

# Rahway Public Schools

Kline Place • P.O. Box 1024 • Rahway • New Jersey • 07065 • (732)396-1000

Frank R. Buglione, Superintendent of Schools

## REGISTRATION PACKET

**TO THE PERSON ENROLLING THE STUDENT:** PLEASE COMPLETE PARTS 1-3 OF THE APPLICATION FOR EACH STUDENT BEING ENROLLED IN THE DISTRICT. IF REGISTERING MULTIPLE STUDENTS, PART TWO OF THE APPLICATION NEEDS TO BE COMPLETED ONLY ONCE. ATTACHED TO THE BACK OF THIS PACKET (PGS 9 & 10) IS INFORMATION TO HELP YOU UNDERSTAND THIS REGISTRATION APPLICATION AND PROVIDE YOU WITH INFORMATION ON ACCEPTABLE PROOFS OF RESIDENCY.

**IF THE STUDENT IS LIVING WITH A PERSON DOMICILED (RESIDING) IN THE DISTRICT, OTHER THAN THE PARENT OR GUARDIAN AN AFFIDAVIT REGISTRATION PACKET MUST BE COMPLETED AND CAN BE OBTAINED BY THE SCHOOL.**

### **PART ONE: STUDENT INFORMATION**

*PART ONE OF THE APPLICATION MUST BE COMPLETED FOR EACH STUDENT BEING REGISTERED*

DATE:      /      /      SCHOOL: \_\_\_\_\_ GRADE: \_\_\_\_\_  
MM DD YY

STUDENT: \_\_\_\_\_  
LAST NAME FIRST NAME MIDDLE NAME

STATE ID # (IF AVAILABLE) \_\_\_\_\_ GENDER (CIRCLE): MALE FEMALE

STUDENT'S ETHNIC ORIGIN: (You may circle more than one)

ASIAN BLACK HISPANIC AMERICAN INDIAN PACIFIC ISLANDER WHITE

STUDENT'S HOME ADDRESS: \_\_\_\_\_

STUDENT'S HOME PHONE # ( ) \_\_\_\_\_ AGE: \_\_\_\_\_

DATE OF BIRTH:      /      /       
MM DD YY

\*A CERTIFIED COPY OF THE STUDENT'S BIRTH CERTIFICATE OR PROOF OF IDENTITY MUST BE PROVIDED WITHIN THIRTY (30) DAYS OF THE DATE OF THE STUDENT'S ENROLLMENT.

CITY OF BIRTH: \_\_\_\_\_

STATE OF BIRTH: \_\_\_\_\_

COUNTRY OF BIRTH: \_\_\_\_\_

\*DATE OF ENTRY INTO USA (IF APPLICABLE): \_\_\_\_\_

\*INFORMATION REQUIRED IN COMPLIANCE WITH NEW JERSEY'S STATEWIDE STUDENT DATABASE AND TRACKING SYSTEM, NJSMART. IMMIGRATION OR VISA STATUS WILL NOT AFFECT A STUDENT'S ELIGIBILITY TO ENROLL IN SCHOOL.

LANGUAGE SPOKEN AT HOME: \_\_\_\_\_

HEALTH INSURANCE STATUS: YES NO

IF YES, WHO IS THE PROVIDER: \_\_\_\_\_

DO YOU GIVE PERMISSION TO SHARE THIS INFORMATION WITH FAMILY CARE (A STATE FUNDED ORGANIZATION THAT HELPS FAMILIES OBTAIN AFFORDABLE HEALTH INSURANCE)? \_\_\_\_\_ YES \_\_\_\_\_ NO

**MOTHER/GUARDIAN:**

LAST NAME

FIRST NAME

STUDENT RESIDES WITH MOTHER/GUARDIAN: YES NO

MOTHER'S/GUARDIAN'S PHYSICAL ADDRESS: \_\_\_\_\_  
(IF DIFFERENT THAT STUDENT)

CITY

STATE

MOTHER'S/GUARDIAN'S MAILING ADDRESS: \_\_\_\_\_  
(IF DIFFERENT THAT STUDENT)

CITY

STATE

MOTHER'S HOME # ( ) \_\_\_\_\_ MOTHER'S CELL # ( ) \_\_\_\_\_

OTHER (IF ANY) # ( ) \_\_\_\_\_

MOTHER'S EMPLOYER \_\_\_\_\_ MOTHER'S WORK # ( ) \_\_\_\_\_

POSITION \_\_\_\_\_

**FATHER/GUARDIAN:**

LAST NAME

FIRST NAME

STUDENT RESIDES WITH FATHER/GUARDIAN: YES NO

FATHER'S/GUARDIAN'S PHYSICAL ADDRESS: \_\_\_\_\_  
(IF DIFFERENT THAT STUDENT)

