



East Brunswick Public Schools

Please use the checklist below to ensure all necessary documents are compiled for student registration. **ALL of the documentation requested below is necessary to process registration.** Please understand that failure to provide requirements or complete online steps may delay registration. If you have any questions, please call 732-613-6980.

General Education Inclusive PRE-K REGISTRATION CHECKLIST

All Registration Steps (1-2) online (www.ebnet.org/register) MUST be completed for each student. Registration paperwork should be dropped off at the Administration Building located at 760 Route 18. Your student is not registered for school until hard copies of registration paperwork listed below are dropped off and processed by the District Registration Department.

_____ **Proof of Residency**

Documents must be in the name of the parent/guardian. A copy of the Deed, a currently dated mortgage statement or current lease agreement must be provided at time of registration. TWO additional UTILITY bills must also be provided to complete the residency requirement. Online statements and confirmation of service are acceptable. If you have just moved into your home, bills must be provided within 30 days of registration. If the home is not in the name of parent/guardian, please call 732-613-6980 for residency affidavit instructions.

_____ **Parent/Guardian Photo ID**

_____ **Student's Birth Certificate (provide a copy – no originals)**

_____ **Student's current immunization record (MUST be provided at the time of registration)**

_____ **NJ Transfer Card for students transferring from another NJ public school district.** This does not apply to students who have been attending private pre-k/daycare.

_____ **Custody Documentation** if applicable

_____ **Registration Packet** printed and all forms completed (one packet per student)

_____ **Registration Data Sheet**

All fields and check boxes must be filled in completely. Guardian boxes are for parents/legal guardians only. Please provide all contact information.

_____ **Student Physical Exam Form**

(must be completed by physician and returned to school nurse within 30 days of registration)

EAST BRUNSWICK PUBLIC SCHOOLS

GENERAL EDUCATION INCLUSIVE PRESCHOOL PROGRAM REGISTRATION DATA SHEET 2026-2027 SCHOOL YEAR

OFFICE USE ONLY

HOME SCHOOL _____ STUDENT ID _____ DATE _____

Start Date in Genesis: _____

PLEASE PRINT CLEARLY – ALL INFORMATION MUST BE COMPLETED

Student's Full Name *(As appears on the Birth Certificate)*

First Name

Middle Name

Last Name

Date of Birth: (M)/_____(D)/_____(Y)_____ Age: _____ Gender: _____ Grade: _____

Student Street Address

Town

Zip Code

Student resides with (Relationship): _____ Parent Status: Married Divorced Separated Single Remarried

If divorced or separated, who has legal custody? _____ Who has residential custody? _____

Student's previous Address & Telephone #: _____

If you have a residence elsewhere, what is the address and when do you live there? _____

Student's previous School & Address: _____

Do you have other children attending East Brunswick Public Schools? Yes No (List Full Names Below)

(1) _____ (2) _____ (3) _____ (4) _____

First U.S. School Entry Date: (M)_____(D)_____(Y)_____ Original U.S. Entry Date: (M)_____(D)_____(Y)_____

SPECIAL EDUCATION: Yes No **IEP?** Yes No **Have a 504 Plan?** Yes No

Required for State/Federal Reports: (these questions must be answered)

Race: White Black or African American American Indian/Alaskan Native Asian Native Hawaiian or Other Public Islander

Ethnicity: Hispanic Yes No

PARENT/GUARDIAN INFORMATION

<p>Please Circle: Parent or Legal Guardian (Ms.) (Mrs.) (Mr.) (Dr.)</p> <p>Last Name: _____</p> <p>First Name: _____</p> <p>Address: _____</p> <p>City: _____ State: _____ Zip: _____</p> <p>Parent E-mail: _____</p> <p>Home Phone #: () _____</p> <p>Cell Phone #: () _____</p> <p>Business #: () _____</p>	<p>Please Circle: Parent or Legal Guardian (Ms.) (Mrs.) (Mr.) (Dr.)</p> <p>Last Name: _____</p> <p>First Name: _____</p> <p>Address: _____</p> <p>City: _____ State: _____ Zip: _____</p> <p>Parent E-mail: _____</p> <p>Home Phone #: () _____</p> <p>Cell Phone #: () _____</p> <p>Business #: () _____</p>
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Beginning with the 2026-2027 school year, this program will now be fee-based for all students including students eligible for free and reduced lunch. The program fee is **\$482.00 a month**. The program is five days per week and follows the ten-month school calendar. Both AM and PM sessions are available. A discounted fee is available for families who are eligible for free and reduced lunch.

Transportation for this program is the responsibility of the parent/guardian.

We are excited to offer this program at the schools below for the 2026-2027 school year. Please list your school choices in order of preference.
Note: School locations are subject to change and preferences are not guaranteed.

_____ Chittick Elementary

_____ Irwin Elementary

_____ Memorial Elementary

Please choose the session you prefer.

