

# RICHARD M. TEITELMAN SCHOOL DISTRICT



687 Route 9 – Cape May, NJ 08204  
TELEPHONE: (609)884-3475 FAX: (609)884-4311

Gregory M. Lasher  
*Principal*

Eric Simonsen  
*Assistant Principal*

August 2011

Dear Parents and Teitelman Students:

I hope that your summer has been a pleasant and enjoyable one. On behalf of myself and the entire staff at the Richard M. Teitelman School, I would like to welcome you to the 2011-2012 school year, which will officially begin on September 6<sup>th</sup>, 2011. I know it's going to be another great year here at Teitelman. The first day of school will be a regularly scheduled day starting at 8:27am and ending at 3:05pm.

The information below will be helpful for the first day of school:

1. On the reverse side of this letter you will find your child's schedule, as well as your child's bus information which is printed on the schedule. **All students should report to their 4<sup>th</sup> period when they arrive on the first day.**
2. Breakfast and lunch will be available beginning the first day of school in accordance with the National School Lunch/Breakfast Program requirements. Our Federal Meal Program uses an automated point of sale system. Lunch is \$2.50 for full price and \$.40 for reduced price. Prepayments are encouraged. **Remember** any student who received free or reduced lunch benefits in June of 2011 will receive the same benefits for the month of September. Starting Friday, October 1<sup>st</sup>, only those students who have a current 2011-12 family application on file will continue to receive lunch benefits. Once again, a free breakfast will be available to all students for the 2011-2012 school year.
3. As part of our continuing efforts to "go-green", reduce the number of mailings, and increase electronic communications, please log onto the school's website at: <http://www.lcmrschooldistrict.com/index.php> to print and complete the following required forms: Power School Information, Nurse Information, Free and Reduced Lunch Application, Physical Form and PTA membership application (optional). There are also several important notices posted such as: Medication Policy, FERPA, Title 1 parent information, physical education dress guidelines, Health Class information, and Family Care information. In the event you do not have access to a computer or printer, please call the school at 884-3475x213 and we will send you the forms. Please complete these forms and send them to school with your child on the first day of school.

I am looking forward to working with you, and helping to provide the best possible education for your child. Finally, please join us for our "Back to School Night" on September 21<sup>st</sup> at 7:00 p.m.

Sincerely,

Gregory Lasher

LOWER CAPE MAY REGIONAL SCHOOL DISTRICT  
687 RT. 9, CAPE MAY, NJ 08204  
609-884-3475

High School  
Joseph Castellucci, Principal  
Bonnie Walker, RN, School Nurse Ext.238

Teitelman School  
Gene Sole, Principal  
Roseanne Casiello, School Nurse Ext. 275

PARENT NOTIFICATION OF SCOLIOSIS SCREENING

Dear Parent/Guardian:

Date: August 1, 2010

There will be a screening program for scoliosis for pupils in Grades 8, 10 and 12, as required by law, which will be carried out over the current school year.

Scoliosis is defined as a condition of the spine in which the spine may curve to the left or right. It is most commonly found during the time of rapid growth and may progress if not treated. The purpose of the screening program is to recognize scoliosis in its earliest stages.

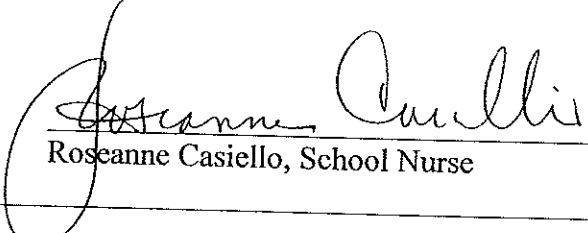
Pupils will be screened during a gym or health class depending on their schedule. A pupil may be exempted from this examination if requested by the parent/guardian in writing.

You are also invited to be present if you desire. However, females will be screened by the nurse or a female gym teacher. You will need to complete the form below so that you can be advised of the time to be present.

Whether you are present or not, you will be informed of any suspect problem.

Thank you for your cooperation.

\_\_\_\_\_  
Bonnie Walker, School Nurse

  
\_\_\_\_\_  
Roseanne Casiello, School Nurse

Name of Pupil: \_\_\_\_\_ Grade \_\_\_\_\_ ID# \_\_\_\_\_

\_\_\_\_\_ Please EXAMINE my child.