CITY

STATE

FATHER'S/GUARDIAN'S MAILING ADDRESS: \_\_\_\_\_  
(IF DIFFERENT THAT STUDENT)

CITY

STATE

FATHER'S HOME # ( ) \_\_\_\_\_ FATHER'S CELL # ( ) \_\_\_\_\_

OTHER (IF ANY) # ( ) \_\_\_\_\_

FATHER'S EMPLOYER \_\_\_\_\_ FATHER'S WORK # ( ) \_\_\_\_\_

POSITION \_\_\_\_\_

**PERSON ENROLLING STUDENT:**

**RELATIONSHIP TO STUDENT:**

IF OTHER THAN PARENT, PLEASE COMPLETE THE FOLLOWING FOR PERSON ENROLLING STUDENT:

HOME # ( ) \_\_\_\_\_ CELL # ( ) \_\_\_\_\_

OTHER (IF ANY) # ( ) \_\_\_\_\_

OTHER CHILDREN LIVING IN HOME: \_\_\_\_\_ AGE: \_\_\_\_\_

\_\_\_\_\_ AGE: \_\_\_\_\_

\_\_\_\_\_ AGE: \_\_\_\_\_

\_\_\_\_\_ AGE: \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION**

**EMERGENCY CONTACT 1:** \_\_\_\_\_ **RELATIONSHIP TO STUDENT** \_\_\_\_\_

PLEASE COMPLETE THE FOLLOWING FOR EMERGENCY CONTACT 1:

HOME # (        ) \_\_\_\_\_ CELL # (        ) \_\_\_\_\_

OTHER (IF ANY) # (        ) \_\_\_\_\_

**EMERGENCY CONTACT 2:** \_\_\_\_\_ **RELATIONSHIP TO STUDENT** \_\_\_\_\_

PLEASE COMPLETE THE FOLLOWING FOR EMERGENCY CONTACT 2:

HOME # (        ) \_\_\_\_\_ CELL # (        ) \_\_\_\_\_

OTHER (IF ANY) # (        ) \_\_\_\_\_

**STUDENT EDUCATIONAL HISTORY**

PLEASE LIST NAME, ADDRESS, GRADE LEVEL AND DATES OF PREVIOUS SCHOOLS ATTENDED. LIST MOST RECENT FIRST.

<u>NAME OF SCHOOL(S)</u>	<u>CITY, STATE OR COUNTRY</u>	<u>GRADE LEVEL</u>	<u>DATES ATTENDED</u>

NAME OF GUIDANCE COUNSELOR OR CONTACT PERSON FROM LAST SCHOOL ATTENDED: \_\_\_\_\_

SCHOOL NAME: \_\_\_\_\_

PHONE: \_\_\_\_\_

**REQUEST FOR SPECIAL EDUCATION SERVICES**

**NOTE:** IF THIS SECTION OF THE APPLICATION IS COMPLETED, THIS FORM WILL BE FORWARDED TO THE DEPARTMENT OF SPECIAL SERVICES FOR REVIEW. THIS PORTION OF THE APPLICATION SHALL BE MAINTAINED AS PART OF THE STUDENT'S CONFIDENTIAL CHILD STUDY TEAM FILE.

HAS THE STUDENT EVER BEEN EVALUATED BY A CHILD STUDY TEAM?        YES        NO

HAS THE STUDENT EVER BEEN CLASSIFIED AS ELIGIBLE FOR SPECIAL EDUCATION SERVICES AND RECEIVED SERVICES IN ACCORDANCE WITH AN INDIVIDUALIZED EDUCATION PLAN ("IEP")?        YES        NO

IF YES, WHAT IS THE STUDENT'S CLASSIFICATION? \_\_\_\_\_

DESCRIBE THE SERVICES PROVIDED TO THE STUDENT AS PART OF THE STUDENT'S IEP:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

IF AVAILABLE, PLEASE ATTACH A COPY OF THE STUDENT'S MOST RECENT IEP. STUDENTS' RECEIVING SPECIAL EDUCATION SERVICES IN THEIR PREVIOUS SCHOOL DISTRICT WILL BE ASSIGNED TO A SCHOOL PLACEMENT CONSISTENT WITH THEIR CURRENT IEP PENDING THE COMPLETION OF A REVIEW BY THE CHILD STUDY TEAM.

