

# ROCKAWAY BOROUGH SCHOOL DISTRICT

## STUDENT ENROLLMENT FORM - GRADES PRE-K-8

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

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

### STUDENT INFORMATION

Last Name	First Name	Middle Name	Generation Suffix (Jr. Sr. III. etc.)
Residence Address		Telephone #	Gender (Circle One) Male      Female
Date of Birth (original birth certificate must be presented)	Place of Birth (City State or City Country)	If child was not born in the US, date of entry into US:	
Race: <u>Please check all that apply</u>			Location and date of first enrollment in a U.S. school:
<input type="checkbox"/> American Indian	<input type="checkbox"/> Black	<input type="checkbox"/> Pacific Islander	_____ / _____
<input type="checkbox"/> White	<input type="checkbox"/> Asian	<input type="checkbox"/> Hispanic	Location      Date
Language Information			
Does your child speak English <input type="checkbox"/> yes <input type="checkbox"/> no If no, what language and dialect _____			
Is language other than English spoken in home? <input type="checkbox"/> yes <input type="checkbox"/> no If yes, what language and dialect _____			
Does child speak above language at home with parents? _____ with siblings? _____			

### PARENT / GUARDIAN INFORMATION

Child lives with (check one) <input type="checkbox"/> Both Parents <input type="checkbox"/> Mother Only <input type="checkbox"/> Father Only <input type="checkbox"/> Mother and Step-father <input type="checkbox"/> Father and Step-mother <input type="checkbox"/> Other, please specify _____
<b>Custodial Parent/Guardian Information</b>
<b>Mother/ Step-mother / Guardian (Circle One)</b>
Last Name: _____ First Name: _____
Maiden Name (optional): _____
Home Phone # _____ Work # _____ Cell # _____
<b>Father/ Step-father / Guardian (Circle One)</b>
Last Name: _____ First Name: _____
Home Phone # _____ Work # _____ Cell # _____
Custodial Parent/Guardian Address _____
City: _____ State _____ Zip _____
<b>Non-Custodial Parent/Guardian Information</b>
Is the non-custodial parent legally prohibited from picking up/visiting the child? (check one) <input type="checkbox"/> *Yes <input type="checkbox"/> No
Is the non-custodial parent legally prohibited from receiving mailings? (check one) <input type="checkbox"/> *Yes <input type="checkbox"/> No
*If yes, please attach a copy of the court order.
Last Name: _____ First Name: _____
Home Phone # _____ Work # _____ Cell # _____
Address: _____

**PRIOR EDUCATION INFORMATION**

Previous School Attended: \_\_\_\_\_ Phone # \_\_\_\_\_  
School Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Current Grade: \_\_\_\_\_  
Services Received at Previous School: (please check all that apply)  
\_\_\_\_ Gifted \_\_\_\_ ELS/ESL \_\_\_\_ BSI \_\_\_\_ 504 Plan \_\_\_\_ Other \_\_\_\_\_  
Special Education (if applicable) \_\_\_\_ IEP \_\_\_\_ Speech IEP \_\_\_\_ Evaluation Pending

**EMERGENCY CONTACT/HEALTH INFORMATION**

**Emergency Contact Information:**

If we are unable to contact parents/guardians in case of illness, injury or emergency, please list at least two additional contacts to whom we may release your child.

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone # \_\_\_\_\_  
Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone # \_\_\_\_\_  
Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone # \_\_\_\_\_

**Health Information:**

Doctor's Name \_\_\_\_\_ Phone # \_\_\_\_\_  
Chronic Medical Condition(s) and/or medication(s) \_\_\_\_\_  
\_\_\_\_\_

Please indicate if child has any physical and/or medical problems in the following areas:

Wears glasses? \_\_\_\_ Yes \_\_\_\_ No Has received speech therapy? \_\_\_\_ Yes \_\_\_\_ No  
Wears hearing aid? \_\_\_\_ Yes \_\_\_\_ No

**Health Insurance Coverage:**

Does your child currently have health insurance coverage? \_\_\_\_ Yes \_\_\_\_ No  
If yes, Name of your child's Health Insurance Provider: \_\_\_\_\_

Your signature certifies that all information is correct and accurate to the best of your knowledge. If you move during the school year, please notify the school immediately of your expected last day.

