

HARRISON TOWNSHIP SCHOOL DISTRICT
MULLICA HILL, NEW JERSEY

New Student Registration Checklist

The following information is needed when you register your child/children in the district schools:

- _____ Completed district registration form
- _____ Original Birth Certificate (school employee will make photo-copy)
- _____ Proof of Residency

Homeowner must provide **ONE** of the following:

- 1) Copy of current mortgage statement or deed to the home
- 2) Copy of utility bill with parent name & address (electric, gas or water)

Renter must provide **ONE** of the following:

- 1) Copy of current lease
- 2) Copy of utility bill with parent name & address (electric, gas or water)

Living with a family member must provide **BOTH** of the following:

- 1) Notarized letter from both the family member/friend and the student's parent/guardian
- 2) Copy of utility bill with homeowner name & address (electric, gas or water)

- _____ Complete immunization records (or copy of) and Physical form
- _____ Special Education services information
- _____ Transfer card from previous school
- _____ Custody Order

The Main Office must have the completed forms / documents at least three (3) school days prior to the student's first day of attendance.

For any questions please contact the Principal's Secretary at your child's school

Harrison Township School (Pre-K to 3rd)
120 North Main Street
Mullica Hill NJ 08062
Phone: 856-478-2016 ex 7126

Pleasant Valley School (4th to 6th)
401 Cedar Road
Mullica Hill NJ 08062
856-223-5120 ex 7019

Student Health History

Physician's Name: _____ Phone # _____

Dentist's Name: _____ Phone # _____

Date of last Medical Examination: _____

List past serious illnesses and dates: _____

List surgeries and dates: _____

Allergies: _____

Chronic Conditions: _____

Notable developmental delays: _____

Special problems or concerns: _____

Date of Polio Immunization: _____ Date of last Lead Test: _____ Lead Level: _____

My child has health insurance coverage (circle one): Yes No

Name of health insurance company: *(optional)* _____

IMPORTANT NOTE: The State of New Jersey requires any student transferring from certain countries (list on file in Main Office) to have had the Mantoux TB Intradermal test within the last six months.

Please check those areas for which your child has previously received services:

- Basic Skills Instruction (BSI) Speech/Language 504 Plan
 English Language Learner (ELL) Special Education / I.E.P. Early Intervention

Former School Attended: _____

Address of Former School: _____

School Phone #: _____ Fax #: _____

HARRISON TOWNSHIP SCHOOL DISTRICT
MULLICA HILL, JEW JERSEY

STUDENT ENROLLMENT/ RESIDENCY QUESTIONNAIRE

Student Name: _____ School Building: HTS PVS

In accordance with New Jersey state law (N.J.S.A. 18A:38-1 and 18A: 7B-12), it is necessary to determine the residence of students entering the school district.

Please indicate if the student being enrolled resides in the **family's own home** within Harrison Township.

_____ YES _____ NO

If **NO**:

Please indicate if the student being enrolled resides in any of the following conditions or circumstances:

_____ **A relative's home**, out of necessity
(For example: grandparent, aunt, uncle, brother, sister, cousin, etc.)

Circle one: short term /temporarily permanently

_____ **A friend's home**, out of necessity
Circle one: short term /temporarily permanently

Is the child's family being added to the lease, or have they signed a lease? _____

Does the homeowner or renter have a legal right to force the family to leave without cause if they choose to do so? _____

_____ **Homeless** – without residence

_____ **Hotel / Motel**

_____ **Transitional housing facility or shelter**

_____ **Migrant family housing**

_____ **Other (please describe / explain):**

Parent / Guardian Signature: _____ Date: _____

**HARRISON TOWNSHIP SCHOOL DISTRICT
MULLICA HILL, JEW JERSEY**

Date: _____

TO THE PRINCIPAL:

The following student(s) have registered for attendance in our school district. We would like to request that you send the complete transcript of the pupil's scholastic records, test results, health and if applicable special education records.

STUDENT NAME: _____ GRADE LEVEL _____

STUDENT NAME: _____ GRADE LEVEL _____

STUDENT NAME: _____ GRADE LEVEL _____

STUDENT NAME: _____ GRADE LEVEL _____

Please forward the records to the attention of(check one):

_____ **Harrison Township School (Pre-K -3)**
120 North Main Street
Mullica Hill, NJ 08062
Attn: New Student Registration

_____ **Pleasant Valley School (4-6)**
401 Cedar Road
Mullica Hill, NJ 08062
Attn: New Student Registration

PARENT/GUARDIAN PERMISSION

Please provide the complete name, mailing address, and phone number of the former school below:

I hereby give permission for _____
(Name of Former School)

located at _____
(Street, City, Zip Code of Former School)

to release the academic, health, and confidential records of _____
(Student Name)

to Harrison Township School.

(Phone of Former School)

(Fax of Former School)

Parent/Guardian Signature

Date