

**Keansburg Borough Public Schools
CENTRAL REGISTRATION
285 Carr Avenue
Keansburg, NJ 07734**

Ph. # 732-787-2007, Ext. 3221

Fax #732-787-5791

www.keansburg.k12.nj.us

REGISTRATION REQUIREMENTS

- CALL FOR AN APPOINTMENT – 732-787-2007, Ext. 3221
- ONLY A PARENT OR LEGAL GUARDIAN MAY ENROLL A STUDENT
- STUDENT MUST LIVE IN KEANSBURG BOROUGH WITH PARENT OR LEGAL GUARDIAN

ALL OF THE FOLLOWING DOCUMENTS MUST BE PRESENTED AT THE TIME OF ENROLLMENT

- ✓ **ORIGINAL BIRTH CERTIFICATE** – Proof of Student's Date of Birth
- ✓ **IMMUNIZATION RECORD** showing MONTH/DAY/YEAR of each vaccine your child has received to date. The document must indicate the student's name, the name of the doctor, or clinic, and the signature and/or stamp of the doctor. Failure to provide appropriate information regarding immunization may result in your child not being able to enroll in school. Any questions, please contact the school nurse.
- ✓ **MANTOUX TB TEST** – Students relocating from any other area may need a TB test as mandated by law. This will be determined by the school nurse if it is required, must be provided to school within 60 days.
- ✓ **PHYSICAL EXAMINATION FORM** – must be completed within the 365 days, signed by your child's physician, and returned to the school within 60 days of your child's first day of school.
- ✓ **NAME, MAILING ADDRESS & PHONE NUMBER OF THE SCHOOL** your child is transferring from.
- ✓ **SCHOOL RECORDS - Transfer card and current report card.** Also, if available, please provide a copy of the most recent Standardized Test Results. *If child is classified, please provide a copy of the Individualized Education Plan (IEP, Child Study Team Records, Speech and Language Services, and Reports from Early Intervention Programs, if available.*
- ✓ **CUSTODY PAPERS, PROOF OF LEGAL GUARDIANSHIP, FOSTER PARENT PAPERS.** If applicable.
- PROOF OF RESIDENCY – HOMEOWNERS:** *One* required at time of registration then parent/guardian has *21 days to provide final three proofs.*
 - Deed, Current Property Tax Bill, HUD-1 Settlement (one of these)
 - Current Utility Bill (3 of these)
 - Valid Drivers License, Voter Registration Card
- ✓ **PROOF OF RESIDENCY – RENTERS: 'FOUR DOCUMENTS ARE REQUIRED**
 - Current (not expired) Lease or Notarized letter from the landlord (1 of these)
 - Current Utility Bill (3 of these)
 - Valid Drivers License, Voter Registration Card
- ✓ **LIVING WITH ANOTHER FAMILY in Keansburg Borough:** Owner of the home needs to accompany you to the registration and bring 'four' proofs of residency (See Homeowners above). An Affidavit of Residency will be signed.

(***Note: Non-traditional residency issues (such as living with another family) will be addressed through an Affidavit of Residency or an Affidavit of Domicile. Please call the office regarding this information at 732-787-2007, Ext. 3221.

CENTRAL REGISTRATION OFFICE HOURS

Shall be in operation those days that the Board of Education building is scheduled to be open.

SEPT-JUNE	MONDAY - FRIDAY	8:30 AM – 1:00 PM and 2:00 PM – 4 PM
JULY & AUGUST	MONDAY – FRIDAY	9:00 AM – 12:00 PM and 1:00 PM – 3 PM

If you experience difficulty in meeting the compliance standards of the enrollment process or present non-traditional enrollment needs, please contact Supervisor of Pupil Personnel at 732-787-2007, Ext. 3300.