**END PART ONE**

**PART TWO – APPLICANT INFORMATION**

**SECTION A - (DOMICILE):** COMPLETE THIS SECTION IF **THE STUDENT IS LIVING WITH A PARENT OR GUARDIAN WHOSE PERMANENT HOME IS LOCATED IN RAHWAY. IF YOU ARE THE STUDENT'S GUARDIAN, OR WILL BE THE GUARDIAN OF A STUDENT FROM OUT OF STATE FOLLOWING EXPIRATION OF THE REQUIRED 6-MONTH WAITING PERIOD, YOU WILL BE ASKED TO PROVIDE OFFICIAL PAPERS PROVING GUARDIANSHIP.**

HOW LONG HAVE YOU LIVED IN THIS HOME? \_\_\_\_\_

DO YOU HAVE ANY PRESENT INTENTION OF MOVING FROM THIS HOME? IF SO, WHEN AND TO WHERE?  
\_\_\_\_\_

DO YOU HAVE RESIDENCE(S) ELSEWHERE, AND, IF SO, WHERE ARE THEY AND WHEN DO YOU LIVE THERE?  
\_\_\_\_\_  
\_\_\_\_\_

PLEASE LIST **FOUR (4)** FORMS OF PROOF (SEE ATTACHED LIST, PG.10) YOU WILL PROVIDE TO DEMONSTRATE PROOF OF PERMANENT DOMICILE (RESIDENCY) IN RAHWAY.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

**IF THE STUDENT'S PARENTS ARE DOMICILED (RESIDING) IN DIFFERENT DISTRICTS, REGARDLESS OF WHICH PARENT HAS LEGAL CUSTODY, PLEASE ANSWER THE FOLLOWING QUESTIONS:**

IS THERE A COURT ORDER OR WRITTEN AGREEMENT BETWEEN THE PARENTS DESIGNATING THE DISTRICT FOR SCHOOL ATTENDANCE, AND IF SO, WHERE DOES IT REQUIRE THE STUDENT TO ATTEND SCHOOL? (YOU WILL BE ASKED TO PROVIDE A COPY OF THIS DOCUMENT.)  
\_\_\_\_\_  
\_\_\_\_\_

DOES THE STUDENT RESIDE WITH ONE PARENT FOR THE ENTIRE YEAR? IF SO, WITH WHICH PARENT AND AT WHAT ADDRESS?  
\_\_\_\_\_

IF NOT, FOR WHAT PORTION OF TIME DOES THE STUDENT RESIDE WITH EACH PARENT AND AT WHAT ADDRESSES?  
\_\_\_\_\_

IF THE STUDENT LIVES WITH BOTH PARENTS ON AN EQUAL-TIME, ALTERNATING WEEK/MONTH OR OTHER SIMILAR BASIS, WITH WHICH PARENT DID THE STUDENT RESIDE ON THE LAST SCHOOL DAY PRIOR TO OCTOBER 16 PRECEDING THE DATE OF THIS APPLICATION?  
\_\_\_\_\_

**PLEASE NOTE:** NO DISTRICT IS REQUIRED, AS A RESULT OF BEING THE DISTRICT OF DOMICILE FOR SCHOOL ATTENDANCE PURPOSES WHERE A STUDENT LIVES WITH MORE THAN ONE PARENT, TO PROVIDE TRANSPORTATION FOR A STUDENT RESIDING OUTSIDE THE DISTRICT FOR PART OF THE SCHOOL YEAR, OTHER THAN TRANSPORTATION BASED UPON THE HOME OF THE PARENT DOMICILED WITHIN THE DISTRICT TO THE EXTENT REQUIRED BY LAW.

IF YOU ARE CLAIMING TO BE AN EMANCIPATED STUDENT, ARE YOU LIVING INDEPENDENTLY IN YOUR OWN PERMANENT HOME IN THE DISTRICT? IF YES, PLEASE DESCRIBE THE PROOFS YOU WILL PROVIDE, IN ADDITION TO THOSE DEMONSTRATING DOMICILE, TO DEMONSTRATE THAT YOU ARE NOT IN THE CARE AND CUSTODY OF A PARENT OR LEGAL GUARDIAN.  
\_\_\_\_\_