\_\_\_\_\_ Please EXCUSE/EXEMPT my child.

\_\_\_\_\_ I WILL COME TO THE SCHOOL TO WATCH THE SCREENING. Please call me at  
(phone#) \_\_\_\_\_ to MAKE AN APPOINTMENT to come to the school.

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

LOWER CAPE MAY REGIONAL SCHOOL DISTRICT  
687 ROUTE 9 - CAPE MAY, NJ 08204  
(609) 884-3475

Dear Parent/Guardian:

Welcome to the new school year. Hopefully it will be a healthy one for your child.

**Medication Policy:** Medication must be in a labeled prescription bottle. There must be a note from the doctor stating name of medication, amount to be given, and time it is to be given. There must also be a note from the parent/guardian. These rules pertain to over-the-counter medication also. The nurse WILL NOT give medication if these rules are not followed.

**Gym Excuse Policy:** There must be a physician's note stating length of exclusion, reason for exclusion and day Physical Education may be resumed.

**Head Lice:** Head lice are found in students' hair throughout the year. Please check your child's hair regularly. If lice or nits are found, please let us know so that we can check the entire class. A child will be excluded from school until all nits and lice are removed.

**Emergency Numbers:** Please make arrangements now to have someone we can reach in case your child is ill. We cannot keep a sick child in the nurse's office for the entire day. A form is included for emergency information. Please have your return this form to his/her homeroom teacher.

**Immunizations:** If your child has had a recent immunization, please let us know so that we can update his/her health card.

Thank you for your cooperation. If you have any questions, please call me at 884-3475.

Sincerely,

  
\_\_\_\_\_  
Roseanne Casiello, School Nurse

Please Note: If your child is absent, please call the school between 8:00 A.M. and 9:00 A.M. to verify the absence.

**Board of Education**  
**Lower Cape May Regional School District**

687 Route 9 Cape May, New Jersey 08204  
(609) 884-3475 Fax: (609)884-7067

City of Cape May

Township of Lower

Borough of West Cape May

Victor Faison: Food Service Director

Cheryle Pohlig: Food Service Secretary

Dear Parent/Guardian:

Children need healthy meals to learn. The **Lower Cape May Regional** participates in the following Child Nutrition Programs at the prices indicated:

|                                 | FULL PRICE |                |                | REDUCED PRICE  |                |                |
|---------------------------------|------------|----------------|----------------|----------------|----------------|----------------|
|                                 | Elementary | Middle         | High           | Elementary     | Middle         | High           |
| National School Lunch           | N/A        | \$2.50         | \$2.50         | N/A            | \$0.40         | \$0.40         |
| School Breakfast                | N/A        | \$0.00         | \$0.00         | N/A            | \$0.00         | \$0.00         |
| After School Snack              | N/A        | N/A            | N/A            | N/A            | N/A            | N/A            |
| Special Milk Program            | N/A        | N/A            | N/A            | Not Applicable | Not Applicable | Not Applicable |
| Split Session Kindergarten Milk | N/A        | Not Applicable | Not Applicable | Not Applicable | Not Applicable | Not Applicable |

N/A - Not Applicable

How can I get health insurance for my children? New Jersey is committed to ensure that all children are enrolled in a health insurance program. Information on your meal application will be shared with NJ FamilyCare to determine if your children qualify to participate in this state insurance program. **IF YOU DO NOT WISH TO SHARE YOUR INFORMATION WITH MEDICAID OR NJ FAMILYCARE YOU MUST COMPLETE AND SIGN THE ENCLOSED INFORMATION SHARING FORM FOR MEDICAID OR NJ FAMILYCARE, AND RETURN IT TO YOUR CHILD'S SCHOOL.** Contact information for NJ FamilyCare is listed below:

NJ FamilyCare

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

1-800-701-0710

Contact information for other food assistance programs in New Jersey are listed below:

NJ SNAP (Food Stamps)

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

1-800-687-9512

WIC Program

[www.nj.gov/health/fhs/wic](http://www.nj.gov/health/fhs/wic)

