

STUDENT NAME:

GRADE:

TINTON FALLS SCHOOL DISTRICT
Administrative Offices

REGISTRATION PACKET

Completed registration packets must be returned to your child’s school office at the time of registration.

In addition to the completed registration packet, the following documents are required at the time of registration.

◆ PROOF OF RESIDENCY*

●Mortgage/Deed, Signed & Notarized Lease/Landlord Letter, Court Order, Property Tax Bill, Utility Bill, Affidavit or Photo ID Driver License. **MUST BRING ORIGINAL DOCUMENTS.**

◆ BIRTH CERTIFICATE FOR THE STUDENT - Original must be provided at time of registration, pursuant to N.J.S.A. 18A:36-25.1.

◆ HEALTH RECORD – Absence of student medical information will not affect a student’s eligibility to enroll in school, 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.

◆ TRANSFER CARD/REPORT CARD – Transfer card and report card/Individualized Education Program (IEP) from prior school – if applicable.

Please call your child’s school to set-up a registration appointment:

Mahala F. Atchison School	732-542-2500	Grades PreK – 2
Swimming River School	732-460-2416	Grades 3-5
Tinton Falls Middle School	732-542-0775	Grades 6-8

**If you are unable to submit the proofs of residency noted above because you are living with family or friends who are Tinton Falls or Shrewsbury Township residents, the lease is not in your name or your child lives with a Tinton Falls or Shrewsbury Township resident other than his/her parent or guardian, you must contact the Special Services in the Superintendent’s Office at (732)460-2410, prior to registration.*

You must also complete Supplementary Enrollment Forms (those documents will be provided at your registration appointment) and submit proof of residency for the person who actually owns or leases the home or apartment in which the child lives.

STUDENT REGISTRATION AND RESIDENCY VERIFICATION FORMS

The information requested on these forms will become part of your child’s official school records. The information is considered confidential.

Residency information is used to assure that the outstanding educational and co-curricular opportunities offered by the district are provided only to Tinton Falls or Shrewsbury Township residents.

IMPORTANT NOTICE REGARDING ON-GOING EVALUATION OF STUDENT ELIGIBILITY: 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. Residency information is investigated, and falsification of this data will result in legal action and tuition charges.

STUDENT & RESIDENCY INFORMATION

Student’s Name: _____

For Office Use Only
Verified by

N/A

- | | | | |
|--|------------|----------------|-------|
| 1. Birth Certificate | Date _____ | Initials _____ | _____ |
| 2. Immunization/Health Record | Date _____ | Initials _____ | _____ |
| 3. Current Physical Exam (less than 12 months) | Date _____ | Initials _____ | _____ |
| 4. Transfer Card | Date _____ | Initials _____ | _____ |
| 5. Transcript of Grades | Date _____ | Initials _____ | _____ |
| 6. Standardized Testing | Date _____ | Initials _____ | _____ |
| 7. Legal Guardianship Papers (if applicable) | Date _____ | Initials _____ | _____ |
| 8. IEP (if applicable) | Date _____ | Initials _____ | _____ |
| 9. Affidavit Pupil/Hardship (if applicable)..... | Date _____ | Initials _____ | _____ |
| 10. Homeless Pupil (if applicable) | Date _____ | Initials _____ | _____ |
| 11. Placement by Court Order (if applicable) | Date _____ | Initials _____ | _____ |
| 12. Temporary Residence (if applicable) | Date _____ | Initials _____ | _____ |
| 13. DCP&P Parent I.D. document (if applicable)..... | Date _____ | Initials _____ | _____ |
| 14. Proof of Residency..... | Date _____ | Initials _____ | _____ |
- (Mortgage Stmt/Sworn Stmt/Utility Bills)

*All applicable documentation above must be provided at the time of registration. If you are unable to provide these documents, you must do so within 2 days of registration.

Name: _____ Signature: _____ Date: _____

In addition to the above, you must provide the following:

Homeowner’s Proof of Residency

(Must be in the parent’s/guardian’s name and showing a Tinton Falls or Shrewsbury Township address.)

