



Welcome to  
**MARGATE CITY SCHOOL DISTRICT**

**PUPIL REGISTRATION CHECKLIST AND COVER SHEET**

Date initiating registration in the district: \_\_\_\_\_

Are you the legal parent/guardian of the child being registered? \_\_\_\_\_ Y \_\_\_\_\_ N

**PARENT/GUARDIAN STATUS** – (Please check the appropriate line)

- \_\_\_\_\_ Parent(s) (not divorced or separated)
- \_\_\_\_\_ Parent(s) (divorced or separated without a custody agreement)
- \_\_\_\_\_ Custody documentation if divorced or separated
- \_\_\_\_\_ Court documentation of guardianship
- \_\_\_\_\_ State agency placement documentation of guardianship (DCP&P)
- \_\_\_\_\_ Legal guardianship affidavit
- \_\_\_\_\_ Other: Please explain \_\_\_\_\_

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

Previous School: \_\_\_\_\_ Grade while there: \_\_\_\_\_

***NOTE: If student is involved with the Child Study Team and has an IEP, the student's placement may be altered upon receipt of this document.***

**IMPORTANT NOTICE – PLEASE READ CAREFULLY**

The Margate City School District is proud to offer a high-quality public education to our residents. The School District also has a very strict residency verification program to protect our community resources. This program can include, but is not limited to, complete documentation verification, independent investigation by school officials and law enforcement officials, and surveillance.

It is the intent of the Margate City School District to prosecute, to the fullest extent of the law, any individual furnishing false information in the accompanying registration forms for the purpose of enrolling non-resident students.

If the student registered is found to be a non-resident, even if initially accepted and enrolled in the district, the individual registering said student will be financially responsible for all tuition costs.

.....  
*I certify that I have read and understand the above notice. Additionally, I agree to pay the school district full tuition cost if the student being enrolled is found to be a non-resident.*

\_\_\_\_\_  
Signature of Parent/Guardian Date

Sworn to and Subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

\_\_\_\_\_  
A Notary Public of New Jersey

**ENROLLMENT INFORMATION**

**NOTE: In order to facilitate your child's enrollment, please have the following information available when you register the child.**

- \_\_\_\_\_ Proof of Residency – see below
- \_\_\_\_\_ Proof of Custody – see first page
- \_\_\_\_\_ Withdrawal Form (Pertains to students enrolled in another school during the current school year. Must include grades at time of withdraw. New Jersey transfer students must present a transfer card with the NJ STATE ID# for the student.)
- \_\_\_\_\_ Birth Certificate (Preferably a state-certified birth certificate, not hospital copy)
- \_\_\_\_\_ Immunization Records (Proof of immunization is required at the time of enrollment and must include the name of the person, the birth date, the type of vaccine administered and the month, day, and year of each immunization.)
- \_\_\_\_\_ Physical Form – see last page
- \_\_\_\_\_ Special Services (A copy of the current Individual Education Plan or 504 Plan for students presently receiving a specialized education.)

**NOTE: Many of the above documents may be sent to our school after your previous school receives the request for records. However, unofficial copies of the above may greatly expedite enrollment and placement. In addition to the above, parents/guardians may want to present any standardized test scores, past report cards/transcripts and the student's current schedule.**

**Residency Documentation:**

**Margate City/Longport residents:** Four forms of residency requested. Acceptable examples include the following:

- \_\_\_\_\_ Lease Agreement (must include name, address and telephone number of property owner for verification. It must be original copy, and no altered copies will be accepted.)
- \_\_\_\_\_ Property Deed
- \_\_\_\_\_ Tax Bill
- \_\_\_\_\_ Mortgage Settlement Papers
- \_\_\_\_\_ Utility bill in parent/guardian name at stated address
- \_\_\_\_\_ Photo identification
- \_\_\_\_\_ Voter registration card
- \_\_\_\_\_ U.S. Passport with address
- \_\_\_\_\_ Medicaid, Welfare, or food stamp identification card with address
- \_\_\_\_\_ Automobile insurance identification card or registration card
- \_\_\_\_\_ Other documents associating the guardian with the address will be considered individually.

