

Brick Township Public School



OFFICE OF THE SUPERINTENDENT

101 HENDRICKSON AVENUE
BRICK, NEW JERSEY 08724-2599
TELEPHONE (732) 785-3000

February 12, 2010

Dear Parents/Guardians,

There are many important events happening at Brick Schools this April that may affect your children during the next school year. In preparation for 2010-2011, please find enclosed voter registration and Vote by Mail forms, kindergarten registration information, and our B.E.S.T. Kindergarten Wrap Around before and aftercare program registration information.

The school and budget elections are quickly approaching on April 20, 2010. Voting in school elections is an opportunity to directly participate in the decision making process that most affects your community, family, and schools. If you are not registered to vote, recently moved, or have not voted in the past four general elections, you must register in order to vote in this election. Registering is very easy. Enclosed, please find a **voter registration form**. Just fill out and mail it in as soon as possible. No postage is necessary. Registration deadline is 21 days before an election.

We understand that long working hours, commuting, and family obligations can sometimes inhibit voting on the school budget. Our State is making it easier then ever to cast your vote with their **Vote by Mail form**. Now, any registered New Jersey voter can vote by mail in any election just by mailing in the enclosed form as soon as today. They will send you a ballot in which you mail back your vote.

We hope to see all of our families at the polls and at kindergarten registration where there will be B.E.S.T coordinators on hand to answer any questions you may have about our new before and after care program. Please visit www.brickschools.org for more information as well as links to all of the above mentioned forms.

Educationally Yours,

A handwritten signature in black ink that reads "Walter J. Hrycenko".

Walter J. Hrycenko
Superintendent of Schools



New Jersey Voter Registration Application

Please print clearly in ink. All information is required unless marked optional.

1 Check boxes that apply: <input type="checkbox"/> New Registration <input type="checkbox"/> Name Change <input type="checkbox"/> Address Change <input type="checkbox"/> Signature Update <input type="checkbox"/> Political Party Affiliation or Non-affiliation Change						FOR OFFICIAL USE ONLY Clerk Registration # Office Time Stamp <input type="checkbox"/> by mail <input type="checkbox"/> in person
2 Are you a U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No <small>(If No, DO NOT complete this form)</small>		Will you be 18 years of age by the next election? <input type="checkbox"/> Yes <input type="checkbox"/> No <small>(If No, DO NOT complete this form)</small>				
3 Last Name		First Name	Middle Name or Initial	Suffix (ex. Jr., Sr., III)		
4 Date of Birth (MM/DD/YY)						
5 NJ Driver's License Number or MVC Non-driver ID Number			If you DO NOT have a NJ Driver's License or MVC Non-Driver ID, provide the last 4 digits of your Social Security Number.			
<input type="checkbox"/> "I swear or affirm that I DO NOT have a NJ Driver's License, MVC Non-driver ID or a Social Security Number."						
6 Home Address (DO NOT use PO Box)		Apt.	Municipality	County	State	Zip Code
7 Mailing Address if different from above		Apt.	Municipality	County	State	Zip Code
8 Last Address Registered to Vote (DO NOT use PO Box)		Apt.	Municipality	County	State	Zip Code
9 Former Name if Making Name Change				Day Phone Number (Optional)		
10 Do you wish to declare a political party affiliation? (Optional) <input type="checkbox"/> Yes, the party name is _____ <input type="checkbox"/> No, I do not wish to be affiliated with any political party.						
11 Gender <input type="checkbox"/> Female <input type="checkbox"/> Male	Declaration - I swear or affirm that: <input checked="" type="checkbox"/> I am a U.S. Citizen <input checked="" type="checkbox"/> I live at the above address <input checked="" type="checkbox"/> I will be at least 18 years old on or before the next election		<input checked="" type="checkbox"/> I will have resided in the State and county at least 30 days before the next election <input checked="" type="checkbox"/> I am not on parole, probation or serving a sentence due to a conviction for an indictable offense under any federal or state laws		<input checked="" type="checkbox"/> I understand that any false or fraudulent registration may subject me to a fine of up to \$15,000, imprisonment up to 5 years, or both pursuant to R.S. 19:34-1	
Signature: Sign or mark and date on line below X _____ Date _____				If applicant is unable to complete this form, print the name and address of individual who completed this form. Name _____ Date _____ Address _____		

Important Instructions for sections 5, 6 and 10

- 5) Registrants who are submitting this form by mail and are registering to vote for the first time: If you do not have any of the information required by section 5, or the information you provide cannot be verified, you will be asked to provide a COPY of a current and valid photo id, or a document with your name and current address on it to avoid having to provide identification at the polling place.
 Note: ID Numbers are Confidential and will not be released by any governmental agency. Any person who uses such numbers illegally shall be subject to criminal penalties.
- 6) If you are homeless, you may complete section 6 by providing a contact point or the location where you spend most of your time.
- 10) You may declare a political affiliation or you may declare to be unaffiliated, regardless of any prior party affiliation. Completing section 10 is Optional and will not affect the acceptance of your voter registration application.