1-866-446-5942

- DO I NEED TO FILL OUT AN APPLICATION FOR EACH CHILD?** No. Complete the application to apply for free or reduced price meals. Use one Free and Reduced Price School Meals Application for all students in your household. We cannot approve an application that is not complete, so be sure to fill out all required information. Return the completed application to one of your children's schools.
- WHO CAN GET FREE MEALS?** All children in households receiving benefits from NJ SNAP or TANF can get free meals regardless of your income. Also, your children can get free meals if your household's gross income is within the free limits on the Federal Income Eligibility Guidelines.
- CAN FOSTER CHILDREN GET FREE MEALS?** Yes, foster children that are under the legal responsibility of a foster care agency or court, are eligible for free meals. Any foster child in the household is eligible for free meals regardless of income.
- CAN HOMELESS, RUNAWAY, AND MIGRANT CHILDREN GET FREE MEALS?** Yes, children who meet the definition of homeless, runaway, or migrant qualify for free meals. If you haven't been told your children will get free meals, please call or e-mail the school's homeless liaison or migrant coordinator to see if they qualify.
- WHO CAN GET REDUCED PRICE MEALS?** Your children can get low cost meals if your household income is within the reduced price limits on the Federal Eligibility Income Chart, shown on this letter.

6. **SHOULD I FILL OUT AN APPLICATION IF I RECEIVED A LETTER THIS SCHOOL YEAR SAYING MY CHILDREN ARE APPROVED FOR FREE MEALS?** Please read the letter you got carefully and follow the instructions. Call the school if you have questions.
7. **MY CHILD'S APPLICATION WAS APPROVED LAST YEAR. DO I NEED TO FILL OUT ANOTHER ONE?** Yes. Your child's application is only good for that school year and for the first few days of this school year. You must send in a new application unless the school told you that your child is eligible for the new school year.
8. **I GET WIC. CAN MY CHILD(REN) GET FREE MEALS?** Children in households participating in WIC may be eligible for free or reduced price meals. Please fill out an application.
9. **WILL THE INFORMATION I GIVE BE CHECKED?** Yes and we may also ask you to send written proof.
10. **IF I DON'T QUALIFY NOW, MAY I APPLY LATER?** Yes, you may apply at any time during the school year. For example, children with a parent or guardian who becomes unemployed may become eligible for free and reduced price meals if the household income drops below the income limit.
11. **WHAT IF I DISAGREE WITH THE SCHOOL'S DECISION ABOUT MY APPLICATION?** You should talk to school officials. You also may ask for a hearing by calling or writing to:  
Hearing Officer Name: Frank Onorato Address: 687 Rt 9 Cape May, NJ 08204  
Phone Number: (609)884-3475 Ext: 206
12. **MAY I APPLY IF SOMEONE IN MY HOUSEHOLD IS NOT A U.S. CITIZEN?** Yes. You or your child(ren) do not have to be U.S. citizens to qualify for free or reduced price meals.
13. **WHO SHOULD I INCLUDE AS MEMBERS OF MY HOUSEHOLD?** You must include all people living in your household, related or not (such as grandparents, other relatives, or friends) who share income and expenses. You must include yourself and all children living with you. If you live with other people who are economically independent (for example, people who you do not support, who do not share income with you or your children, and who pay a pro-rated share of expenses), do not include them.
14. **WHAT IF MY INCOME IS NOT ALWAYS THE SAME?** List the amount that you normally receive. For example, if you normally make \$1000 each month, but you missed some work last month and only made \$900, put down that you made \$1000 per month. If you normally get overtime, include it, but do not include it if you only work overtime sometimes. If you have lost a job or had your hours or wages reduced, use your current income.
15. **WE ARE IN THE MILITARY. DO WE INCLUDE OUR HOUSING ALLOWANCE AS INCOME?** If you get an off-base housing allowance, it must be included as income. However, if your housing is part of the Military Housing Privatization Initiative, do not include your housing allowance as income.
16. **MY SPOUSE IS DEPLOYED TO A COMBAT ZONE. IS HER COMBAT PAY COUNTED AS INCOME?** No, if the combat pay is received in addition to her basic pay because of her deployment and it wasn't received before she was deployed, combat pay is not counted as income. Contact your school for more information.

