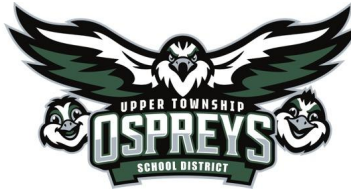


# UPPER TOWNSHIP SCHOOL DISTRICT



## 2025-2026 KINDERGARTEN REGISTRATION

Please click the link below to register  
your student(s) online:

### [GENESIS ONLINE REGISTRATION](#)

The following documents **MUST** be submitted during the online registration process or brought to the Board Office (located at the Middle School) in order to completely register your student(s):

- **Birth Certificate** - Child must be 5 years of age by **Oct 1, 2025** to register for Kindergarten.
- **Current Immunization Records and Universal Health Form**
- **Proof of Residency** - Two (2) acceptable forms include: current property tax statement, current mortgage statement, valid lease agreement, current utility bill(s) and/or valid driver's license.
- **Guardianship/Custody Papers** - required if applicable.
- **SEMI Consent Form** - available to download below or during the online registration process.

**\*Parents of students currently enrolled in the Upper Township Primary School Preschool Program DO NOT need to register their student(s) for Kindergarten.\***

For any questions, please contact Nicole Loder:  
[loder.nicole@upperschools.org](mailto:loder.nicole@upperschools.org) or 609-628-3500 ext. 2221



# Upper Township School District

525 Perry Road • Petersburg, NJ 08270  
Phone (609) 628-3500 • Fax (609) 628-2002  
www.upperschools.org

## **Special Education Medicaid Initiative (SEMI) Parental Consent Form**

Our school district is participating in the Special Education Medicaid Initiative (SEMI) program that allows school districts to bill Medicaid for services that are provided to students.

In accordance with the Family Educational Rights and Privacy Act, 34 CFR §99.3 and Section 617 of the IDEA Part B, consent requirements in 34 CFR §300.622 require a one-time consent before accessing public benefits.

This consent establishes that your child's personally identifiable information, such as student records or information about the services provided to your child including evaluations, and services as specified in my child's Individualized Education Program (IEP) (occupational therapy, physical therapy, speech therapy, psychological counseling, audiology, nursing and specialized transportation) may be disclosed to Medicaid and the Department of the Treasury for the purpose of receiving Medicaid reimbursement at the school district.

As parent/guardian of the child named below, I give permission to disclose information as described above and I understand and agree that Medicaid may access my child's or my public benefits or insurance to pay for special education or related services under Part 300 (services under the IDEA). I understand that the school district is still required to provide services to my child pursuant to his or her IEP, regardless of my Medicaid eligibility status or willingness to consent for SEMI billing.

I understand that billing for these services by the district does not impact my ability to access these services for my child outside of the school setting, nor will any cost be incurred by my family including co-pays, deductibles, loss of eligibility or impact on lifetime benefits.

Child's Name:

Child's Date of Birth:

Parent/Guardian: \_\_\_\_\_

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

I give consent to bill SEMI:

Yes

No

This consent can be revoked at any time by contacting your child's Case Manager, or the administrator at your child's school, in writing.