This form was completed by: \_\_\_\_\_ Date \_\_\_\_\_

Relationship to student: \_\_\_\_\_

**FOR OFFICE USE ONLY**

\_\_\_\_ Birth Certificate \_\_\_\_ Affidavit of Residency \_\_\_\_ Transfer Card \_\_\_\_ Emergency Card \_\_\_\_ Free & Reduced Lunch Forms  
\_\_\_\_ Release of Records

**RECEIVED FROM PARENTS FOR PRE-K / K REGISTRATION:**

Immunization records \_\_\_\_ Yes \_\_\_\_ No Pre-school Physical \_\_\_\_ Yes \_\_\_\_ No

**ROCKAWAY BOROUGH SCHOOL DISTRICT**

**AFFIDAVIT CONCERNING STUDENT RESIDENCE**

**Section I – General Information**

1. Name of student \_\_\_\_\_
2. Address where student presently lives: \_\_\_\_\_  
\_\_\_\_\_
3. Name of mother: \_\_\_\_\_
4. Where does mother live? \_\_\_\_\_
5. Name of father: \_\_\_\_\_
6. Where does father live? \_\_\_\_\_
7. Are the parents divorced? \_\_\_\_\_

**If parents are divorced, please attach a copy of the custody decree.**

**If student is not living with a parent, complete 8 – 18**

8. Name of person(s) with whom the student lives: \_\_\_\_\_
9. Relationship of each said person(s) to the student: \_\_\_\_\_
10. Why is the student living with the said person(s)? \_\_\_\_\_
11. On what date did the student move in with this person(s) \_\_\_\_\_
12. Does the person(s) with whom the student is staying have authority to discipline the student? \_\_\_\_\_
13. For how long is the arrangement with the person(s) with whom the person is staying? \_\_\_\_\_
14. Has the person(s) with whom the student lives become the legal guardian of the student? \_\_\_\_\_
15. If the answer is yes, please attach a copy of the guardianship order.
16. Who is authorized to receive report cards? \_\_\_\_\_
17. Who would attend parent conferences at the school? \_\_\_\_\_
18. Where did the student attend school last year? \_\_\_\_\_

19. List the names and ages of any brothers or sisters, where they live and where they attend school.

NAME	AGE	ADDRESS	SCHOOL ATTENDED

**Section II – Documentation**

As proof of student residency, please attach to this affidavit at least **one document listed in Category A** and at least **two documents listed in Category B**. Please indicate with an “X” which documents are attached.

**Category A – Attach a copy of at least one of the following documents:**

- The most recent real estate tax bill for my residence showing me as the taxpayer
- A signed lease or deed for my residence
- A closing statement for the purchase of residence
- A notarized affidavit from the owner of my residence and myself stating that I reside at that residence on a full time basis. Affidavits are available in the school office.

**Category B – Attach a copy of at least two of the following documents that show your current address:**

- Driver’s License or Non-driver Photo Identification Card from NJ Division of Motor Vehicles
- Gas, electric or water bill dated within the past 3 months
- Home/apartment insurance certificate
- First class mail/letter from state or federal agency dated within the past 3 months
- Bank statement dated within the past 60 days

**Please complete and sign the following affidavit:**

I, \_\_\_\_\_, declare that I physically reside at \_\_\_\_\_, Rockaway Borough, NJ, and that I have no other residence other than that listed on this affidavit. In order to affirm my residency in Rockaway Borough School District, I have presented certain attached documents to the District officials. I declare these documents to be true and accurate. I understand that I may be required to submit additional information to substantiate my residency and the residency of the student named above based upon my responses on this form and based upon the District's guidelines for determining residency.

I hereby swear that the answers to the foregoing questions are true and correct. I understand that misrepresentation or intentional withholding of facts in relation to a student residency issue may result in criminal and civil legal proceedings, as well as denial of enrollment or disenrollment and the payment of tuition from the time the student was enrolled.

**Parent(s)/Guardian(s) signatures:**

\_\_\_\_\_ Relationship to student \_\_\_\_\_

\_\_\_\_\_ Relationship to student \_\_\_\_\_

Sworn and subscribed on this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

\_\_\_\_\_  
A Notary Public of the State of New Jersey.

My commission expires \_\_\_\_\_.

(seal)