If you have other questions or need help,  
call (609)884-3474 Ext:305

Sincerely,

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

Name: Victor Faison

Title: Food Service Supervisor

| Federal Eligibility Income Chart<br>For School Year 2011-2012 |        |         |        |
|---|--------|---------|--------|
| Household Size  | Yearly | Monthly | Weekly |
| 1   | 20,147 | 1,679   | 388    |
| 2   | 27,214 | 2,268   | 524    |
| 3   | 34,281 | 2,857   | 660    |
| 4   | 41,348 | 3,446   | 796    |
| 5   | 48,415 | 4,035   | 932    |
| 6   | 55,482 | 4,624   | 1,067  |
| 7   | 62,549 | 5,213   | 1,203  |
| 8   | 69,616 | 5,802   | 1,339  |
| For each additional person, add:                              | +7,067 | +589    | +136   |

Application #

School District

*Lower Cape May Regional School District*

FISCAL YEAR 2012

**FREE AND REDUCED PRICE SCHOOL MEALS HOUSEHOLD APPLICATION**

**Part 1. Children in School (Include foster children)**

| Names of all children in school<br>(First, Middle Initial, Last) | School Name | Grade or ID Number | Check if a foster child  |
|--|-------------|--------------------|--------------------------|
|  |             |                    | <input type="checkbox"/> |
|  |             |                    | <input type="checkbox"/> |
|  |             |                    | <input type="checkbox"/> |
|  |             |                    | <input type="checkbox"/> |
|  |             |                    | <input type="checkbox"/> |
|  |             |                    | <input type="checkbox"/> |

**Part 2. If any member of your household receives NJ SNAP (food stamps) or TANF provide the name and case number for the person who receives benefits and skip to Part 5. If no one receives these benefits, skip to Part 4.**  
 Name \_\_\_\_\_ Case number \_\_\_\_\_

**Part 3. If any child you are applying for is homeless, migrant, or a runaway check the appropriate box and call your school, homeless liaison, or migrant coordinator.** Homeless  Migrant  Runaway

**Part 4. Total Household Gross Income-You must tell us how much and how often for each person; CHECK IF NO INCOME**

| 1. Name<br>(List everyone in household - include students listed above) | 2. List gross income and how often it was received<br><i>Example: \$100/monthly \$100/twice a month \$100/every other week \$100/weekly</i> |                                 |                                       |                            | 3<br>Check if NO income  |
|---|---|---------------------------------|---------------------------------------|----------------------------|--------------------------|
|   | Earnings from work before deductions  | Welfare, child support, alimony | Pensions, retirement, Social Security | All Other Income           |                          |
|   | How Often?<br>\$ ____/____  | How Often?<br>\$ ____/____      | How Often?<br>\$ ____/____            | How Often?<br>\$ ____/____ | <input type="checkbox"/> |
| 1.  | \$ ____/____  | \$ ____/____                    | \$ ____/____                          | \$ ____/____               | <input type="checkbox"/> |
| 2.  | \$ ____/____  | \$ ____/____                    | \$ ____/____                          | \$ ____/____               | <input type="checkbox"/> |
| 3.  | \$ ____/____  | \$ ____/____                    | \$ ____/____                          | \$ ____/____               | <input type="checkbox"/> |
| 4.  | \$ ____/____  | \$ ____/____                    | \$ ____/____                          | \$ ____/____               | <input type="checkbox"/> |
| 5.  | \$ ____/____  | \$ ____/____                    | \$ ____/____                          | \$ ____/____               | <input type="checkbox"/> |
| 6.  | \$ ____/____  | \$ ____/____                    | \$ ____/____                          | \$ ____/____               | <input type="checkbox"/> |
| 7.  | \$ ____/____  | \$ ____/____                    | \$ ____/____                          | \$ ____/____               | <input type="checkbox"/> |
| 8.  | \$ ____/____  | \$ ____/____                    | \$ ____/____                          | \$ ____/____               | <input type="checkbox"/> |
| 9.  | \$ ____/____  | \$ ____/____                    | \$ ____/____                          | \$ ____/____               | <input type="checkbox"/> |

**Part 5. Signature and Social Security Number (Adult must sign)**

An adult household member must sign the application. If Part 4 is completed, the adult signing the form must also list the last four digits of his or her Social Security Number or mark the "I do not have a Social Security Number" box. (See Privacy Act Statement)