Registration Date _____
Entry Date: _____
State ID#: _____
Student ID#: _____

Keansburg Borough Schools

Registration form

SCHOOL: _____ GRADE: _____ DATE: _____

STUDENT'S NAME _____
Last First MI

STREET ADDRESS _____

MAILING ADDRESS (IF DIFFERENT) _____

HOME PHONE: () _____ E-MAIL _____

DATE OF BIRTH: _____ AGE: _____ SEX: Male/ Female

BIRTH PLACE: CITY _____ STATE _____

BIRTH COUNTRY ***: _____ U.S. CITIZEN: Yes/ No

***IF CHILD WAS BORN OUTSIDE THE U.S.A., WHAT IS THE DATE THE CHILD FIRST ATTENDED
SCHOOL IN THE U.S.A.?: _____ ***

ETHNIC CODE: White (not of Hispanic Origin) / Black (not of Hispanic Origin) / Hispanic /
American Indian or Alaskan Native / Asian or Pacific Islander

NATIVE LANGUAGE: _____

PRIMARY LANGUAGE SPOKEN AT HOME: _____

PARENTS/GUARDIANS: Married / Divorced / Separated / Single / Widowed

STUDENT RESIDES WITH: _____

WHO HAS LEGAL CUSTODY: _____

WHO HAS PHYSICAL 'RESIDENTIAL CUSTODY' _____

IF DIVORCED OR SEPARATED, PROVIDE THE FOLLOWING INFORMATION OF THE NON-CUSTODIAL PARENT:

NAME: _____

HOME ADDRESS: _____

HOME PHONE: () _____ CELL: () _____

E-MAIL ADDRESS: _____

LAST SCHOOL ATTENDED:

NAME: _____ PHONE: () _____

ADDRESS: _____

WAS STUDENT ENROLLED IN ANY PROGRAM LISTED? Yes / No

English as Second Language (ESL) _____ Speech _____

Basic Skills/Title 1 _____ Academically/Talented _____

Special Services/IEP _____ Other: _____

Alternate School Programs _____

Has the student previously attended a Keansburg Borough School ? Yes / No

If so, give school name and dates of attendance _____

PLEASE LIST BROTHERS AND SISTERS (who are living with you)

Name	Sex	Date of Birth	School	Grade

FATHER'S NAME: _____ Driver's License#: _____

HOME ADDRESS: _____ ZIP CODE: _____

HOME () _____ CELL: () _____

E-MAIL ADDRESS: _____

EMPLOYER'S NAME AND ADDRESS: _____

WORK PHONE: () _____

MOTHER'S NAME: _____ Driver's License#: _____

HOME ADDRESS: _____ ZIP CODE: _____

HOME () _____ CELL: () _____

E-MAIL ADDRESS: _____

EMPLOYER'S NAME AND ADDRESS: _____

WORK PHONE: () _____

GUARDIAN'S NAME: _____ Driver's License#: _____

HOME ADDRESS: _____ ZIP CODE: _____

HOME () _____ CELL: () _____

E-MAIL ADDRESS: _____

EMPLOYER'S NAME AND ADDRESS: _____

WORK PHONE: () _____

EMERGENCY CONTACT NAME (#1): _____

RELATIONSHIP TO STUDENT _____ DAY PHONE: () _____

EMERGENCY CONTACT NAME (#2): _____

RELATIONSHIP TO STUDENT _____ DAY PHONE: () _____

PLEASE INDICATE IF THERE ARE ANY SPECIAL CUSTODY CIRCUMSTANCES THAT THE SCHOOL SHOULD BE AWARE OF CONCERNING YOUR CHILD:

I swear that the information herein is true. Any false information concerning residency shall be penalized according to N.J. Statutes 18A:38-1

SIGNATURE OF PARENT/GUARDIAN: _____

RELATIONSHIP TO STUDENT: _____ DATE: _____

Entered By: _____ Date: _____

LAST NAME: _____

SECTION A

STATEMENT OF DOMICILE

(Student Residing with Parent/Guardian in the Borough)

Complete this section if the student is living with a parent or guardian whose permanent home is located in the Keansburg School District. If you are the student's guardian or will be the guardian of a student from out of state following expiration of the required six-month waiting period, you will be asked to provide official papers proving guardianship. You will not be asked to produce "Affidavit of Domicile" student proofs of the type in Section B.

How long have you lived in this home? _____

Do you have any present intentions of moving from this home? If so, when and to where?

