); or

If none from Groups I or II, go to Group III and contact the District’s McKinney-Vento Coordinator, Andre Hampton, 201-862-6229 [ahampton@epsd.org](mailto:ahampton@epsd.org)

**Group I - must include name of parent/guardian with address located within district. PO Box not accepted.**  
(check all submitted)

|   |             |                         |              |                 |
|---|-------------|-------------------------|--------------|-----------------|
| <b>Property tax bill</b>  | <b>Deed</b> | <b>Contract of Sale</b> | <b>Lease</b> | <b>Mortgage</b> |
| If none of the above are presented, please complete and submit the <i>Residency Affidavit</i> . |             |                         |              |                 |

**Group II - must include name of parent/guardian with address located within district. PO Box not accepted.** (check all submitted)

|  |                       |   |  |  |
|--|-----------------------|---|--|--|
| Utility Bill and/or Another Bill                               | License and/or Permit | Local/State/Federal Government Document | Documents Pertaining to Military Status and Assignment | Counselor or Social Worker Assessments |
| Voter Registration   | Employment Document   | Cancelled Check                         | Financial Statement                                    | Medical Report                         |
| Benefits Statement   | Court Order           | Receipts                                | Benefits Statement                                     | Any Record                             |
| Other Evidence of Personal Attachment to a Particular Location |                       |   | Counselor or Social Worker Assessments                 |  |

**Group III** – contact the District’s McKinney-Vento Coordinator

- Other pieces of evidence of circumstances demonstrating, where applicable, family or economic hardship, or temporary residency.

**Group III** – contact the District’s McKinney-Vento Coordinator

- Other pieces of evidence of circumstances demonstrating, where applicable, family or economic hardship, or temporary residency.

## Englewood Public Schools | Exiting Early Intervention

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

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

Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender: M or F

Birth City & State or Country: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Home Phone #: \_\_\_\_\_

Mother/Guardian Cell # \_\_\_\_\_ Father/Guardian Cell # \_\_\_\_\_

**Month & Year student first entered school in the United States:** Month \_\_\_\_ Year \_\_\_\_

### Ethnicity

- Hispanic or Latino
- Non-Hispanic or Latino

### Race (please check all that apply)

- Black or African American
- Hispanic or Latino
- American Indian or Alaska Native
- White
- Asian
- Native Hawaiian or Another Pacific Islander

Address Correspondence: Both Mother Only Father Only Guardian

### Parent/Guardian:

Name: \_\_\_\_\_  
Last Name First Name Relationship to Child

Work Number: \_\_\_\_\_ Company: \_\_\_\_\_



## Englewood Public Schools | Exiting Early Intervention

### LIST OF BROTHERS AND/OR SISTERS IN THE ENGLEWOOD SCHOOLS

| Name | School | Grade if applicable |
|------|--------|---------------------|
|      |        |                     |
|      |        |                     |
|      |        |                     |
|      |        |                     |

### LIST OF ANY OTHER CHILDREN WHO RESIDE IN YOUR HOUSEHOLD

| Name | School | Grade if applicable |
|------|--------|---------------------|
|      |        |                     |
|      |        |                     |

### Consent to Register Student

I \_\_\_\_\_ certify that I am the child’s legal guardian or court authorized official  
 (Parent/Guardian)  
 and hereby consent for the child to be enrolled in the Englewood Public School District.

*I understand that the statements in this application are subject to verification by the Englewood Board of Education and false statements could subject me to tuition and transportation charges.*

*I also understand that it is my responsibility to immediately notify the school of any changes of circumstances affecting the information set forth herein.*

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

\_\_\_\_\_  
 Date

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

\_\_\_\_\_  
 Date