*I certify (promise) that all information on this application is true and that all income is reported. I understand that the school will get Federal funds based on the information I give. I understand that school officials may verify (check) the information. I understand that if I purposely give false information, my children may lose meal benefits, and I may be prosecuted.*

Sign here: X \_\_\_\_\_ Print name: \_\_\_\_\_ Date: \_\_\_\_\_  
 Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Last 4 Digits of Social Security Number: \*\*\*-\*\*-\_\_\_\_  I do not have a Social Security Number

**Part 6. Children's ethnic and racial identities (optional)**

Choose one ethnicity:  Hispanic/Latino  Not Hispanic/Latino  
 Choose one or more (regardless of ethnicity):  Asian  American Indian or Alaska Native  Black or African American  White  Native Hawaiian or other Pacific islander

 **Don't fill out this part. This is for school use only.** Error Prone

Annual Income Conversion: Weekly x 52, Every 2 Weeks x 26, Twice A Month x 24 Monthly x 12  
 Total Income: \_\_\_\_\_ Per:  Week,  Every 2 Weeks,  Twice A Month,  Month,  Year Household size: \_\_\_\_\_  
 Categorical Eligibility: \_\_\_\_\_ Date Withdrawn: \_\_\_\_\_ Eligibility: Free \_\_\_\_\_ Reduced \_\_\_\_\_ Denied \_\_\_\_\_ Reason: \_\_\_\_\_  
 Temporary: Free \_\_\_\_\_ Expiration Date (expires after 45 days) \_\_\_\_\_  
 Determining Official's Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Confirming Official's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

|                      |        |        |        |        |       |
|----------------------|--------|--------|--------|--------|-------|
| For State Agency Use | F to R | R to F | D to F | SS #   | Temp  |
|                      | F to D | R to D | D to R | Income | Other |

**Privacy Act Statement:** This explains how we will use the information you give us. The Richard B. Russell National School Lunch Act requires the information on this application. You do not have to give the information, but if you do not, we cannot approve your child for free or reduced price meals. You must include the last four digits of the social security number of the adult household member who signs the application. The last four digits of the social security number is not required when you apply on behalf of a foster child or you list a Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF) Program or Food Distribution Program on Indian Reservations (FDPIR) case number or other FDPIR identifier for your child or when you indicate that the adult household member signing the application does not have a social security number. We will use your information to determine if your child is eligible for free or reduced price meals, and for administration and enforcement of the lunch and breakfast programs. We MAY share your eligibility information with education, health, and nutrition programs to help them evaluate, fund, or determine benefits for their programs, auditors for program reviews, and law enforcement officials to help them look into violations of program rules.

**Non-discrimination Statement:** This explains what to do if you believe you have been treated unfairly. "In accordance with Federal Law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. To file a complaint of discrimination, write USDA, Director, Office of Adjudication, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call toll free (866) 632-9992 (Voice). Individuals who are hearing impaired or have speech disabilities may contact USDA through the Federal

Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish). USDA is an equal opportunity provider and employer."

### APPLICATION INSTRUCTIONS

#### If your household received benefits from NJ SNAP (food stamps) or TANF, follow these instructions:

- Part 1: List all student names and the name of school for each child - include foster children and check the box if a foster child  
 Part 2: List the case number for any household member (including adults) receiving NJ SNAP or TANF benefits.  
 Part 3: Skip this part.  
 Part 4: Skip this part.  
 Part 5: Sign the form. The last four digits of a Social Security Number are not necessary.  
 Part 6: Answer this question if you choose to.

#### If no one in your household, including any foster children, gets NJ SNAP or TANF benefits and if any child in your household is homeless, a migrant or runaway, follow these instructions:

- Part 1: List all student names and the name of school for each child - include foster children and check the box if a foster child  
 Part 2: Skip this part.  
 Part 3: If any child you are applying for is homeless, migrant, or a runaway check the appropriate box and call [your school, homeless liaison, migrant coordinator].  
 Part 4: Complete only if a child in your household isn't eligible under Part 3. See instructions for All Other Households.  
 Part 5: Sign the form. The last four digits of a Social Security Number are not necessary if you didn't need to fill in Part 4.  
 Part 6: Answer this question if you choose to.

