

Tewksbury Township Public Schools Registration Document

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

2. Name Used to Address the Student (if different): _____

3. Student's Physical Address: *This location will be used for bus assignments.* _____

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

5. Date of Birth:* MM/DD/YYYY _____ **6. Age:** _____

7. Gender:* *We ask this question in order to comply with federal guidelines.*

- ☐ Male
- ☐ Female

8. Ethnicity:* *We ask this question in order to comply with federal guidelines.*

- ☐ White
- ☐ Black
- ☐ Hispanic
- ☐ American Indian/Alaskan
- ☐ Asian
- ☐ Native Hawaiian/Pacific Islander
- ☐ Multiple

9. Home Language Survey: What was the first language used by the student? (Native Language):

At home, does the student hear or use a language other than English more than half of the time? (Home Language)

- ☐ Yes
- ☐ No

Does the student understand a language other than English? (Other Language)

- ☐ Yes
- ☐ No

10. Birth City: _____

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

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 _____ (Please specify)
- ☐ Other _____ (Please specify)

Parent/Guardian Name(s): _____

Physical Address: _____

Mailing Address (PO Box if required): _____

Postal City, State: _____

Zip Code: _____ Primary Phone (Home): _____

Mother Cell: _____

Mother Work: _____

Mother e-mail: _____

Father Cell: _____

Father Work: _____

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/guardian(s).**

Name(s) of Contact: _____

Physical Address: _____

Mailing Address (PO Box if required): _____

Postal City, State: _____

Zip Code: _____ Primary Phone (Home): _____

Mother Cell: _____

Mother Work: _____

Mother e-mail: _____

Father Cell: _____

Father Work: _____

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

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.

- ☐ Deed
- ☐ Lease
- ☐ Property Tax Bill
- ☐ Mortgage Statement
- ☐ HUD Form
- ☐ NJ Driver's License (with Tewksbury address)
- ☐ Current Utility Bill (with Tewksbury address)
- ☐ 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 – Pre-K, Grades 6 through 8

18. Grade your child will be entering:

- ☐ Pre-School
- ☐ Kindergarten
- ☐ 1
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ 5
- ☐ 6
- ☐ 7
- ☐ 8

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: _____

24. Permission to Release Records: Student Name: _____

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

Pre-K, 6th – 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: _____

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 the Realtime School Management System.

27. Emergency Contact A: Name: _____

Relationship: *(select one)*

- ☐ Aunt
- ☐ Friend
- ☐ Grandparent
- ☐ Guardian
- ☐ Nanny
- ☐ Sibling
- ☐ Uncle

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)*

- ☐ Aunt
- ☐ Friend
- ☐ Grandparent
- ☐ Guardian
- ☐ Nanny
- ☐ Sibling
- ☐ Uncle
- ☐ Other, please specify _____

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

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: _____

34. Required Medical Forms: For students entering K through 5th Grade: Questions regarding the medical forms should be directed to Grace Page, MNP, RN, at Tewksbury Elementary School at 908-832-2594 x2011 or gpage@tewksburyschools.org. Students entering Pre-K or Grades 6 through 8: 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 provided separately.*

PARENTAL APPROVAL:

Media Consent - I/We grant consent to share this student's name (only) with media if Honor Roll or other distinction is achieved:

- ☐ Yes (Media Consent)
- ☐ No

Internet Use - I/We grant consent to allow this student to access the Internet (with appropriate supervision and safeguards). Refer to Parent/Student Handbook for guidelines:

- ☐ Yes (Internet Use)
- ☐ No

Photo Permission - I/We grant permission for a photo/image that includes this student without any other personal identifiers to be published on the District's public internet website, in any District publication or presentations, or provided to newspapers and/or provided to newspapers and/or newspaper websites for their use:

- ☐ Yes
- ☐ No (Photo Exception)

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