**For Office Use Only
Verified by**

Driver’s LicenseDate _____
Initials _____

Home (one document required):

Mortgage Rental Agreement (for house- signed and dated)Date _____ Initials _____

Apartment Lease along with Manager’s Office signed and dated
(Sworn Statement of Tenancy – pg. 13 of this document)Date _____
Initials _____

Contracts of Sale Deed Property Tax BillDate _____
Initials _____

Utility Bills (2 documents required): Gas Electric WaterDate _____ Initials _____
 Sewer Phone (not cell) OtherDate _____ Initials _____

Other: Certificate of Occupancy Automobile Registration
 Court Orders (where applicable)Date _____
Initials _____

Original documents and one copy must be presented to district personnel. Originals will be returned immediately.

If you are unable to submit the proofs of residency noted above because you are living with family or friends who are Tinton Falls or Shrewsbury Township residents, the lease is not in your name or your child lives with a Tinton Falls or Shrewsbury Township resident other than his/her parent or guardian, you must contact the Special Services in the Superintendent’s Office at (732)460-2410, prior to registration.

You must also complete Supplementary Enrollment Forms (those documents will be provided at your registration appointment) and submit proof of residency for the person who actually owns or leases the home or apartment in which the child lives.

PLEASE DO NOT WRITE IN THIS BOX

District Entry Date: _____ School Entry Date: _____ Grade: _____

School Entry Code: _____

Home School: Mahala F. Atchison School Swimming River School
 Tinton Falls Middle School

SECTION I
STUDENT/FAMILY INFORMATION

For Office Use Only Date of Application for Enrollment _____

ENROLLING STUDENT: Please **print** all information.

Student's _____ Last _____ Name:

(As it appears on Birth certificate)

Student's First Name: _____

(As it appears on Birth certificate)

Middle Name or Initials: _____

(As it appears on Birth certificate)

Student's Nickname: _____

Date of Birth: _____

City of Birth: _____ State of Birth: _____

Country of Birth: _____

Gender: Male Female Grade Level: _____

RACE/ETHNICITY: Due to the Federal Every Student Succeeds Act, we must keep accurate records as they relate to race/ethnicity. Those of dual race are required to identify both races. Therefore, please check all that apply:

RACE: African American American Indian/Alaskan Native Asian

Native Hawaiian or Pacific Islander White

ETHNICITY: Hispanic or Latino **NOT** Hispanic or Latino

CURRENT ADDRESS: Own Lease/Date Lease Expires _____

(No PO Boxes permitted)

Street: _____

Apt. Number: _____

City/State/Zip: _____

How long have you lived at this address? _____ Years _____ Months

Primary Phone: _____ home cell work

MAILING ADDRESS (IF DIFFERENT FROM CURRENT ADDRESS):

Street: _____

Apt. Number: _____

City/State/Zip: _____

PREVIOUS ADDRESS:

Street: _____

Apt. Number: _____

City/State/Zip: _____

How long did you live at this address: _____ Years _____ Months

PARENT/GUARDIAN INFORMATION:

Name of Person Enrolling Student: _____

Relationship to Student if other than Parent: _____

This child lives with (check one):

<input type="checkbox"/> Both Parents	<input type="checkbox"/> Parent 1 and Step-Parent
<input type="checkbox"/> Parent 1 only	<input type="checkbox"/> Parent 2 and Step-Parent
<input type="checkbox"/> Parent 2 only	<input type="checkbox"/> Foster Home
<input type="checkbox"/> DCP&P Placement	<input type="checkbox"/> Guardian

(The information below must be filled out for **both** parents. If student has a guardian, parent information ***must also*** be completed. Thank you.)

