

**Pittsgrove Township School District**

1076 Almond Road  
Pittsgrove, NJ 08318  
(856) 358-3094

**Families in Transition Form**

*(Complete if applicable)*

**NOTE:** If residing in a mobile park, **must also have** an acceptance letter from the Park Manager (Harding Woods 358-3313, Holly Tree Acres 459-0600, Picnic Grove/Tullertown 358-8713, The Villages I 694-2300)

If residing in a rental property **must also have** an acceptance letter from the Landlord.

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

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

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

List all adults and non-school aged children living in the home:

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

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

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

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

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

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

Name(s) and grades of all students that are currently enrolled in or are enrolling in Pittsgrove Twp. School District:

Name: \_\_\_\_\_ Grade: \_\_\_\_\_ New Student? Y/N

Name: \_\_\_\_\_ Grade: \_\_\_\_\_ New Student? Y/N

Name: \_\_\_\_\_ Grade: \_\_\_\_\_ New Student? Y/N

Name: \_\_\_\_\_ Grade: \_\_\_\_\_ New Student? Y/N

Name: \_\_\_\_\_ Grade: \_\_\_\_\_ New Student? Y/N

Name: \_\_\_\_\_ Grade: \_\_\_\_\_ New Student? Y/N

School last attended: \_\_\_\_\_ Last date of attendance: \_\_\_\_\_

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

\_\_\_\_\_

Reason for leaving this address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Is this a temporary living arrangement? (Please provide an explanation for this move including relationship to Pittsgrove Resident):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Are you providing financial support toward the household bills? Yes \_\_\_\_\_ Amount? \_\_\_\_\_

No \_\_\_\_\_

*NOTE: This letter **must be notarized** and returned to registration office along with two proofs of residence from Pittsgrove Resident and two proofs of residence from new resident*

NOTARIZE SEAL

\_\_\_\_\_

New Resident

\_\_\_\_\_

New Resident

\_\_\_\_\_

Pittsgrove Resident

\_\_\_\_\_

Pittsgrove Resident

### Mc-KINNEY-VENTO EDUCATON PROGRAM

This is to verify that, for as long as my child(ren) is/are eligible for Region 8 McKinney-Vento Education Program Services, I give permission to the Region 8 McKinney-Vento Education staff or representative to provide supplemental tutoring, and health and supportive services to my child(ren), and to transport them for these services, if necessary.

NAME	GENDER	DATE OF BIRTH	SCHOOL ID NUMBER (SID)	SCHOOL	GRADE

I am willing to assume full responsibility for my child(ren)'s safety in connection with Region 8 McKinney-Vento Education-funded or related activities.

I also hereby authorize the public or private school district as well as vision, health and dental service providers to release to the Region 8 McKinney-Vento Education Program all records relating to my child(ren), including academic, medical and/or Child Study Team information.

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

\_\_\_\_\_  
Date

Parent/Guardian's Name:

\_\_\_\_\_

Present Address:

\_\_\_\_\_

Present Phone Number:

\_\_\_\_\_

Present School District:

\_\_\_\_\_