

Registration Document – Tewksbury Public Schools

Date: _____

Welcome to the Tewksbury Public Schools. Please fill out this registration document. Bring the completed document, the child's original birth certificate, proof of residency as outlined below in item 16, and completed medical forms to the main office of the appropriate school for grades K through 8 and to the Child Study Team office for Pre-K. Approved Choice School students must prove residency in their home district. If you require assistance for registering students entering Grades K through 5, please call Eileen Callahan at Tewksbury Elementary School at 908-832-2594 x2001. If you require assistance for registering students for Grades 6 through 8 at Old Turnpike School, please call Dee Krowl at 908-439-2010 x 4221. Pre-K registration questions should be directed to Mary Chandler at 908-832-2594 x2006.

1. Student Name as it Appears on Birth Certificate:

Last Name	First Name	Middle Name
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2. Student's Physical Address: *This location will be used for bus assignments.* _____

3. Student's Mailing Address (if different): _____

4. Home Phone _____

5. Date of Birth:* MM/DD/YYYY _____ **Age:** _____

6. Gender:*

- Male
- Female

7. Ethnicity:* We ask the following three questions regarding ethnicity in order to comply with Federal No Child Left Behind guidelines.

- White
- Black
- Hispanic
- American Indian/Alaskan
- Asian
- Native Hawaiian/Pacific Islander
- Multiple, please specify _____

8. Primary Language in the Home: _____ **First Language of Child:** _____

9. Does the child speak English?

- Yes
- No

10. Birth City:* _____

11. Birth State: _____ **12. Birth Country:** _____

Registration Document – Tewksbury Public Schools

ORIGINAL BIRTH CERTIFICATE OF CHILD MUST BE PRESENTED. A COPY WILL BE MADE AND KEPT ON FILE.

13. With whom does the child reside? Only select GUARDIAN/OTHER if child does not live with either parent.

- Mother & Father
- Mother
- Father
- Mother & Stepfather
- Father & Stepmother
- Guardian* _____
- Other* _____

*If Guardian or Other is selected, please specify relationship

Parent Name(s): _____

Physical Address: _____

Mailing Address (PO Box if required): _____

Postal City, State: _____

Zip Code: _____

Home Phone: _____

Mother Cell: _____

Father Cell: _____

Mother Work: _____

Father Work: _____

Mother e-mail: _____

Father e-mail: _____

14. If the child does NOT reside with both parents/guardian(s), please provide the contact information of the joint or non-custodial parent(s).

Name(s) of Contact: _____

Physical Address: _____

Mailing Address (PO Box if required): _____

Postal City, State: _____

Zip Code: _____

Primary Phone: _____

Mother Cell: _____

Father Cell: _____

Mother Work: _____

Father Work: _____

Mother e-mail: _____

Father e-mail: _____

15. Is there a Court Order regarding the custody of this child? If yes, the court order must be provided to the school office and a copy will be made and kept on file. Changes to the court order must be provided as soon as possible to the school.

- Yes
- No

Registration Document – Tewksbury Public Schools

NOTE: If child resides with a relative or friend who is not the parent or guardian, you are required to complete a separate Affidavit Pupil Form.

16. **Proof of Residency in Tewksbury Township:** Three (3) of the following proofs of residency must be presented. Indicate which three will be provided at registration. Note: Approved Choice School students must prove residency in their home district.

- | | |
|---|--|
| <input type="checkbox"/> Deed | <input type="checkbox"/> HUD Form |
| <input type="checkbox"/> Lease | <input type="checkbox"/> NJ Driver's License (with Tewksbury address) |
| <input type="checkbox"/> Property Tax Bill | <input type="checkbox"/> Current Utility Bill (with Tewksbury address) |
| <input type="checkbox"/> Mortgage Statement | <input type="checkbox"/> Voter Registration Card |

Note: Alternate documentation of residency will be considered as required by law.

17. **Which school are you registering your child for:**

- Tewksbury Elementary School – Grade K through 5
- Old Turnpike School - Grades 6 through 8 and Pre-K

18. **Grade your child will be entering:**

- | | |
|---------------------------------------|----------------------------|
| <input type="checkbox"/> Pre-School | <input type="checkbox"/> 5 |
| <input type="checkbox"/> Kindergarten | <input type="checkbox"/> 6 |
| <input type="checkbox"/> 1 | <input type="checkbox"/> 7 |
| <input type="checkbox"/> 2 | <input type="checkbox"/> 8 |
| <input type="checkbox"/> 3 | |
| <input type="checkbox"/> 4 | |