**PLEASE NOTE:** UNDER NEW JERSEY LAW, WHERE A DWELLING IS LOCATED WITHIN TWO OR MORE LOCAL SCHOOL DISTRICTS, OR BEARS A MAILING ADDRESS THAT DOES NOT REFLECT THE DWELLING'S PHYSICAL LOCATION WITHIN A MUNICIPALITY, THE DISTRICT OF DOMICILE FOR SCHOOL ATTENDANCE PURPOSES IS THAT OF THE MUNICIPALITY TO WHICH THE RESIDENT PAYS THE MAJORITY OF HIS OR HER PROPERTY TAX, OR TO WHICH THE MAJORITY OF PROPERTY TAX FOR THE DWELLING IN QUESTION IS PAID BY THE OWNER OF A MULTI-UNIT DWELLING.

**END PART TWO**

**PART THREE – HEALTH INFORMATION (POLICY #5141.3)**

***NOTE: THIS PORTION OF THE APPLICATION SHALL BE DETACHED FROM THE PACKET AND MAINTAINED AS PART OF THE STUDENT’S CONFIDENTIAL MEDICAL FILE.***

EVERY PUPIL WHO ENTERS THE DISTRICT FOR THE FIRST TIME SHALL PRESENT A WRITTEN REPORT OF A MEDICAL EXAMINATION CONDUCTED WITHIN ONE YEAR PRIOR TO ENROLLMENT, SIGNED AND DATED BY THE PUPIL’S PHYSICIAN. THE REPORT SHALL INCLUDE A RECORD OF IMMUNIZATIONS, MEDICAL HISTORY INCLUDING ALLERGIES, PAST SERIOUS ILLNESSES, INJURIES AND OPERATIONS, MEDICATIONS AND CURRENT HEALTH PROBLEMS; HEALTH SCREENINGS INCLUDING HEIGHT, WEIGHT, HEARING, BLOOD PRESSURE, AND VISION. STUDENTS WITHOUT REQUIRED IMMUNIZATIONS WILL BE ENROLLED, BUT ADMISSION WILL BE DEFERRED UNTIL DOCUMENTATION OF IMMUNIZATIONS IS PRESENTED TO THE SCHOOL EXCEPT, WHEN THERE ARE EXEMPTIONS AS RECOGNIZED IN LAW (N.J.A.C. 8:57-4). A PUPIL MAY BE ADMITTED TO SCHOOL ON A PROVISIONAL BASIS IF A PHYSICIAN OR HEALTH DEPARTMENT INDICATES THAT IMMUNIZATION OF THE PUPIL HAS BEEN INITIATED AND THAT THE PUPIL IS IN THE PROCESS OF COMPLYING WITH ALL IMMUNIZATION REQUIREMENTS.

A. DESCRIBE ANY DISABILITIES OR RELEVANT HEALTH INFORMATION THE SCHOOL SHOULD KNOW ABOUT.

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B. DOES YOUR CHILD HAVE ANY MEDICAL RESTRICTIONS FROM PHYSICAL EDUCATION? YES \_\_\_\_\_ NO \_\_\_\_\_ IF YES, PLEASE DESCRIBE. (BEFORE A PHYSICAL EDUCATION EXEMPTION WILL BE APPROVED, WRITTEN DOCUMENTATION FROM A PHYSICIAN MUST BE SUBMITTED.)

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C. IS YOUR CHILD TAKING ANY MEDICATIONS? YES \_\_\_ NO \_\_\_ IF YES, PLEASE LIST:

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IF YOUR CHILD HAS HAD ANY OF THE FOLLOWING DISEASES, GIVE THE YEAR:

CHICKEN POX \_\_\_\_\_ MUMPS \_\_\_\_\_ GERMAN MEASLES \_\_\_\_\_ MEASLES \_\_\_\_\_ WHOOPING COUGH \_\_\_\_\_

**IMMUNIZATION RECORD (ATTACH PHOTOCOPY OF OFFICIAL IMMUNIZATION RECORD)**

THE FOLLOWING IMMUNIZATIONS ARE REQUIRED:

<b>VACCINE</b>	<b>PRESCHOOL/PRESCHOOL DISABLED</b>	<b>KINDERGARTEN</b>
DTP	4 DOSES	4 DOSES, ONE DOSE ON OR AFTER THE FOURTH BIRTHDAY
POLIO	3 DOSES	3 DOSES, ONE DOSE ON OR AFTER THE FOURTH BIRTHDAY
MEASLES	1 DOSE ON OR AFTER THE FIRST BIRTHDAY	2 DOSES, BOTH MUST BE ON OR AFTER THE FIRST BIRTHDAY
RUBELLA	1 DOSE ON OR AFTER THE FIRST BIRTHDAY	1 DOSE, ON OR AFTER THE FIRST BIRTHDAY
MUMPS	1 DOSE ON AFTER THE FIRST BIRTHDAY	1 DOSE, ON OR AFTER THE FIRST BIRTHDAY
HIB (HAEMOPHILUS INFLUENZA B)	1 DOSE ON OR AFTER THE FIRST BIRTHDAY	NOT REQUIRED AFTER 5TH BIRTHDAY
HEPATITIS B		3 DOSES
VARICELLA	1 DOSE ON OR AFTER THE FIRST BIRTHDAY	ON OR AFTER THE FIRST BIRTHDAY
INFLUENZA	1 DOSE ANNUALLY BETWEEN 9/1 & 12/31 FOR CHILDREN THROUGH 59 MONTHS OF AGE	N/A

CHILDREN BORN ON OR AFTER JANUARY 1, 1997 AND ENROLLED IN GRADE SIX OR TRANSFERRING INTO A NEW JERSEY SCHOOL FROM ANOTHER STATE OR COUNTRY ARE REQUIRED TO RECEIVE ONE DOSE OF T<sub>DAP</sub>, PROVIDED AT LEAST FIVE YEARS HAVE ELAPSED SINCE THE LAST DOCUMENTED T<sub>D</sub> DOSE.

CHILDREN BORN ON OR AFTER JANUARY 1, 1997 AND ENROLLED IN GRADE SIX OR TRANSFERRING INTO A NEW JERSEY SCHOOL FROM ANOTHER STATE OR COUNTRY ARE REQUIRED TO RECEIVE ONE DOSE OF MENINGOCOCCAL VACCINE.

TO BE COMPLETED BY SCHOOL NURSE:

I HAVE REVIEWED THIS STUDENT'S IMMUNIZATION RECORDS AND FIND THEM ACCEPTABLE. \_\_\_\_\_

I HAVE REVIEWED THIS STUDENT'S MEDICAL EXAMINATION RECORD AND FIND IT ACCEPTABLE. \_\_\_\_\_

I FIND THE FOLLOWING TO BE NECESSARY TO COMPLETE THIS PUPIL'S HEALTH HISTORY AND APPRAISAL FORM; HE/SHE MAY BE ADMITTED PROVISIONALLY. \_\_\_\_\_

NURSE'S SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

# RAHWAY PUBLIC SCHOOLS

## MEDICAL REPORT FORM

TO BE COMPLETED BY PARENT/GUARDIAN:

CHILD'S NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

PARENTS/GUARDIAN NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

MEDICAL HISTORY: \_\_\_\_\_

IMMUNIZATION RECORD: \_\_\_\_\_

ALLERGIES: \_\_\_\_\_

CURRENT  
MEDICATION(S): \_\_\_\_\_

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TO BE COMPLETED BY YOUR PHYSICIAN

HEIGHT: \_\_\_\_\_  
WEIGHT: \_\_\_\_\_  
PULSE: \_\_\_\_\_  
RESPIRATIONS: \_\_\_\_\_  
BLOOD  
PRESSURE: \_\_\_\_\_

**RESULTS OF LAST MANTOUX**  
POS \_\_\_\_\_ NEG \_\_\_\_\_  
CHEST XRAY  
RESULTS: \_\_\_\_\_  
THERAPY \_\_\_\_\_

HEENT: \_\_\_\_\_  
HEART: \_\_\_\_\_  
VISION: \_\_\_\_\_  
HEARING: \_\_\_\_\_  
SCOLIOSIS: \_\_\_\_\_

LUNGS: \_\_\_\_\_  
ABD: \_\_\_\_\_  
EXTREMITIES: \_\_\_\_\_  
NEURO: \_\_\_\_\_

\_\_\_\_\_  
PHYSICIAN'S SIGNATURE

\_\_\_\_\_  
DATE

PHYSICIAN'S ADDRESS & TELEPHONE (STAMP)

**END PART THREE**

**PART FOUR-TRANSFER OF RECORDS**

**Rahway Public Schools**

Kline Place • P.O. Box 1024 • Rahway • New Jersey • 07065 • (732) 396-1000  
Frank Buglione, Superintendent of Schools

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**TRANSFER STUDENT  
PARENTAL AUTHORIZATION FOR RELEASE OF INFORMATION**