Do you have residences(s) elsewhere, and, if so, where are they and when do you live there?

Please list four forms of proof you will provide to demonstrate that the address given on this application is your permanent home. (See the list **ACCEPTABLE DOCUMENTATION OF PROOF OF RESIDENCY** on Page #2 of this packet).

1. _____
2. _____
3. _____
4. _____

If the student's parents are domiciled in different school Districts, regardless of which parent has legal custody, please answer the following questions:

Does the student reside with one parent for the entire year? If so, with which parent and at what address?

If not, what portion of time does the student reside with each parent and at what addresses?

Parent

Date

**KEANSBURG BOROUGH BOARD OF EDUCATION
REGISTRATION AND DOMICILE/RESIDENCY FORMS**

**PRELIMINARY INFORMATION:
PLEASE READ BEFORE PROCEEDING**

A. ELIGIBILITY TO ATTEND THE KEANSBURG BOROUGH PUBLIC SCHOOLS

The question asked in the following pages will enable us to determine your child's eligibility to attend school in the Keansburg School District ("Borough") in accordance with New Jersey law. Please be aware that N.J.S.A. 18A:38-1 and N.J.A.C. 6A:22-1 et seq. specify that a free public education will be provided to any students between the ages of 5 and 20, and to certain students under 5 years of age and over 20 years of age 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 compensations, as if the student were his or her own child, because the parent cannot support the child due to family or economic hardship. (See "Affidavit of Domicile" Students below).
- 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 into 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.

¹Note that "guardian" means a person to whom a court of competent jurisdiction has awarded guardianship or custody of a child, provided that a residential custody order shall entitle a child to attend school in the residential custodian's school District subject to a rebuttable presumption that the child is actually living with such custodian; it also means the Department of Children and Families for purposes of N.J.S.A. 18A:38-1(e). Also note that a student is entitled to attend school in the District of domicile notwithstanding that the student is qualified to attend school in a different Borough as an "affidavit" student or temporary resident.

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 pr 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 a 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.S.A. 8:574-.1 et esq.
- Absence of 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.

B. ACCEPTABLE DOCUMENTATION OF PROOF OF RESIDENCY

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 registration, licenses, permits, financial account information, utility bills, delivery receipt, 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, insurance claims or payments, 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, unemployment claims, 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, guardian, person keeping an "affidavit of domicile" 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 documentations 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 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 child is found ineligible, now or later, you will be provided the reasons for our decision and instruction on how to appeal.

C. "AFFIDAVIT OF DOMICILE" STUDENTS

As stated above, a student living with a person, other than the parent or guardian, who is domiciled in the District and is supporting the student without compensation is entitled to attend school in the District. Students are not eligible to attend school as "Affidavit of Domicile" students unless the student's parent or guardian is not capable of supporting or providing care for the student due to family or economic hardship, and unless it is clear that the student is not living in the District solely for the purposes of receiving a public education.

A student will not be considered ineligible because required sworn statement(s) cannot be obtained so long as evidence is presented that the underlying requirements of the law are being met.

A student will not be considered ineligible when evidence is presented that the student has no home or possibility of school attendance other than a non-parent District resident who is not the student's guardian but is acting as the sole caretaker and supporter of the student.

A student will not be considered ineligible solely because a parent or guardian provides gifts of limited contributions, financial or otherwise, toward the welfare of the student provided that the resident keeping the student receives no payment or other remuneration from the parent or guardian for the “student’s” actual housing and support. Receipt by the resident of Social Security or other similar benefits on behalf of the student does not render a student ineligible. It is not necessary that guardianship or custody be obtained before a student will be considered for enrollment on an “Affidavit of Domicile” basis.

D. TRANSPORTATION OF STUDENTS RESIDING WITH DIVORCED PARENTS

The District is not required, as a result of being the school District of domicile for school attendance purposes where a student lives with more than one parent, to provide transportation to 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.

E. EMANCIPATED STUDENTS

If you are claiming to be an emancipated student, you must provide proof that you are not in the care and custody of a parent or guardian.