Parent 1's Name: _____
(Last) (First)

Parent 1's Address: _____

Parent 1's Day Phone (during school hours): _____

Parent 1's Home Phone: _____ Parent 1's Cell Phone: _____

Parent 1's Email Address: _____

Parent 1's Employer/Company: _____ Work Phone: _____

Parent 2's Name: _____
(Last) (First)

Parent 2's Address: _____

Parent 2's Day Phone (during school hours): _____

Parent 2's Home Phone: _____ Parent 2's Cell Phone: _____

Parent 2's Email Address: _____

Parent 2's Employer/Company: _____ Work Phone: _____

Step-Parent's Name (if applicable):

(Last) (First)

Step-Parent's Cell Phone: _____

Step-Parent's Employer/Company: _____ Work Phone: _____

If the student's parents are domiciled (live) in different districts, regardless of which parent has 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 required to provide a copy of this document and provide updates immediately upon receipt.) No Yes/district for school attendance _____

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 (sleep) with each parent and at what addresses?

If the student lives (sleeps) 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: If Tinton Falls or Shrewsbury Township is the district of domicile (lives) for school purposes, the district is not legally obligated and will not provide transportation to any student residing

outside the district, even on a part-time basis. The district will only provide transportation during those times during which the student is residing at an address in Tinton Falls or Shrewsbury Township.

GUARDIAN INFORMATION (complete only if child does not reside with a parent)

Student Name: _____

Guardian's Name: _____
(Last) (First)

Guardian's Relationship to Student: _____

Guardian's Address: _____

Guardian's Day Phone (during school hours): _____

Guardian's Home Phone: _____ Guardian's Cell Phone: _____

Guardian's Email address: _____

Guardian's Employer: _____ Work Phone: _____

Please complete the following if the child has been placed with the above-named Guardian by a State agency and/or the Courts. **A copy of the State agency and/or Court document must be provided.**

Agency Name: _____

Have parental rights been terminated in favor of the Guardian? Yes No

If "Yes," on what date? _____

BROTHERS AND SISTERS ENROLLED IN OUR DISTRICT:

Name _____ Birth Date _____ School _____

Name _____ Birth Date _____ School _____

Name _____ Birth Date _____ School _____

BROTHERS AND SISTERS NOT ENROLLED IN OUR DISTRICT:

Name _____ Birth Date _____ District _____

Name _____ Birth Date _____ District _____

OTHERS NOT ALREADY LISTED ABOVE LIVING IN HOUSEHOLD (both relatives and non-relatives) _____

OTHER INFORMATION

Primary Language of Child: _____

Native Language Spoken by Parent/Guardian: _____

Language Spoken in Home: _____

EMERGENCY CONTACTS:

Student Name: _____

Name of Contact #1

(Other than Parent): _____
(Last) (First)

Relationship to Student: _____

Phone Number (during school hours): _____

Allowed to pick up student Yes No

Name of Contact #2

(Other than Parent): _____
(Last) (First)

Relationship to Student: _____

Phone Number (During school hours): _____

Allowed to pick up student Yes No

Is there any individual NOT permitted to have contact with your child? (Legal documentation required.)

Name: _____

Why?: _____

Is there a Restraining Order in place against any individual? _____ (If yes, please attach a copy of the Restraining Order.)

Are there other Court documents relating to who can and cannot have contact with the student? _____
(If yes, please attach copies of applicable Court documents.)

SECTION II
EDUCATIONAL INFORMATION

PREVIOUS SCHOOL DISTRICT(S) ATTENDED BY THE STUDENT: (Please Print)

Students Name:

School/District: _____

Address: _____ Grade(s): _____

Phone Number: _____

Dates Attended: _____

School/District: _____

Address: _____ Grade(s): _____

Phone Number: _____

Dates Attended: _____

(Attach a separate sheet if needed for additional schools/districts.)

EDUCATIONAL INFORMATION:

Was your child enrolled in Pre-School before entering Kindergarten? Yes No

Was the program (if any)? Half Day _____ Full Day _____

Name of Pre-School _____

Was your child retained or did he/she repeat a grade? Yes No

If Yes, what grade? _____

Has your child been evaluated by a Child Study Team? Yes No – If Yes,
Date: _____

Does your child have any learning difficulties? Yes No

Was your child enrolled in a special education class or resource room? Yes No

If Yes, Date: _____ Explain: _____

ADDITIONAL INFORMATION

Please provide any additional information about your child and his/her education, social or emotion needs, or special considerations due to religious beliefs, not already requested.