**NAME:** \_\_\_\_\_ **BIRTHDATE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**THIS WILL AUTHORIZE THE EXCHANGE OF CONFIDENTIAL RECORDS INCLUDING ALL OF THE FOLLOWING:**

- Academic Records
- Health Records
- NJ Schools please send permanent Health Records-Original A45
- Achievement Test Results
- Child Study Team Records (IEPs/Evaluations)
- Discipline Records

**PLEASE MAIL ALL RECORDS TO:**

RAHWAY HIGH SCHOOL  
1012 MADISON AVENUE  
RAHWAY, NJ 07065

RAHWAY MIDDLE SCHOOL  
KLINE PLACE  
RAHWAY, NJ 07065

FRANKLIN ELEM. SCHOOL  
1809 ST. GEORGES AVE.  
RAHWAY, NJ 07065

GROVER CLEVELAND ELEM. SCHOOL  
486 E. MILTON AVE.  
RAHWAY, NJ 07065

ROOSEVELT ELEM. SCHOOL  
811 ST. GEORGES AVE.  
RAHWAY, NJ 07065

MADISON ELEM. SCHOOL  
944 MADISON AVE.  
RAHWAY, NJ 07065

**I GIVE PERMISSION FOR THE EXCHANGE OF RECORDS BETWEEN RAHWAY PUBLIC SCHOOLS AND**

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**Parent Signature**

**RAHWAY PUBLIC SCHOOLS CONTACT PERSON**

**NAME:** \_\_\_\_\_

**PHONE:** \_\_\_\_\_

**FAX:** \_\_\_\_\_

**END PART FOUR**

## UNDERSTANDING REGISTRATION REQUIREMENTS

**THE QUESTIONS ASKED IN THE FOLLOWING PAGES WILL ENABLE US TO DETERMINE YOUR STUDENT'S ELIGIBILITY TO ATTEND SCHOOL IN THE RAHWAY PUBLIC SCHOOL DISTRICT IN ACCORDANCE WITH NEW JERSEY LAW. PLEASE BE AWARE THAT N.J.S.A. 18A:38-1 AND N.J.A.C. 6A:22 SPECIFY THAT A FREE PUBLIC EDUCATION WILL BE PROVIDED TO ANY STUDENT BETWEEN THE AGES OF 5 AND 20, WHO ARE:**

- DOMICILED IN THE DISTRICT, I.E., LIVING WITH A PARENT OR GUARDIAN WHOSE PERMANENT HOME IS LOCATED WITHIN THE DISTRICT. A HOME IS PERMANENT WHEN THE PARENT OR GUARDIAN INTENDS TO RETURN TO IT WHEN ABSENT AND HAS NO PRESENT INTENT OF MOVING FROM IT, NOTWITHSTANDING THE EXISTENCE OF HOMES OR RESIDENCES ELSEWHERE
- LIVING WITH A PERSON, OTHER THAN THE PARENT OR GUARDIAN, WHO IS DOMICILED IN THE DISTRICT AND IS SUPPORTING THE STUDENT WITHOUT COMPENSATION, AS IF THE STUDENT WERE HIS OR HER OWN CHILD, BECAUSE THE PARENT CANNOT SUPPORT THE CHILD DUE TO FAMILY OR ECONOMIC HARDSHIP
- LIVING WITH A PERSON DOMICILED IN THE DISTRICT, OTHER THAN THE PARENT OR GUARDIAN, WHERE THE PARENT/GUARDIAN IS A MEMBER OF THE NEW JERSEY NATIONAL GUARD OR THE RESERVE COMPONENT OF THE U.S. ARMED FORCES AND HAS BEEN ORDERED INTO ACTIVE MILITARY SERVICE IN THE U.S. ARMED FORCES IN TIME OF WAR OR NATIONAL EMERGENCY
- LIVING WITH A PARENT OR GUARDIAN WHO IS TEMPORARILY RESIDING IN THE DISTRICT
- THE CHILD OF A PARENT OR GUARDIAN WHO MOVES TO ANOTHER DISTRICT AS THE RESULT OF BEING HOMELESS
- PLACED IN THE HOME OF A DISTRICT RESIDENT BY COURT ORDER PURSUANT TO *N.J.S.A. 18A:38-2*.
- THE CHILD OF A PARENT OR GUARDIAN WHO PREVIOUSLY RESIDED IN THE DISTRICT BUT IS A MEMBER OF THE NEW JERSEY NATIONAL GUARD OR THE UNITED STATES RESERVES AND HAS BEEN ORDERED TO ACTIVE SERVICE IN TIME OF WAR OR NATIONAL EMERGENCY PURSUANT TO *N.J.S.A. 18A:38-3(B)*.
- RESIDING ON FEDERAL PROPERTY WITHIN THE STATE PURSUANT TO *N.J.S.A. 18A:38-7.7 ET SEQ.*