F. HOMES LOCATED IN MULTIPLE SCHOOL BOROUGHES

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 dwelling’s property tax is paid or to which the majority of the unit’s property tax is paid by the owner of a multi-unit dwelling.

G. DISPUTES CONCERNING DOMICILE

If you experience difficulties with the enrollment process, please see the building Principal. If you cannot resolve your difficulties with the building Principal, you may contact the Office of the Superintendent at (732-787-2007). Additionally, you may appeal a decision regarding entitlement to attend the District’s school by filing an appeal before the Commissioner of Education.

Tel: 732-787-2007 x 3221 Fax: Fax #732-787-5791

_____ Date _____
Parent Signature

_____ Date _____
School Official

**KEANSBURG BOROUGH PUBLIC SCHOOLS
EMERGENCY FORM**

DEAR PARENTS:

To update our files, would you please fill out the following questionnaire and return it with your child to his/her school nurse as soon as possible. If your child has medical problems, is on medications, or has special medical needs, by signing this form, you are giving permission to share the information below with the school nurse and any staff member both you and the nurse believe are appropriate. If you want all information to remain confidential, please speak directly to your school nurse.

CHILD'S NAME _____
(last) (first) (middle)

MAILING ADDRESS: _____
(Street) (Town) (Zip)

HOME PHONE#: (_____) DATE OF BIRTH: _____ SEX: _____

PRIMARY LANGUAGE SPOKEN AT HOME: _____

GRADE: _____ TEACHER: _____ (HOME ROOM #): _____

NAME OF PARENT OR GUARDIAN:

MOTHER'S NAME: _____ CELL#: _____

MOTHER'S OCCUPATION: _____ BUSINESS. PHONE #: _____

MOTHER'S E-MAIL: _____

FATHER'S NAME: _____ CELL#: _____

FATHER'S OCCUPATION: _____ BUSINESS. PHONE #: _____

FATHER'S E-MAIL: _____

OTHER CHILDREN IN FAMILY:

NAME: _____ BIRTH DATE: _____

NAME: _____ BIRTH DATE: _____

NAME: _____ BIRTH DATE: _____

IN CASE OF EMERGENCY AND PARENT OR GUARDIAN CANNOT BE REACHED PLEASE LIST A LOCAL PERSON

CALL #1 _____ CALL #1 _____

NAME

NAME

ADDRESS

ADDRESS

(_____) _____

TELEPHONE #

(_____) _____

TELEPHONE #

RELATIONSHIP

RELATIONSHIP

NAME OF FAMILY PHYSICIAN: _____

TELEPHONE #: (_____) _____

*****PLEASE COMPLETE BOTH SIDES OF THIS FORM*****

MEDICAL INFORMATION

NAME OF FAMILY DENTIST: _____

TELEPHONE #:(_____) _____

HOSPITAL REFERENCE: _____

PLEASE LIST BELOW ANY MEDICAL PROBLEMS, FOOD ALLERGIES, AND/OR MEDICATIONS NEEDED:

PLEASE LIST ANY NON-ROUTINE MEDICAL/SURGICAL CARE CHILD HAS RECEIVED IN THE LAST YEAR:

PLEASE INDICATE IF THERE ARE ANY SPECIAL CUSTODY CIRCUMSTANCES THAT THE SCHOOL NURSE SHOULD BE AWARE OF CONCERNING YOUR CHILD. IF YOUR ARE NOT THE NATURAL PARENT, PLEASE PROVIDE THE SCHOOL WITH A COPY OF ANY LEGAL DOCUMENTATION GIVING YOU LEGAL GUARDIANSHIP.

INFORMATION TO BE SHARED WITH:

PRINCIPAL/VICE PRINCIPAL	Yes/No	GUIDANCE COUNSELOR	Yes/No
PHYSICAL EDUCATION TEACHER	Yes/No	ACADEMIC STAFF	Yes/No
OTHER	Yes/No	_____	_____

PARENT/GUARDIAN SIGNATURE_____

DATE

DOES THE CHILD HAVE HEALTH INSURANCE?