#### If you are ONLY applying for FOSTER CHILD/CHILDREN, follow these instructions:

- If all children in the household are foster children:  
 Part 1: List all foster children and the school name for each child. Check the box indicating the child is a foster child.  
 Part 2: Skip this part.  
 Part 3: Skip this part.  
 Part 4: Skip this part.  
 Part 5: Sign the form. The last four digits of a Social Security Number are not necessary.  
 Part 6: Answer this question if you choose to.

#### ALL OTHER HOUSEHOLDS, including foster children, including WIC households, follow these instructions:

- Part 1: List all student names and the name of school for each child - include foster children and check the box if a foster child.  
 Part 2: If the household does not have a case number, skip this part.  
 Part 3: If any child you are applying for is homeless, migrant, or a runaway check the appropriate box and call [your school, homeless liaison, migrant coordinator]. If not, skip this part.  
 Part 4: Follow these instructions to report total household income from this month or last month.
  - Box 1-Name: List all household members.
  - Box 2 -Gross Income and How Often It Was Received: For each household member, list each type of income received for the month. You must tell us how often the money is received-weekly, every other week, twice a month or monthly. For earnings, be sure to list the gross income, not the take-home pay. Gross income is the amount earned before taxes and other deductions. You should be able to find it on your pay stub or your boss can tell you. For other income, list the amount each person got for the month from welfare, child support, alimony, pensions, retirement, Social Security, Supplemental Security Income (SSI), Veteran's benefits (VA benefits), and disability benefits. Under All Other Income, list Worker's Compensation, unemployment or strike benefits, regular contributions from people who do not live in your household, and any other income. Do not include income from SNAP, FDPIR, WIC, Federal education benefits and foster payments received by the family from the placing agency. For ONLY the self-employed, under Earnings from Work, report income after expenses. This is for your business, farm, or rental property. Do not include income from SNAP, FDPIR, WIC or Federal education benefits. If you are in the Military Privatized Housing Initiative or get combat pay, do not include these allowances as income.
  - Box 3 - Check the no income for any household members that do not receive any income
 Part 5: Adult household member must sign the form and list the last four digits of their Social Security Number (or mark the box if s/he doesn't have one).  
 Part 6: Answer this question if you choose.

## SHARING INFORMATION WITH MEDICAID or NJ FAMILYCARE

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Dear Parent/Guardian:

If your children get free or reduced price school meals, they may also be able to get free or low-cost health insurance through Medicaid or NJ FamilyCare. Children with health insurance are more likely to get regular health care and are less likely to miss school because of sickness.

Because health insurance is so important to children's well-being, **the law allows us to tell Medicaid and NJ FamilyCare that your children are eligible for free or reduced price meals, unless you tell us not to.** Medicaid and NJ FamilyCare only use the information to identify children who may be eligible for their programs. Program officials may contact you to offer to enroll your children (Filling out the Free and Reduced Price School Meals Application does not automatically enroll your children in health insurance).

If you do not want us to share your information with Medicaid or NJ FamilyCare, fill out the form below and send in (Sending in this form will not change whether your children get free or reduced price meals).

---

- No! I DO NOT** want information from my Free and Reduced Price School Meals Application shared with Medicaid or the State Children's Health Insurance Program (NJ FamilyCare)

**If you checked no, fill out the form below to ensure that your information is NOT shared for the child(ren) listed below:**

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

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

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

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

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Address: \_\_\_\_\_

Return this form to your child's school, **ONLY** if you do NOT wish your information to be shared with Medicaid or NJ FamilyCare.

September 2010

Dear Parents and Faculty,

This letter is to let you know the function of the high school/junior high PTA.

At the beginning of the year, we have a membership drive. We will be at Teitelman and LCMR back to school nights. You can also download the membership form from the school's website. The cost is \$5.00 per person and of this, we keep \$1.50. The state and federal PTA get the remaining \$3.50. So, as you see, we don't get to keep much. The more members we get, the better our PTA can be.