19. **Did this child attend school previously?**

- Yes
- No

20. **Has your child ever been referred to or tested by a Child Study Team?**

- Yes
- No

21. **Does your child have an IEP or been identified as requiring Special Education & Related Services?**

- Yes
- No

22. **Does your child have a 504 Plan or been qualified under Section 504 of the Rehabilitation Act?**

- Yes
- No

23. **Previous school:** *Not required for Pre-K or Kindergarten registration unless the child has been identified as requiring special education and related services.*

Name of School: _____

Address: _____

City, State: _____

Phone Number: _____

Fax Number: _____

Registration Document – Tewksbury Public Schools

24. Permission to Release Records:

Permission is granted to release information from the previous school to the Tewksbury Public Schools. I give permission for the above designated school and/or Child Study Team to send information to the Tewksbury Public Schools. This release includes all pertinent and relevant information in the cumulative file and health file and confidential Child Study Team file, where applicable.

- Yes
- No

Parent Signature for Release of Records: _____ Date: _____

Sending school must direct records to:

K through 5th Grade: Tewksbury Elementary School
109 Fairmount Road East
Califon, NJ 07830
Phone: 908-832-2594
Fax: 908-832-6296

6 – 8th Grade: Old Turnpike School
171 Old Turnpike Road
Califon, NJ 07830
Phone: 908-439-2010
Fax: 908-439-3160

SCHOOL HISTORY FOR STUDENTS ENTERING PRE-K OR KINDERGARTEN ONLY:

Did your child attend preschool?

- Yes
- No

Please rate your child's school experiences related to learning thus far: Select no more than 1.

- Good
- Average
- Poor
- Other, please specify: _____

Do you or your child's previous teacher(s) describe any significant classroom problems? If so, please explain:

Please provide a brief description of your child. Include areas you see as strengths and opportunities for growth.

25. Does this child have any health insurance? *Please note: NJ FamilyCare provides free or low cost health insurance for uninsured children and certain low income parents. For more information call 1-800-701-0710 or visit www.njfamilycare.org to apply online.*

- Yes
- No

26. Indicate name of health insurance carrier: _____

Registration Document – Tewksbury Public Schools

Please provide contact information for a nearby person who can assume temporary care of your child if you cannot be reached. Please note that **TWO Emergency Contacts are requested at registration.** You may add as many additional contacts as you would like on our Honeywell Instant Alert System and Realtime School Management System. Information on Honeywell and Realtime will be provided to you when you register at the office.

27. Emergency Contact A: Name: _____

Relationship: *(select one)*

- | | |
|--------------------------------------|----------------------------------|
| <input type="checkbox"/> Aunt | <input type="checkbox"/> Nanny |
| <input type="checkbox"/> Friend | <input type="checkbox"/> Sibling |
| <input type="checkbox"/> Grandparent | <input type="checkbox"/> Uncle |
| <input type="checkbox"/> Guardian | |

City, State: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____

27. Pick-Up Authorization for Emergency Contact A: Is the above person authorized to pick up your child from school?

- Yes
- No

28. Medical Authorization for Emergency Contact A: In the event of an emergency, is this person authorized to make medical decisions for you?

- Yes
- No

30. Emergency Contact B: Name: _____

Relationship: *(select one)*

- | | |
|--------------------------------------|--|
| <input type="checkbox"/> Aunt | <input type="checkbox"/> Sibling |
| <input type="checkbox"/> Friend | <input type="checkbox"/> Uncle |
| <input type="checkbox"/> Grandparent | <input type="checkbox"/> Other, please specify _____ |
| <input type="checkbox"/> Guardian | |
| <input type="checkbox"/> Nanny | |

City, State: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____

31. Pick-Up Authorization for Emergency Contact B: Is the above person authorized to pick up your child from school?

- Yes
- No

Registration Document – Tewksbury Public Schools

32. **Medical Authorization for Emergency Contact B:** In the event of an emergency, is this person authorized to make medical decisions for you?

- Yes
- No

33. **Student Primary Care Physician Information:**

Doctor's Name: _____

Address: _____

City, State: _____

Telephone: _____ Fax: _____

33. **Required Medical Forms:** For students entering K through 5th Grade: Questions regarding the medical forms should be directed to Judi Piccolo-Torsky, RN, at Tewksbury Elementary School at 908-832-2594 x2011 or jpiccolo-torsky@tewksburyschools.org. Students entering Grade 6 through 8 and Pre-K: Questions regarding the medical forms should be directed to contact Kelly Cullen, RN, at Old Turnpike School at 908-439-2010 or kcullen@tewksburyschools.org. Medical forms are in a separate document.