YES_____ **If Yes, name of insurance company**_____

NO_____ **NJ Family Care provides free or low cost health insurance for uninsured children and certain low income parents. For more information call 800-701-0710 or visit www.njfamilycare.org to apply on line.**
You may release my name and address to the NJ FamilyCare Program to contact me about health insurance.

Signature:_____ **Printed Name:**_____ **Date:**_____

KEANSBURG BOROUGH PUBLIC SCHOOLS
HEALTH HISTORY INFORMATION

Please answer all questions to the best of your knowledge. All information will be kept confidential.

DATE

Name: _____ **Sex:** _____ **DOB:** _____ **Age Now:** _____

Address: _____

Home Telephone No. _____

Father: _____ **Age:** _____ **Mother:** _____ **Age:** _____

Place of Birth: _____ **Hospital:** _____

H. Family History

A. Siblings

NAME	AGE	BIRTHDAY	SCHOOL/JOB
1.			
2.			
3.			
4.			
5.			

B. List any persons residing in the home and their relationship to the child:

1. _____
2. _____
3. _____

**C. Any instances of serious illnesses such as: epilepsy, alcoholism, T.B., Diabetes, Asthma, Hay Fever, etc. among immediate family members: Yes _____ No _____
(ie: mother, father, sister, brother, grandparents, aunts and uncles). If yes, please explain:**

II Pregnancy

A. Any problems during pregnancy?

	<u>YES</u>	<u>NO</u>
1. Illness	_____	_____
2. Infection	_____	_____
3. Convulsions	_____	_____
4. Bleeding	_____	_____
5. Emotional problems/stress	_____	_____
6. Medications	_____	_____
7. Others	_____	_____

Please explain any "yes" answers below.

B. Did mother smoke during pregnancy? _____

C. Does anyone in the house smoke? _____

D. Was pregnancy full term? _____ or premature? _____

If premature, how many weeks early? _____

E. Was the delivery a normal spontaneous one? _____

If not a normal spontaneous delivery, explain below what type of delivery and reason (ex. forceps, cesarean, etc.).

III. Childbirth History

A. Birth weight _____

B. Any problems after birth (ex. Difficulty breathing, convulsions, weight loss, incubator, etc)? ____
If yes, please explain:

IV. Developmental History/Milestones

A. Please indicate as closely as possible in months & years:

1. Held head erect while lying on stomach _____
2. Followed objects _____
3. Sat Independently _____
4. Stood alone _____
5. Walked alone _____
6. talked (babbled), imitate sounds _____
7. Talked (in words/sentences) _____
8. Bladder trained _____
9. Bowel trained _____
10. Fed self _____
11. Handiness

Right	Left
_____	_____

B. Any head injuries, operations, illnesses, asthma, hay fever, allergies, frequent ear infections, fractures, Convulsions etc. _____ If yes, explain:

C. Any hearing, vision, speech, or orthopedic problems? _____ If yes, explain:

D. Is child taking medication? _____ If yes, please explain what medication child is taking and the reason for medication:

E. Is child allergic to any food or drug? _____ If yes, explain:

F. Describe child’s eating habits (ex: picky, good, etc.)

G. Describe child’s social skills:

	YES	NO
1. Shy	_____	_____
2. Outgoing (Friendly)	_____	_____
3. Happy	_____	_____
4. Talkative	_____	_____
5. Confident	_____	_____
6. Fearful	_____	_____
7. Temper Tantrums	_____	_____
8. Easily angered	_____	_____
9. Moody	_____	_____
10. Quiet	_____	_____
11. Aggressive	_____	_____
12. Withdrawn	_____	_____

If you wish to explain child’s social skills further:

Parent’s Signature:_____ **Date:**_____

This is a required form for school entry. Please complete form.

Name of Student:_____ **Date of Birth:**_____

Parent/Guardian:_____

Date of Exam:_____

Height:_____ **Weight:**_____

General Appearance	
Eyes	
Ears	
Mouth	
Nose	
Throat	
Glands	
Lungs	
Hair	
Skin	
Posture	
Heart	
Blood Pressure	

Doctor's Name (please print)

Doctor's Signature

Doctor's Address

Date

Note: This physical exam form must be returned to child's school nurse by the parent/guardian.