Need More Information? Check boxes below if you would like to receive more information about:

- voting by mail
- polling place accessibility
- available election materials in this alternative language:
- becoming a poll worker
- voting if you have a disability, including visual impairment



New Jersey Voter Registration Information

You can register to vote if:

- You are a United States citizen
- You will be 18 years of age by the next election
- You will be a resident of the State and county 30 days before the election
- You are NOT currently serving a sentence, probation or parole because of a felony conviction

Registration Deadline: 21 days before an election

Your County Commissioner of Registration will notify you if your application is accepted. If it is not accepted, you will be notified on how to complete and/or correct the application.

Questions? visit www.NJElections.org or call toll-free **1-877-NJVOTER (1-877-658-6837)**

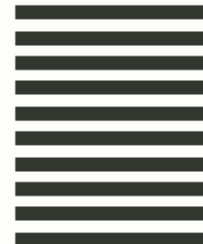
1 FOLD



NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES

BUSINESS REPLY MAIL
FIRST-CLASS MAIL PERMIT NO 206 TRENTON NJ
POSTAGE WILL BE PAID BY ADDRESSEE

OCEAN COUNTY COMMISSIONER OF REGISTRATION
129 HOOPER AVE
PO BOX 2006
TOMS RIVER NJ 08754-9987

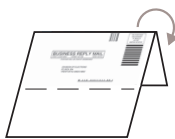


2 FOLD

Important: Print out at 100% - DO NOT REDUCE. Fold as illustrated to ensure proper mailing.



Put both pages
together as shown



1 fold top down



2 fold bottom up



3 Tape top shut

TAPE HERE **3**

APPLICATION FOR VOTE BY MAIL BALLOT

Please type or print clearly in ink. All information required unless marked optional.

1	I hereby apply for a Mail-In Ballot for the: (CHECK ONLY ONE) <input type="checkbox"/> General (November) <input type="checkbox"/> Primary <input type="checkbox"/> Municipal <input type="checkbox"/> School* <input type="checkbox"/> Fire <input type="checkbox"/> Special _____ To be held on ____/____/____ <small>Specify Date</small>			<small>* By applying for the April Annual School Election, you will receive a Mail-In Ballot for all Special School Elections until the next Annual School Election.</small>	SPECIAL STATUS Check if you are: <input type="checkbox"/> Active Duty Military Voter <input type="checkbox"/> Overseas Voter <input type="checkbox"/> None of the Above
	Last Name <small>(Type or Print)</small>		First Name <small>(Type or Print)</small>		
3	Address at which you are registered to vote Street Address or RD# _____ Apt. _____ Municipality (City/Town) _____ State _____ Zip _____		4 Mail my ballot to the following address: <input type="checkbox"/> Same Address as Section 3 <small>Please include any PO Box, RD#, State/Province, Zip/Postal Code & Country (if outside US)</small>	_____ _____ _____ _____	
	5	Date of Birth ____/____/____		6	Day Time Phone Number (____) _____
8	Signature X _____ Please sign your name as it appears in the Poll Book.			9 Today's Date ____/____/____	

OPTIONAL - ONLY COMPLETE SECTIONS 10 THROUGH 12 IF APPLICABLE

10	Voter Options to Automatically Receive Ballots in Future Elections You may choose either option, both options, or none of the options. YOU ARE NOT REQUIRED TO CHOOSE AN OPTION. If you do not choose any option, you will only be sent the ballot for the election you chose in Section 1.				
	* A <input type="checkbox"/> I wish to receive a Mail-In Ballot for all elections to be held during the REMAINDER OF THIS CALENDAR YEAR. * B <input type="checkbox"/> I wish to receive a Mail-In Ballot in ALL FUTURE NOVEMBER GENERAL ELECTIONS , until I request otherwise. <small>* Please Note: Your ballot can only be sent to the mailing address supplied on this application; if your address changes, you must notify the County Clerk in writing.</small>				
11	Assistor Any person providing assistance to the voter in completing this application must complete this section.				
	Name of Assistor <small>(Type or Print)</small> _____		Signature of Assistor X _____		Date ____/____/____
Address _____ Apt. _____ Municipality (City/Town) _____ State _____ Zip _____					
12	Authorized Messenger Any voter may apply for a Mail-In Ballot by Authorized Messenger. Messenger shall be a family member or a registered voter of this County. No Authorized Messenger can (1) be a Candidate in the election for which the voter is requesting a Mail-In Ballot or (2) serve as messenger for more than TEN qualified voters per election.				
	I designate _____ to be my Authorized Messenger. <small>Print Name of Authorized Messenger</small>				
Address of Messenger _____		Apt. _____	Municipality (City/Town) _____	State _____	Zip _____
Date of Birth ____/____/____					
Signature of Voter X _____			Date ____/____/____		



Authorized Messenger must sign application and show photo ID in the presence of the County Clerk or County Clerk designee.

"I do hereby certify that I will deliver the Mail-In Ballot directly to the voter and no other person, under penalty of law."