Half Day Morning – 9:00 – 11:20 AM

Half-day Afternoon – 12:00 – 2:20 PM

Based on the chart below, is your family eligible for free and reduced lunch? Please note, all household members must be included. Anyone who is living with you and shares income and expenses, even if not related, including you.

YES

NO

Family Size	Annual	Monthly	Weekly
<i>One</i>	\$35,056	\$2,922	\$675
<i>Two</i>	\$47,376	\$3,948	\$912
<i>Three</i>	\$59,696	\$4,975	\$1,148
<i>Four</i>	\$72,016	\$6,002	\$1,385
<i>Five</i>	\$84,336	\$7,028	\$1,622
<i>Six</i>	\$96,656	\$8,055	\$1,859
<i>Seven</i>	\$108,976	\$9,082	\$2,096
<i>Eight</i>	\$121,296	\$10,108	\$2,333
<i>For Each Additional Family Member Add</i>	\$12,320	\$1,027	\$237

Registration:

Registrations are only accepted via the documented registration process. Applications accepted on a first-come, first-served basis.

Fees:

Fees are due on a monthly basis and billed through the online system. A late fee of \$20 per month will be assessed if payment is received after the 15th of each month. If the June 2027 tuition payment is not received by May 15, 2027, students will be unable to attend in June 2027. A fee of \$20 will be charged and is due in cash for each returned check. If payment is overdue for two months, the student will no longer be able to attend, and legal action will be taken. Should you need to suspend the program and re-enroll during the year; a fee of \$20 will be charged for each reenrollment.

To pay online, please visit www.ebnet.org/registrationandpayment.

Withdrawal from the Program:

Should withdrawal from the program be necessary, 30 days notice in writing to the Financial Services office is required by email to ebonlinepayments@ebnet.org or fax (732) 698-9624. Failure to provide this notice will result in being charged for the next month.

I certify that the foregoing statements made by me are true. I am aware that if any of them are willfully false, I will be subject to legal action. As per State Law and Board Policy, if it is discovered that my child (children) is (are) illegally attending the East Brunswick Schools and not living in East Brunswick, I will be responsible for the payment of all accrued tuition fees. In addition, I acknowledge that I will be responsible for any legal expenses incurred by the East Brunswick Board of Education in relation to the situation.

Print Name _____ **Signature** _____ **Date** _____

East Brunswick Public Schools
East Brunswick, New Jersey 08816
Student Services

Student Physical Examination Form

Student Name: _____ Date of Birth: _____

School: _____ Date: _____

School Address: _____

Dear Parent:

Please present this form to your physician at the time of your child's examination. **Upon completion, please return this form within 30 days of student's registration.** Thank you.

Height: _____ Weight: _____ B.P.: _____ Pulse: _____

Vision-Right: _____ Left: _____ Both: _____

Glasses-Right: _____ Left: _____ Both: _____

Physical Findings	Please indicate with a √ (check) in the appropriate column.		Specify and Recommend
	Normal	Abnormal	
EYES			
VISION			
COLOR PERCEPTION			
EARS - OTOSCOPIC			
HEARING			
Left			
Right			
TEETH/MOUTH			
NOSE			
THROAT			
LYMPH GLANDS			
THYROID			
HEART			
LUNGS			
ABDOMEN			
HERNIA			
GENITO-URINARY			
ORTHOPEDIC (STRUCTURAL)			
SCOLIOSIS SCREENING			
SKIN			
NUTRITION			
NERVOUS SYSTEM			
SPEECH			
OTHER			
GENERAL APPEARANCE			

Student Physical Examination Form

Student Name: _____

DATE OF MOST RECENT MANTOUX TUBERCULIN:

TEST: _____ RESULT: _____ FOLLOW-UP: _____

COMPLETE IMMUNIZATION HISTORY (OR ATTACH COPY)

DPT/DTaP					
Tdap (Grade 6)					
Polio					
MMR					
Measles (on or after 1 st birthday)					
Mumps (on or after 1 st birthday)					
Rubella (on or after 1 st birthday)					
Hib					
Hepatitis B (min spacing intervals)					
Varicella (on or after 1 st birthday)					
Meningococcal (Grade 6)(after 10 th birthday)					
Pneumococcal (Pre-School)					
Influenza (Pre-School)					

PLEASE LIST ANY HEALTH PROBLEMS WHICH MIGHT INTERFERE WITH THE STUDENT'S EDUCATIONAL PROGRAM OR LIMIT HIS/HER PARTICIPATION IN THE REGULAR PHYSICAL EDUCATION PROGRAM:

INDICATE ANY RESTRICTIONS:

COMMENTS:

DATE OF EXAMINATION: _____

SIGNATURE OF PHYSICIAN: _____

PRINTED NAME, ADDRESS AND TELEPHONE: _____