EDUCATIONAL PROGRAM INFORMATION (Please check (✓) any/all that apply.)

<u>PROGRAM</u>	<u>GRADE LEVEL</u>	<u>DATE STARTED</u>	<u>DATE ENDED</u>
_____ Basic Skills Improvement Program or Small Group Instruction	_____	_____	_____
_____ English As a Second Language/Bilingual	_____	_____	_____
_____ Gifted and Talented	_____	_____	_____
_____ Special Education Services: (Check the ones that apply)			
_____ Early Intervention	_____	_____	_____
_____ In-Class Resource	_____	_____	_____
_____ Resource Center Replacement	_____	_____	_____
_____ Self-Contained Class	_____	_____	_____
_____ 504 Plan	_____	_____	_____
_____ Speech Therapy	_____	_____	_____
_____ Other _____	_____	_____	_____
_____ Attached is a copy of my child's IEP (must be attached)			

Is your child currently in an "out-of-district" Placement? Yes No

Name of School _____

HOME LANGUAGE SURVEY

It is required by New Jersey Administrative Code (N.J.A.C. 6A:15-1.3) that each school district will collect a Home Language Survey form to identify students who may need to be assessed for English Language Proficiency.

In order to meet this state requirement, your cooperation in completing this form is greatly appreciated.

PLEASE PRINT CLEARLY AND FILL IN FORM COMPLETELY.

Student's Name		Grade
Student's Place of Birth	[City]	[State] [Country]
Year of Entry into the U.S. (If born in U.S. and re-entering, Date of Re-entry)	[Month]	[Year]
First Date of Entry in a U.S. School	[Month]	[Year]
Relationship of Person Completing Survey <input type="checkbox"/> Parent 1 <input type="checkbox"/> Parent 2 <input type="checkbox"/> Guardian <input type="checkbox"/> Other <i>Specify</i>		

Directions: Check the correct response for each of the following questions:

- | | English | Other |
|--|---------|-------|
| 1. What language did the child learn when he/she first began to talk? | [] | [] |
| 2. What language does the family speak at home most of the time? | [] | [] |
| 3. What language does the parent (guardian) speak to the child most of the time? | [] | [] |
| 4. What language does the child speak to his/her parent (guardian) most of the time? | [] | [] |
| 5. What language does the child speak to his/her brothers and/or sisters most of the time? | [] | [] |
| 6. What language does the child speak to his/her friends most of the time? | [] | [] |

Your answers to the above questions will help us begin the process of determining the best program of instruction for your child. Please write the name of the "Other" language in which you indicated above.

Other Language: _____

Signature of Person Completing Survey

Date Signed

REGISTRATION CERTIFICATION

As the parent or guardian of this student, I hereby request enrollment of the named child in the Tinton Falls School District, Monmouth County, New Jersey. I certify that my child is eligible for a free public education in the Tinton Falls School District by virtue of legal residency within the district. I also understand that my child's right to attend school in this district will be investigated, and that falsified residency information may result in the child's removal and the assessment of tuition charges.

I further give my permission to disclose information from my child's education records to local, state, and federal agency representatives for the sole purpose of Medicaid reimbursement of related services described in my child's Individual Education Plan (IEP), if applicable.

I further understand that the School Health Examination form is required for enrollment, and that until this form is submitted and approved by our nursing staff, my child will not be allowed to participate in district athletic programs.

