

HASBROUCK HEIGHTS PUBLIC SCHOOLS
379 Boulevard

Hasbrouck Heights, New Jersey 07604

Dr. Matthew Helfant

Superintendent of Schools

Tel: (201) 393-8146

Fax: (201) 288-0289

May 2022

Dear Elementary Parents and Guardians of Current Grade Two,

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 2022-2023 school year.

Parents can complete re-registration, starting Tuesday, July 5, 2022, please call the phone number of your child's school, **(Euclid; 201-393-8176) (Lincoln; 201-393-8182)** to make an appointment. Please do not come to the school without an appointment.

Re-Registration will be held by appointment only.

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

- Please download the re-registration form from the HHBOE website www@hhschools.org.
- Be sure to bring all the necessary **original** proofs of residency. **We can not accept computer generated documents, only proofs received through the mail.**

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,

Mr. Joseph Colangelo

Principal, Lincoln Elementary School

Mr. Michael Sickels

Principal, Euclid Elementary School

HEIGHTS: Where Tradition and Innovation Take Flight!

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.

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
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