Signature of Messenger **X** _____

Date ____/____/____

OFFICE USE ONLY

Voter Reg # _____

Muni Code # _____ Party _____

Ward _____ District _____

INSTRUCTIONS

- Fill out application.
- Print and sign your name where indicated.
- **Mail or Deliver** application to the County Clerk.

DO NOT FAX OR E-MAIL

Unless you are a **Military or Overseas Voter**

VOTING INFORMATION

1. You must be a registered voter in order to apply for a Mail-In Ballot.
2. Once you apply for a Mail-In Ballot, you will not be permitted to vote by machine at your polling place in the same election.
3. You will receive instructions with your ballot.
4. Your Mail-In Ballot must be received by the County Board of Election before close of polls on Election Day.
5. Do not submit more than one application for the same election.
6. You must apply for a Mail-In Ballot for each election, unless you designate otherwise under "**Voter Options.**"

PLEASE NOTE

A voter may apply for a Mail-In Ballot by mail up to 7 days prior to the election. He or she may also apply in person to the County Clerk until 3 P.M. the day before the election.

Note also that voters have an option of indicating on an application for a Mail-In Ballot that they would prefer to receive a ballot for each election that takes place during the remainder of the calendar year.

Voters also now have an option of automatically receiving a Mail-In Ballot for each General Election. If such voter no longer wants this option, the County Clerk's office must be notified in writing.

WARNING

This application must be received by the County Clerk not later than 7 days prior to the election, unless you apply in person or via an authorized messenger during County Clerk's office hours, but no later than 3 P.M. the day prior to the election.

PLACE
POSTAGE
HERE
BEFORE
MAILING



APPLICATION FOR VOTE BY MAIL BALLOT

Hon. Carl W. Block
Ocean County Clerk
Court House, Room 107
118 Washington Street, PO Box 2191
Toms River, NJ 08754-2191

Name _____

Street Address _____

City, State, Zip Code _____

APPLICATION
FOR
VOTE BY
MAIL BALLOT



Please Seal with Tape and Return

BRICK RESIDENTS
KINDERGARTEN REGISTRATION 2010/2011
WILL TAKE PLACE AT

BRICK COMMUNITY PRIMARY LEARNING CENTER
224-260 Chambers Bridge Road
Brick, NJ 08723
732-262-2590 Ext. 1500 or 1502

ALL CHILDREN MUST BE 5 YEARS OLD BY OCTOBER 1, 2010

MONDAY, April 12, 2010-- 6:00-8:30 PM

For those residing in the EMMA HAVENS and OSBORNVILLE areas

TUESDAY, April 13, 2010-- 6:00-8:30 PM

For those residing in DRUM POINT, MIDSTREAMS and HERBERTSVILLE areas

THURSDAY, April 15, 2010-- 6:00-8:30 PM

For those residing in LANES MILL and VETERANS ELEMENTARY areas

SATURDAY, April 17, 2010-- 9:00-11:30 AM

For all those unable to register in the evening

Registration packets are available in the main office of any Brick Township School or on our website www.brickschools.org. Information can also be found on Comcast Cable TV Channel 20

THE REGISTRATION PACKET MUST BE COMPLETED AND RETURNED AT REGISTRATION WITH:

- BUREAU OF VITAL STATISTICS CERTIFIED ORIGINAL BIRTH CERTIFICATE (WITH RAISED SEAL)
- PROOF OF RESIDENCY *
- CURRENT HEALTH RECORDS **

*****If your child turns five after registration, please bring updated medical records to the BCPLC*****

*** TWO PROOFS OF RESIDENCY ARE REQUIRED:**

Enrollment is open **ONLY** to residents of Brick Township. Proof of Residency, **in the Parent(s)/Guardian** name is required. Acceptable documentation include: Property Tax Bill, Deed, Lease/Rental receipt including the property address, Mortgage Information or Contract of Sale. Utility bills or Digital Driver's License will be accepted as a SECOND proof only!

The penalty of a pro-rated tuition and litigation charges will be assessed if the child is enrolled in violation of the residency requirement.

**** HEALTH REQUIREMENTS INCLUDE:**

DPT (4 DOSES*), POLIO (3 DOSES*), MEASLES (2 DOSES**-PREFER MMR), RUBELLA**, MUMPS (1 DOSE**), HEPATITIS B (3 doses), VARICELLA (Or proof of chicken pox)
(*1 dose must be after 4th birthday ~ **Must be given after 1st birthday)
Physical exam must occur within one year of school entry, be in writing and signed by an M.D., D.O. or C.N.P. The physician must state: This is a well child without restriction; or list all medical restrictions and/or medications, etc.

Exemptions

Medical: Provide a valid note from a doctor. This must be renewed **yearly**.

Religious: Application for religious exemption must be submitted for legal review and renewed **yearly**.

**Coming In
September!!**

Kindergarten Wrap Around

Kindergarten Wrap Around is designed to compliment the Brick Township Public Schools half-day Kindergarten Program.

**The program will run from 6:30 AM to 6:00 PM
in the PLC.**



**Academically-based activities including literacy,
math, art, and music.**

Crafts, games, and physical activity too!

**Registration to begin on April 12th at
Kindergarten Registration at the PLC**

More information will be available at registration