**NOTE THAT THE FOLLOWING DO NOT AFFECT A STUDENT'S ELIGIBILITY TO ENROLL IN SCHOOL:**

- PHYSICAL CONDITION OF HOUSING OR COMPLIANCE WITH LOCAL HOUSING ORDINANCES OR TERMS OF LEASE
- IMMIGRATION/VISA STATUS, EXCEPT FOR STUDENTS HOLDING OR SEEKING A VISA (F-1) ISSUED SPECIFICALLY FOR THE PURPOSE OF LIMITED STUDY ON A TUITION BASIS IN A UNITED STATES PUBLIC SECONDARY SCHOOL
- ABSENCE OF A CERTIFIED COPY OF BIRTH CERTIFICATE OR OTHER PROOF OF A STUDENT'S IDENTITY, ALTHOUGH THESE MUST BE PROVIDED WITHIN 30 DAYS OF INITIAL ENROLLMENT, PURSUANT TO *N.J.S.A. 18A: 36-25.1*
- ABSENCE OF STUDENT MEDICAL INFORMATION, ALTHOUGH ACTUAL ATTENDANCE AT SCHOOL MAY BE DEFERRED AS NECESSARY IN COMPLIANCE WITH RULES REGARDING IMMUNIZATION OF STUDENTS, *N.J.A.C. 8:57-4.1 ET SEQ.*
- ABSENCE OF A STUDENT'S PRIOR EDUCATIONAL RECORD, ALTHOUGH THE INITIAL EDUCATIONAL PLACEMENT OF THE STUDENT MAY BE SUBJECT TO REVISION UPON RECEIPT OF RECORDS OR FURTHER ASSESSMENT BY THE DISTRICT

**THE FOLLOWING FORMS OF DOCUMENTATION MAY DEMONSTRATE A STUDENT'S ELIGIBILITY FOR ENROLLMENT IN THE DISTRICT. PARTICULAR DOCUMENTATION NECESSARY TO DEMONSTRATE ELIGIBILITY UNDER SPECIFIC PROVISIONS IN LAW WILL BE INDICATED IN THE APPROPRIATE SECTION OF THE REGISTRATION FORM.**

- PROPERTY TAX BILLS, DEEDS, CONTRACTS OF SALE, LEASES, MORTGAGES, SIGNED LETTERS FROM LANDLORDS AND OTHER EVIDENCE OF PROPERTY OWNERSHIP, TENANCY OR RESIDENCY.
- VOTER REGISTRATIONS, LICENSES, PERMITS, FINANCIAL ACCOUNT INFORMATION, UTILITY BILLS, DELIVERY RECEIPTS, AND OTHER EVIDENCE OF PERSONAL ATTACHMENT TO A PARTICULAR LOCATION.
- COURT ORDERS, STATE AGENCY AGREEMENTS AND OTHER EVIDENCE OF COURT OR AGENCY PLACEMENTS OR DIRECTIVES.
- RECEIPTS, BILLS, CANCELLED CHECKS AND OTHER EVIDENCE OF EXPENDITURES DEMONSTRATING PERSONAL ATTACHMENT TO A PARTICULAR LOCATION, OR, WHERE APPLICABLE, TO SUPPORT OF THE STUDENT.
- MEDICAL REPORTS, COUNSELOR OR SOCIAL WORKER ASSESSMENTS, EMPLOYMENT DOCUMENTS, BENEFIT STATEMENTS, AND OTHER EVIDENCE OF CIRCUMSTANCES DEMONSTRATING, WHERE APPLICABLE, FAMILY OR ECONOMIC HARDSHIP, OR TEMPORARY RESIDENCY.
- AFFIDAVITS, CERTIFICATIONS AND SWORN ATTESTATIONS PERTAINING TO STATUTORY CRITERIA FOR SCHOOL ATTENDANCE, FROM THE PARENT, LEGAL GUARDIAN, PERSON KEEPING AN "AFFIDAVIT STUDENT," ADULT STUDENT, PERSON(S) WITH WHOM A FAMILY IS LIVING, OR OTHERS, AS APPROPRIATE.
- DOCUMENTS PERTAINING TO MILITARY STATUS AND ASSIGNMENT.
- ANY BUSINESS RECORD OR DOCUMENT ISSUED BY A GOVERNMENTAL ENTITY.
- ANY OTHER FORM OF DOCUMENTATION RELEVANT TO DEMONSTRATING ENTITLEMENT TO ATTEND SCHOOL.

