

# HASBROUCK HEIGHTS PUBLIC SCHOOLS

## REGISTRATION FORM

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

\_\_\_\_\_ 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.

*If you have any questions regarding the completion of the attached forms kindly contact:*

Mrs. M. Klenk - High School 201-393-8155  
Ms. P. 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): \_\_\_\_\_

If not born in the United States, date child first entered the U.S.: \_\_\_\_\_

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

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

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

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

Child Lives With (circle one): Both parents Mother Father Guardian

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? \_\_\_\_\_

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 either parent connected to the Military?

Not Military Connected \_\_\_\_\_

Active Duty \_\_\_\_\_

Civilian living off post – working at Ft. Dix \_\_\_\_\_

Civilian living off post – working at McGuire \_\_\_\_\_

Civilian living off post – all other Federal Properties \_\_\_\_\_

Military living off post – working at Ft. Dix/McGuire \_\_\_\_\_

Military living ON POST – working at Ft. Dix/McGuire \_\_\_\_\_

Federal Prison Employee \_\_\_\_\_

Coast Guard Reserve \_\_\_\_\_

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

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

**NO** My child **does not** have health insurance. You may release my name and address to the NJ FamilyCare Program to contact me about health insurance.

Child's Name: \_\_\_\_\_

Signature (Parent): \_\_\_\_\_

Printed Name (Parent): \_\_\_\_\_

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

*Written consent required pursuant to 20 U.S.C. § 1232g(b)(1) and 34 C.F.R. 99.30(b).*

Date of your child's last medical examination (attach proof): \_\_\_\_\_

Date of your child's last dental examination (attach proof): \_\_\_\_\_

Date of your child's last lead test: \_\_\_\_\_

Lead Level: \_\_\_\_\_

Date of your child's polio immunization: \_\_\_\_\_

Proof of Residency: (**Original** of one document required; #6 requires additional documentation)

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

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

Please bring **four original** forms of proof as evidence of personal attachment to the address given as your residence. The following will be accepted for consideration: Voter registrations, licenses, permits, financial account information, utility bills, delivery receipts, and other evidence of personal attachment to the address given:

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

**Student Information (all originals):**

Birth Certificate \_\_\_\_\_  
Transfer Card \_\_\_\_\_  
Immunization Record \_\_\_\_\_  
Most Recent Report Card \_\_\_\_\_  
Name & Address of Previous School : \_\_\_\_\_  
\_\_\_\_\_

**Educational Services — Previous School**

Classified Student \_\_\_\_\_  
504 Student \_\_\_\_\_  
Speech/Language \_\_\_\_\_  
Basic Skills Instruction \_\_\_\_\_  
ESL Program \_\_\_\_\_  
PAC Program \_\_\_\_\_  
Other Program Offerings \_\_\_\_\_

Explain:  
\_\_\_\_\_  
\_\_\_\_\_

If High School student, list athletic teams in which you have participated:

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

Signature of person enrolling student: \_\_\_\_\_

(For Administrative Use Only)

School Placement & Grade

Euclid School Grade \_\_\_\_\_

Lincoln School Grade \_\_\_\_\_

Middle School Grade \_\_\_\_\_

High School Grade \_\_\_\_\_

Out of District Placement \_\_\_\_\_

Pre-School \_\_\_\_\_

Special Services (Explain): \_\_\_\_\_

\_\_\_\_\_

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

Principal's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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