

**HASBROUCK HEIGHTS PUBLIC SCHOOLS**  
**379 Boulevard**  
**Hasbrouck Heights, New Jersey 07604**

Matthew Helfant, Psy.D.  
Superintendent of Schools

Tel: (201) 393-8146  
Fax: (201) 288-0289

May 2019

Dear Parents and Guardians of Current Grade Two, Current Grade Five, and Current Grade Eight Students,

The Board of Education has a policy to ensure that children attending the Hasbrouck Heights Public Schools are legal residents of the town. This policy includes a provision for the district to re-register all children entering Grade 3, entering Grade 6 or entering Grade 9 for the 2019-2020 school year.

Parents can complete re-registration, as per the schedule listed below. **Euclid and Lincoln Schools will start the re-registration process on Monday, July 8, 2019. The Middle and High School will start the re-registration process on Tuesday, July 9, 2019.** Due to summer vacation schedules, please call the phone number of your child's school, listed on the re-registration form (and below), to make certain the school secretary will be in that day.

Re-Registration

**To be held in each school building as per below:**

Lincoln and Euclid School – Monday through Thursday 9:00 am – 12:00 noon (LS – 201-393-8182 or 201-338-8834); ES – 201-393-8176 or 201-338-8822)

Middle School – Tuesday and Thursday 8:00 am – 12:00 noon (201-393-8170)

High School – Tuesday and Thursday 7:30 am – 12:00 noon (201-393-8155; 201-393-8190)

Special Education (out of district students) – Please contact CST for an appointment at 201-393-8150 or 201-393-8151

**There will be one evening re-registration for all grades – Tuesday, July 16<sup>th</sup>, 6:00-8:00 pm in the MS/HS Cafeteria; enter via the MS Entrance on Paterson Avenue.**

Please read the following important information regarding the re-registration process.

- Please download the re-registration form from the HHBOE website [www@hhschools.org](http://www@hhschools.org).
- Be sure to bring all the necessary **original** proofs of residency.

**\*\*Please note that if this process is not completed over the summer, it may impact your child in September. Thank you for your understanding and handling of this matter in a timely fashion.**

Sincerely,

Dr. Matthew Helfant  
Superintendent of Schools

## HASBROUCK HEIGHTS PUBLIC SCHOOLS RE-REGISTRATION FORM

**Student's Name:** \_\_\_\_\_

**School:** Euclid School      Lincoln School      Middle School      High School  
(Circle one)

\_\_\_\_\_ SECTION A: If the student is living with a parent or guardian whose permanent home is the address listed on page 1 of this application and is located in the district.

\_\_\_\_\_ SECTION B: If the student is living with a person domiciled in the district, other than the parent or guardian. ("Affidavit Student")

\_\_\_\_\_ SECTION C: If the student is living with a parent or guardian temporarily residing within the district.

\_\_\_\_\_ SECTION D: If the student's situation is not addressed by Section A,B or C or if any of the circumstances in Section D apply (Special Circumstances)

Please check the appropriate section A,B,C or D, according to the situation best matching the student's circumstance.

Ms. Maureen Klenk - High School 201-393-8164  
Ms. Patricia Carlin - Lincoln School 201-393-8182

Mrs. Lisa Mason - Middle School 201-393-8170  
Mrs. Connie Romano - Euclid School 201-393-8176

**REGISTRATION FORM**

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

Student: \_\_\_\_\_  
Last Name First Name Middle Name

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Male: \_\_\_\_\_  
Female: \_\_\_\_\_

City of Birth: \_\_\_\_\_ State of Birth: \_\_\_\_\_

Country of Birth (if other than the USA): \_\_\_\_\_

Race (please check): Hispanic \_\_\_\_\_ American Indian \_\_\_\_\_  
Asian \_\_\_\_\_ Black \_\_\_\_\_  
Pacific Islander \_\_\_\_\_ White \_\_\_\_\_

Name of Parent(s)/Guardian(s): \_\_\_\_\_

Person Enrolling Student: \_\_\_\_\_

Relationship to Student If Other Than Parent: \_\_\_\_\_

Student's Physical Address: \_\_\_\_\_

Mailing Address (if different): \_\_\_\_\_

Home Telephone (Including Area Code): \_\_\_\_\_

Other Phone or Fax (if any): \_\_\_\_\_

Parent(s)/Guardian(s) Physical Address: \_\_\_\_\_

Mailing Address (if different): \_\_\_\_\_

Are you and your child currently homeless? \_\_\_\_\_  
(Homelessness includes people who are living with relatives or friends because they cannot afford housing.)

Home Telephone (including area code): \_\_\_\_\_

Other Phone or Fax (if any): \_\_\_\_\_

Native Language of Parent/Guardian/Person Enrolling Student: \_\_\_\_\_

Is English Spoken and Understood By Parent/Guardian/Person Enrolling Student?

Yes \_\_\_\_\_ No \_\_\_\_\_

Native Language of Student: \_\_\_\_\_

Is English Spoken and Understood By Student? Yes \_\_\_\_\_ No \_\_\_\_\_

Is your child currently covered by Health Insurance? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, who is his/her health care provider? \_\_\_\_\_

Proof of Residency: (**Original** of one document required)

- |                            |  |
|----------------------------|--|
| 1. Property Tax Bill _____ | 4. Lease _____                                     |
| 2. Deed _____              | 5. Mortgage _____                                  |
| 3. Contract of Sale _____  | 6. Signed, Notarized Letter From<br>Landlord _____ |

How long have you lived in this residence? \_\_\_\_\_

Please list **four original** forms of proof as evidence of personal attachment to the address given as your residence such as Voter registrations, licenses (only if not used as photo identification, permits, financial account information, utility bills, delivery receipts, and other evidence of personal attachment to the address given:

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

Signature of person re-registering student: \_\_\_\_\_ Date: \_\_\_\_\_

**Office use only**

-----  
Application Processed by: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Building Principal: \_\_\_\_\_ Date: \_\_\_\_\_

Superintendent of Schools: \_\_\_\_\_ Date: \_\_\_\_\_

Approved: August 23, 2007