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.

YOU WILL NOT BE ASKED FOR ANY INFORMATION OR DOCUMENT PROTECTED FROM DISCLOSURE BY LAW, OR PERTAINING TO CRITERIA WHICH ARE NOT LEGITIMATE BASES FOR DETERMINING ELIGIBILITY TO ATTEND SCHOOL. YOU MAY VOLUNTARILY DISCLOSE ANY DOCUMENT OR INFORMATION YOU BELIEVE WILL HELP ESTABLISH THAT THE STUDENT MEETS THE REQUIREMENTS OF LAW FOR ENTITLEMENT TO ATTEND SCHOOL IN THE DISTRICT, BUT *WE MAY NOT, DIRECTLY OR INDIRECTLY, REQUIRE OR REQUEST:*

- INCOME TAX RETURNS
- DOCUMENTATION OR INFORMATION RELATING TO CITIZENSHIP OR IMMIGRATION/VISA STATUS, UNLESS THE STUDENT HOLDS OR IS APPLYING FOR AN F-1 VISA
- DOCUMENTATION OR INFORMATION RELATING TO COMPLIANCE WITH LOCAL HOUSING ORDINANCES OR CONDITIONS OF TENANCY
- SOCIAL SECURITY NUMBERS

**PLEASE BE AWARE THAT ANY INITIAL DETERMINATION OF THE STUDENT'S ELIGIBILITY TO ATTEND SCHOOL IN THIS DISTRICT IS SUBJECT TO MORE THOROUGH REVIEW AND SUBSEQUENT RE-EVALUATION, AND THAT TUITION MAY BE ASSESSED IN THE EVENT THAT AN INITIALLY ADMITTED STUDENT IS LATER FOUND INELIGIBLE. IF YOUR STUDENT IS FOUND INELIGIBLE, NOW OR LATER, YOU WILL BE PROVIDED THE REASONS FOR OUR DECISION AND INSTRUCTIONS ON HOW TO APPEAL.**

***IF YOU EXPERIENCE ANY DIFFICULTIES WITH THE ENROLLMENT PROCESS, PLEASE SEE THE BUILDING PRINCIPAL***

**(FOR OFFICE USE ONLY)**

Name of Pupil: \_\_\_\_\_

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

**A. APPROVAL OF ADMISSION- This section to be completed if all required documents are received at time of registration (check box if received)**

- Proof of Residency (4 Forms)
- Proof of Age/Identity
- Immunization Record (All required immunizations complete)
- Medical Examination

I have reviewed this application for admission and the supporting documentation and approve the enrollment of this pupil.

Signature of Principal: \_\_\_\_\_

Grade: \_\_\_\_\_ Teacher/Homeroom: \_\_\_\_\_

Transfer Card received from: District: \_\_\_\_\_

School: \_\_\_\_\_

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

Records were requested from: \_\_\_\_\_

By: \_\_\_\_\_

On: \_\_\_\_\_

Records Received on: \_\_\_\_\_

Date of entry: \_\_\_\_\_

**B: PROVISIONAL ADMISSION (To be completed if all required documents are not provided.)**

**NOTE:** If this section is completed, the "Initial Notice of Defect in Application/Potential Ineligibility" is to be provided to the parent.

**DATE TO BE REVIEWED:** \_\_\_\_\_

**DATE INITIAL LETTER SENT:** \_\_\_\_\_

(Check box and indicate information that is missing on the line provided)

- Proof of Residency (4 Forms) \_\_\_\_\_
- Affidavit Student (Forms completed by parent and person with whom student resides) \_\_\_\_\_
- Proof of Age/Identity \_\_\_\_\_
- Immunization Record (All required immunizations complete) \_\_\_\_\_
- Medical Examination \_\_\_\_\_

**C. DOCUMENTATION RECEIVED- (check box if received)**

- Proof of Residency (4 Forms)
- Proof of Age/Identity
- Immunization Record (All required immunizations complete)
- Medical Examination

Date received: \_\_\_\_\_

Date received: \_\_\_\_\_

Date completed: \_\_\_\_\_

Date completed: \_\_\_\_\_