We are trying to establish a fund raiser this year to help us continue to provide donations to the following:

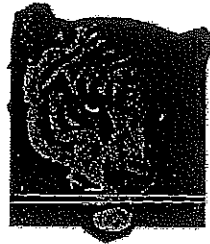
- |                                   |                   |
|-----------------------------------|-------------------|
| - Scholarships (totaling) \$3,000 | After Prom \$ 500 |
| - School year book \$ 200         | Insurance \$ 150  |
| - Teitelman Awards \$ 150         |                   |

Above are just some of the things that the PTA sponsors. We would like for our PTA to grow, become more active and give more back to the schools.

Please help the PTA by your time and/or donation.

Thank you  
LCMR PTA

# LCMR PTA MEMBERSHIP FORM



NAME \_\_\_\_\_

PHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_

STUDENT(S) NAMES(S) \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

|            |                 |            |
|------------|-----------------|------------|
| PER PERSON | \$ 5.00 X _____ | = \$ _____ |
| AFTER PROM | \$10.00 X _____ | = \$ _____ |
| TOTAL      |                 | \$ _____   |

PLEASE MAKE YOUR CHECK PAYABLE TO "LCMR PTA"

PLEASE RETURN THE FORM AND YOUR DONATION TO EITHER SCHOOL TO BE PUT IN OUR MAILBOX. YOUR DONATION WILL BENEFIT BOTH THE HIGH SCHOOL AND THE JUNIOR HIGH SCHOOL.

\_\_\_\_\_ YES!!!! I WILL HELP WITH THE AFTER PROM

**THANK YOU FOR YOUR SUPPORT!!!!!!**

**RICHARD M. TEITELMAN SCHOOL**  
**STUDENT INFORMATION**

ID# \_\_\_\_\_

GRADE LEVEL (Circle One) 7 8

NAME \_\_\_\_\_  
First Middle Last Alternative Family Name

ADDRESS \_\_\_\_\_  
Town Zip

BIRTHDATE \_\_\_\_/\_\_\_\_/\_\_\_\_ PLACE OF BIRTH \_\_\_\_\_

PHONE NUMBER (Home) \_\_\_\_\_ EMAIL (Parent/Guardian) \_\_\_\_\_

ETHNIC GROUP: Asian/Pacific Islander African-American Hispanic Caucasian Other (Specify) \_\_\_\_\_

MUNICIPALITY: (Circle One) Cape May / Cape May Point / Lower Township / West Cape May SEX: Male / Female

**FAMILY INFORMATION – PLEASE LIST WHO STUDENT IS LIVING WITH – STEP-PARENT, GUARDIAN ETC.**

| First Name | Last Name | Employer | Work Phone # | Cell Phone # | Relationship to Student |
|------------|-----------|----------|--------------|--------------|-------------------------|
|            |           |          |              |              |                         |

| First Name | Last Name | Employer | Work Phone # | Cell Phone # | Relationship to Student |
|------------|-----------|----------|--------------|--------------|-------------------------|
|            |           |          |              |              |                         |

| First Name | Last Name | Employer | Work Phone # | Cell Phone # | Relationship to Student |
|------------|-----------|----------|--------------|--------------|-------------------------|
|            |           |          |              |              |                         |

| First Name | Last Name | Employer | Work Phone # | Cell Phone # | Relationship to Student |
|------------|-----------|----------|--------------|--------------|-------------------------|
|            |           |          |              |              |                         |

LIVING WITH: (Check One) Father & Mother \_\_\_\_\_ Mother Only \_\_\_\_\_ Father Only \_\_\_\_\_ Grandparent \_\_\_\_\_ Guardian \_\_\_\_\_

**EMERGENCY CONTACTS: LIST TWO NAMES**

| Name | Address | Home# | Work# | Cell# | Relationship to Student |
|------|---------|-------|-------|-------|-------------------------|
|      |         |       |       |       |                         |

| Name | Address | Home# | Work# | Cell# | Relationship to Student |
|------|---------|-------|-------|-------|-------------------------|
|      |         |       |       |       |                         |

FAMILY DOCTOR: \_\_\_\_\_ Phone Number \_\_\_\_\_

Are there any medical problems the school should be aware of? \_\_\_\_\_

Is child a band \_\_\_\_\_ chorus \_\_\_\_\_ student?

Is mother, father, or guardian involved with the Armed Forces or a Federal Employee? Yes \_\_\_\_\_ No \_\_\_\_\_