

WASHINGTON TOWNSHIP SCHOOLS REGISTRATION FORM

PLEASE PRINT

Date: _____ / _____ / _____ School: _____

Student's Name: _____
Last First Middle

FOR OFFICE USE ONLY:

Date Entered: _____

Homeroom/Teacher: _____ Grade _____

Assigned Student ID Number: _____

Class List: _____ Internet _____ Photo Release: _____

Student's Physical Address: _____

City: _____ State: _____ Zip: _____

Mailing Address (If Different) _____

City: _____ State: _____ Zip: _____

Home Telephone (Include Area Code): (_____) _____

Sex: _____ Date of Birth: _____ Birth Certificate: _____ (attach copy)

City of Birth: _____ State of Birth: _____ Country of Birth: _____

Birth while parent in Military: _____ Use Code: AA - Armed Forces Americas (except Canada)
AE - Armed Forces Africa, Canada, Europe, Middle East
AP - Armed Forces Pacific

Ethnicity: (For State Census – Check as many as apply) White: _____ Black or African American: _____

Hispanic or Latino: _____ American Indian or Alaska Native: _____ Asian: _____

(Cuban, Mexican, Puerto Rican, South or Central American,
or other Spanish culture or origin, regardless of race.)

Native Hawaiian or other Pacific Islander: _____

Immigrant: (For State Census) Yes _____ No _____ (Immigrant children and youth are individuals ages 3-21 who were not born in the United States, Puerto Rico, or the U.S. Virgin Islands, **and have not been attending schools in any part of the United States for more than three full academic years.**)

If Yes, Country of Origin _____

Language(s) spoken at home: _____

Mailing prefix: (circle one) Mr. & Mrs. Mrs. Ms. Mr. Miss Dr. Other _____

Name of Parent(s)/Guardian: _____

Person Enrolling Student: _____

Relationship to Student if Other Than Parent: _____

Native Language of Parent/Guardian/Person Enrolling Student: _____
(If English is not the native language, please check here _____ if English is spoken and understood by the parent/guardian/person enrolling student.)

Primary Contact (*i.e. Mother*): Name: _____ Relationship: _____

Physical Address: _____

City: _____ State: _____ Zip: _____

Mailing Address (*If Different*) _____

City: _____ State: _____ Zip: _____

Home Telephone (*Include Area Code*): (_____) Work Phone: (_____)

Cell Phone/Pager: (_____) E-Mail: _____ Send E-mail?: Yes: _____ No: _____

Occupation: _____ Place of Employment: _____

Secondary Contact (*i.e. Father*): Name: _____ Relationship: _____

Physical Address: _____

City: _____ State: _____ Zip: _____

Mailing Address (*If Different*) _____

City: _____ State: _____ Zip: _____

Home Telephone (*Include Area Code*): (_____) Work Phone: (_____)

Cell Phone/Pager: (_____) E-Mail: _____ Send E-mail?: Yes: _____ No: _____

Occupation: _____ Place of Employment: _____

Does the student child have Health Insurance?

Yes _____ If Yes, name of insurance company _____

No _____ NJ FamilyCare 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 online. You may release my name and address to the NJ FamilyCare Program to contact me about health insurance. *Written consent required pursuant to 20 U.S.C. § 1232g (b)(1) and 34 C.F.R. 99.30 (b)*

Signature: _____ Printed Name _____ Date: _____

Preschool Training: Yes _____ No _____ School Attended: _____

Number of Years _____ Days per Week _____ Hours per Day _____

Transferred from: School Name: _____

School Address: _____

School City, State, Zip: _____ School Phone No.: _____

Provide **at least 3** local contacts who are authorized to care for your child in the event that parent/guardian cannot be reached.
(List in order of preference to be called)

	Name/Address	Primary Telephone Number (Include Area Code)	Secondary Telephone Numbers (Include Area Codes)
1.	Name:	()	()
	Street Address:		Type: (please circle one) Home – Cell - Work
	Town:	Type: (please circle one) Home – Cell - Work	()
			Type: (please circle one) Home – Cell - Work
2.	Name:	()	()
	Street Address:		Type: (please circle one) Home – Cell - Work
	Town:	Type: (please circle one) Home – Cell - Work	()
			Type: (please circle one) Home – Cell - Work
3.	Name:	()	()
	Street Address:		Type: (please circle one) Home – Cell - Work
	Town:	Type: (please circle one) Home – Cell - Work	()
			Type: (please circle one) Home – Cell - Work

Please sign below to indicate your permission to contact your doctor and to transport your child to a hospital to provide emergency care.

Signature of Parent or Guardian: _____

Date: _____

I give permission for the School Nurse to inform appropriate staff members (on a “need to know” basis) of my child’s medical condition and/or special need(s). Yes _____ No _____

Signature of Parent or Guardian: _____

Date: _____

cc: Transportation Office _____

To the Person Enrolling the Student:

Please complete the appropriate section (A, B, C, or D) as outlined below according to the situation that best describes the student’s living circumstances. Section A follows. Sections B, C, and D are available in the Superintendent’s Office. The phone number for the Superintendent’s Office is 908.876.4172 x1024.

Complete SECTION A (Domicile) if the student is living with a parent or legal guardian whose permanent home is the address you provided on page 1 of this Registration Form (See Section A Below).

Complete SECTION B (Residency Affidavit 2a and 2b) if the student is living with a person residing in the school district other than the parent or legal guardian (SECTION B is available only through the Superintendent’s Office ~ Please call 908.876.4172 x1024).

Complete SECTION C (Residency Affidavit 3a and 3b) if the student is living with the parent or legal guardian in the home of a school district resident temporarily (SECTION C is available only through the Superintendent’s Office ~ Please call 908.876.4172 x1024).

Complete SECTION D (Special Circumstances) if the student’s living situation is not addressed by sections A, B, or C or if any of the circumstances in SECTION D apply (SECTION D is available only through the Superintendent’s Office ~ Please call 908.876.4172 x1024).

SECTION A (DOMICILE): Complete this section if the student is living with a parent or guardian whose permanent home is the address given on page 1 of this application and is located in the 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 6-month waiting period, you will be asked to provide official papers proving guardianship. You will not be asked to produce "affidavit student" proofs of the type requested in Section B.

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 provide your house DEED, your CONTRACT OF SALE, or your duly executed LEASE/RENTAL AGREEMENT and list the three forms of residency proof you will provide to demonstrate that the address given on page 1 of this application is your permanent home (Possible Documents: Property Tax Bill, Mortgage Statement, Voter Registration Card, Driver’s License, Driver’s Permit, Financial Account Information, Utility Bills, Delivery Receipts, Cancelled Checks, Insurance Claims/Payments/Bills or any other evidence of personal attachment to a particular location). **NOTE:** If you are leasing/renting your home and do not have a written lease/rental agreement you must secure and complete the form “Residency Affidavit 1 – Landlord’s Affidavit Where No Written Lease Exists.” Please contact the Superintendent’s Office at 908.876.4172 x1024 to obtain the form. Thank you!

***IMPORTANT: Enrollment shall take place IMMEDIATELY even when the applicant has provided incomplete, unclear, or questionable information.**

1. DEED - LEASE/RENTAL AGREEMENT – CONTRACT OF SALE (circle one)

2. _____

3. _____

4. _____

SECTION A (DOMICILE): (continued)

If the student's parents are domiciled 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.

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 OF SECTION A