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

Do you have any intention of moving from this home? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, when and where? \_\_\_\_\_

\_\_\_\_\_



# MARGATE CITY SCHOOL DISTRICT

## PUPIL REGISTRATION FORM

Student enrolling in: \_\_\_\_\_ William A. Ross Elementary (K-4) \_\_\_\_\_ Eugene A. Tighe Middle (5-8)

**Student Information:** (please print) – **NOTE: Name must match birth certificate.**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Middle Name: \_\_\_\_\_ Gen. Code (Jr., 2<sup>nd</sup>, etc) \_\_\_\_\_ Gender: \_\_\_\_\_ Male \_\_\_\_\_ Female

Birth Date: \_\_\_\_\_ Place of Birth \_\_\_\_\_  
(city) (state) (country)

Student enrolling in grade: \_\_\_\_\_ Today's Date: \_\_\_\_\_ Is student a US Citizen? \_\_\_ Yes \_\_\_ No

Other children in Margate School District (names and grade levels):  
\_\_\_\_\_  
\_\_\_\_\_

Previous School Name: \_\_\_\_\_ State \_\_\_\_\_ Public / Private (circle)

Is student involved with the Child Study Team and has an IEP? \_\_\_ Yes \_\_\_ No 504 plan? \_\_\_ Yes \_\_\_ No

### **Student Permanent Address:**

Street: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Home Phone: \_\_\_\_\_

### **Parental/Guardian Information:**

Student lives with: ( ) Father ( ) Mother ( ) Both ( ) Other \_\_\_\_\_

Parent / Guardian #1 (circle one): Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Parent / Guardian #1 email: \_\_\_\_\_

**Parental/Guardian Information (cont.):**

Parent / Guardian #2 (circle one): Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Parent / Guardian #2 email: \_\_\_\_\_

Is there a custody agreement regarding this child? \_\_\_ Y \_\_\_ N If Yes, copy must be forwarded.

If there is a custody agreement, is it joint custody? \_\_\_ Y \_\_\_ N

Do any legal restrictions exist that prevent **the parent listed below** from having access to student information? \_\_\_ Y \_\_\_ N - If yes, we need documentation.

**Information for Parents/Guardians who live at a DIFFERENT address than the student: NOTE: Only complete if this applies to your situation!**

Parent / Guardian #3 (circle one): Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Parent / Guardian #3 email: \_\_\_\_\_

Parent / Guardian #4 (circle one): Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Parent / Guardian #4 email: \_\_\_\_\_

**Emergency Contact Information (other than parents who can be contacted if parent is unavailable):**

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

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

**Health Insurance Information:**

Is the student covered by Health Insurance?    \_\_\_ Y    \_\_\_ N

If no, do you give permission to share your health insurance status with NJ Family Care? \_\_\_ Y    \_\_\_ N

If yes, what is the name of the Health Insurance Provider? \_\_\_\_\_

Policy #: \_\_\_\_\_ ID#: \_\_\_\_\_

Physician's Name: \_\_\_\_\_

**Additional information required by State of New Jersey:**

**Ethnicity Questions** – please indicate **one** of the following regarding this student's ethnicity.

\_\_\_\_\_ Hispanic or Latino – A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

\_\_\_\_\_ Not Hispanic or Latino

Race/Ethnicity of Student. Place an "X" next to all that qualify.

\_\_\_\_\_ Alaskan Native

\_\_\_\_\_ American Indian

\_\_\_\_\_ Asian

\_\_\_\_\_ Black

\_\_\_\_\_ Hispanic

\_\_\_\_\_ Pacific Islander

\_\_\_\_\_ White

**Home Language of Student** – please answer **each** item below.

List all languages used in the student's home: \_\_\_\_\_

Was the first language used by the student a language other than English?    \_\_\_ Y    \_\_\_ N

Does the student speak or understand a language other than English?    \_\_\_ Y    \_\_\_ N

When interacting with others at home (example: parents, guardians, siblings), does the student understand or use a language other than English most of the time?    \_\_\_ Y    \_\_\_ N

When interacting with others outside the home (example: friends, caregivers), does the student understand or use a language other than English most of the time?    \_\_\_ Y    \_\_\_ N

**Migrant** – Student is eligible for migrant education services and is enrolled in a migrant subgrantee program. (1) The child is younger than 22 and has not graduated from high school or does not hold a high school equivalency certificate; (2) and the child is a migrant agricultural worker or a migrant fisher or has a parent, spouse, or guardian who is a migrant agricultural worker or a migrant fisher; (3) and the child has moved within the preceding 36 months in order to obtain (or seek) or to accompany (or join) a parent, spouse, or guardian to obtain (or seek), temporary or seasonal employment in qualifying agricultural or fishing work; and (4) such employment is a principal means of livelihood and (5) the child has moved from one school district to another.

Is the student eligible for migrant services?    \_\_\_ Y            \_\_\_ N

**Immigrant** – An immigrant is a student who is 3 to 21 and was NOT born in the U.S and has not been attending one or more schools in any one or more states for more than three full academic years.