Signature of Parent/Guardian

Date

THE TINTON FALLS SCHOOL DISTRICT
ADMINISTRATIVE OFFICES
658 TINTON AVENUE
TINTON FALLS, NJ 07724
(732) 460-2400
FAX (732) 542-1158
<https://tfschools.org>

John P. Russo
Superintendent of Schools

Elizabeth W. Cole
Director of Special Services

Vincent Daniels
Business Administrator/Board Secretary

TRANSPORTATION FORM

PLEASE PRINT CLEARLY

Date: _____ Gender: Male Female

Student Last Name: _____ Student First Name: _____

Primary Phone Number: _____ Student Date of Birth: ____/____/____
Month/ Day / Year

Student Address: _____
House Number and Street

City, State and Zip Code

Nearest Cross Street to Student's Home: _____

Student Grade: _____

Parent/Guardian Name (1): _____

Parent/Guardian Address (1) (**only if different from student**): _____

Cell Phone or contact # for Parent/Guardian Name (1): _____

Parent/Guardian Name (2): _____

Parent/Guardian Address (2) (**only if different from student**): _____

Cell Phone or contact # for Parent/Guardian Name (2): _____

Note: If child is to be transported **from and to** a different location **within** the Tinton Falls School District

such as a daycare please list address location: _____

For School Office Only:

Student Local ID #: _____ Student State ID #: _____

HEALTH INFORMATION

STUDENT NAME: _____

Name of Student's Physician: _____ Phone: _____

Student's Dentist: _____ Phone: _____

Does this child have health insurance? Yes No

If "Yes" what is the name of the insurance company? _____

If "No" would you like information about NJ Family Care? Yes No

Information will be provided for you to obtain insurance through NJ Family Care. This is the State of New Jersey's way of providing affordable health coverage for children and qualifying low-income.

MEDICAL HISTORY:

HAS CHILD HAD:	YES	NO	AGE	DATE
Chicken Pox				
Asthma				
Convulsions/High Fever				
Seizure Disorder				
Allergies				
Food Allergies				
Strep Throat/Scarlet Fever				
Diabetes				
Tuberculosis				
Severe Accidents				
Hospitalizations				
Heart Disease				
Vision Problems				
Hearing Problems/Ear Infections				
Genetic/Congenital Concerns				
Length of Pregnancy (in weeks) _____ Birth Weight _____				

<p><i>MEDICATIONS TO BE GIVEN DURING SCHOOL HOURS</i> <i>PLEASE SUPPLY DETAILS:</i></p>
<p><i>COMPLICATIONS DURING PREGNANCY? PLEASE SUPPLY DETAILS</i></p>

The information below is optional.

Date of Last Medical Examination:	
Date of Last Lead Test:	Lead Level:
Date of Polio Immunization:	

(FOR OFFICE USE ONLY)

STUDENT & RESIDENCY INFORMATION

Student's Name: _____

For Office Use Only
Verified by

N/A

- | | | | |
|--|------------|----------------|--|
| 1. Birth Certificate | Date _____ | Initials _____ | |
| 2. Immunization/Health Record..... | Date _____ | Initials _____ | |
| 3. Current Physical Exam (less than 12 months) | Date _____ | Initials _____ | |
| 4. Transfer Card | Date _____ | Initials _____ | |
| 5. Transcript of Grades | Date _____ | Initials _____ | |
| 6. Standardized Testing | Date _____ | Initials _____ | |
| 7. Legal Guardianship Papers (if applicable) | Date _____ | Initials _____ | |
| 8. IEP (if applicable) | Date _____ | Initials _____ | |
| 9. Affidavit Pupil/Hardship (if applicable)..... | Date _____ | Initials _____ | |
| 10. Homeless Pupil (if applicable) | Date _____ | Initials _____ | |
| 11. Placement by Court Order (if applicable) | Date _____ | Initials _____ | |
| 12. Temporary Residence (if applicable) | Date _____ | Initials _____ | |
| 13. DCP&P Parent I.D. document (if applicable)..... | Date _____ | Initials _____ | |
| 14. Proof of Residency..... | Date _____ | Initials _____ | |
| (Mortgage Stmt/Sworn Stmt/Utility Bills) | | | |

*All applicable documentation above must be provided at the time of registration. If you are unable to provide these documents, you must do so within 2 days of registration.