Does the student qualify to receive federal support as an immigrant?    \_\_\_ Y            \_\_\_ N

**McKinney Vento Eligibility** – A student shall be considered eligible if he or she resides in any of the following: 1. A supervised publicly or privately operated shelter designed to provide temporary living accommodations, including welfare hotels, congregate shelters, transitional housing for families, and transitional housing for the mentally ill; 2. An institution that provides a temporary residence for individuals intended to be institutionalized; or 3. A public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings.

Additionally, a child or youth shall be considered eligible if he or she is: 1. A child or youth living with a parent in a domestic violence shelter; 2. A runaway living in a shelter; 3. A school-aged mother residing in a home for adolescent mothers; 4. A sick or abandoned child or youth who is residing in a hospital and would otherwise be released if he or she had a permanent residence; 5. a child or youth who is abandoned and therefore has no permanent residence; 6. A child of a homeless family, which out of necessity, is living with relatives or friends; or 7. A child of a migrant family which lacks adequate housing.

Finally, a child shall be considered eligible when a dispute occurs between two school districts regarding the determination of residency. The involved districts shall immediately notify the county superintendent of schools, who shall decide the status of the child within 48 hours.

Do any of the above scenarios apply to the student?    \_\_\_ Y            \_\_\_ N

Parent/Guardian Signature \_\_\_\_\_ Date: \_\_\_\_\_

**Return this form to the appropriate school listed below:**

**William H. Ross Elementary School    Elementary School Office Phone # - (609) 822-2080, x 300**  
**101 North Haverford Avenue**  
**Margate, NJ 08402**

**Eugene A. Tighe Middle School    Middle School Office Phone# - (609) 822-2353, x100**  
**7804 Amherst Avenue**  
**Margate, NJ 08402**



# MARGATE CITY SCHOOL DISTRICT

Date \_\_\_\_\_

## REQUEST FOR STUDENT RECORDS

To School/Organization/Agency: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

The following student is transferring to the (select school)

\_\_\_\_\_ Eugene A. Tighe Middle School

\_\_\_\_\_ William H. Ross Elementary School

Name \_\_\_\_\_ D.O.B. \_\_\_\_\_ Grade \_\_\_\_\_

Please forward the records listed below:

Cumulative Record Folder  
Standardized Test Results  
Disciplinary Record  
\*Child Study Team and/or 504 Records

School Records /Transcript  
Health Record  
Attendance Records

\* We recognize that Special Service evaluations may not be a part of the student's educational file. Please make sure that you forward a copy of this release to all appropriate personnel so that we will receive the records necessary to serve this student. Such records may include, but not be limited to: Psychological/Psychiatric, Speech/Language, Neurological, Social History, Learning Disabilities, and Medical/Health Assessment Reports. These, along with Classification Conference Reports and IEPs should be forwarded to:

\_\_\_\_\_ **Mr. Ryan Gaskill, Principal**  
**Eugene A. Tighe Middle School**  
**7804 Amherst Avenue**  
**Margate, NJ 08402**

\_\_\_\_\_ **Mrs. Bonnie Marino, Principal**  
**William H. Ross Elementary School**  
**101 N. Haverford Avenue**  
**Margate, NJ 08402**

Your cooperation in this matter is greatly appreciated.

I hereby authorize the school/agency/organization listed above to release all confidential records concerning my child to the Margate School listed above.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date



# MARGATE CITY SCHOOL DISTRICT

## Physical Form

According to the NJ Department of Education, N.J.S.A. 6A:16-2.2, each student shall be examined upon entry into school. A full report (as stated below) shall be completed by the student's physician and sent to the school.

Physical Examination date completed \_\_\_\_\_ (must be current - within one year of start date)

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

Height \_\_\_\_\_ Weight \_\_\_\_\_ Blood pressure \_\_\_\_\_ Vision \_\_\_\_\_

	Normal	Abnormal	Comments
Skin			
Eyes			
Ears			
Nose			
Mouth, Throat			
Neck			
Chest			
Lungs			
Heart			
Abdomen			
Spine			
Extremities			
Testes			
Physiological Maturation			
Neurological (balance & coordination)			

Medical History: including allergies, past serious illnesses, injuries and operations. Medications and current health problems.

\_\_\_\_\_  
\_\_\_\_\_

\*NOTE: PLEASE ATTACH COPY OF STUDENT'S IMMUNIZATION RECORD (with documentation of updated 4 yrs or older shots (if applicable)- DPT, OPV/IPV , MMR#2, Chicken Pox, and Hepatitis B series of 3- Also, pneumonia and current flu shots for preschoolers)

\* PHYSICIAN'S STAMP OR SIGNATURE \_\_\_\_\_