Black Horse Pike Regional School District

Highland Regional High School, Blackwood NJ 08012
Office of the Registrar and Enrollment
Phone: (856) 227-4100 ext. 4826 Fax: (856) 227-8008

New Student Registration Checklist

Registrar: Laura Greenwood
Highland Regional High School. 450 Erial Road, Blackwood, NJ 08012
Email all documents to registration@bhprsd.org or make an appointment to drop them off to the address above

Please submit the following items to the email above (if needed - make an appointment to drop off in person)

____ Must present a ***TRANSFER CARD*** from the previous school

____ Copies of current ***IMMUNIZATION*** records from previous school or pediatrician

____Current **ACADEMICS** (report card), attendance, discipline, all test scores, **TRANSCRIPT**, **IEP** (if CST)

____A completed ***DEMOGRAPHIC*** form (see registration packet)

____A completed ***RECORDS RELEASE*** form (see registration packet)

____ A completed **AUP** technology agreement form (see registration packet)

____ Copy of the student's ***BIRTH CERTIFICATE***

____ Copy of parent(s)/guardian(s) ***DRIVER'S LICENSE***

PROOF of RESIDENCY: FOUR PROOFS TOTAL

____ ***ONE MANDATORY proof of residency*** (see registration packet)

____ ***THREE additional proofs of residency*** (see registration packet)

____ **COURT** documentation that coincides with the student(s) and guardians (if necessary)

____ If, leasing, please be sure to bring a copy of the lease, signed pages are mandatory

____ If you are living with others, complete the **AFFIDAVIT** (see registration packet) – NOTARY REQUIRED!

____if due to personal hardship, family may be McKinney-Vento eligible

____***MANDATORY ATHLETIC form*** (if second or additional High School Transfer only) - NOTARY REQUIRED!

****ALL ATHLETIC DOCUMENTS MUST BE RETURNED, EVEN IF YOUR STUDENT(S) DO NOT PLAY SPORTS!***

SEMI form:
____*MANDATORY* please complete and return

HOME LANGUAGE SURVEY:
____*MANDATORY* please complete and return

BLACK HORSE PIKE REGIONAL SCHOOL DISTRICT
580 Erial Road, Blackwood, New Jersey 08012-4550
(856) 227-4106 • Fax (856) 227-6835
www.bhprsd.org
Where inspiring excellence is our standard and student achievement is the result
Dr. Brian Repici
Superintendent

Scott Kipers
Board Secretary, Business Administrator

Julie A. Scully
Assistant Superintendent

PROOF OF RESIDENCY DOCUMENTATION

The totality of documentation presented will be considered in evaluating an individual student's application for enrollment within the district, and unless expressly permitted by law, the student will not be denied enrollment based upon an inability to provide certain form(s) of documentation where other acceptable evidence is presented.

I. MANDATORY – MUST PROVIDE AT LEAST ONE OF THE FOLLOWING:

a. Property Tax Bills
b. Deeds
c. Contracts of Sale
d. Leases
e. Mortgages
f. Signed letters from landlords
g. Other evidence of property ownership, tenancy or residency

II. II. SECONDARY DOCUMENTS – MUST PROVIDE THREE OF THE FOLLOWING:

a. Current voter registration, licenses, permits, bank statements, utility bills, and other evidence of personal attachment to a particular location
b. Court orders, state agency, agreements, or other evidence of court/agency placement or directives
c. Bills or other evidence of expenditures demonstrating personal attachment to a particular location, or where applicable, to support a student
d. Medical reports, counselor/social worker assessments, employment documents, benefits statements
e. Affidavits, certificates and sworn attestations pertaining to statutory criteria for school attendance from the parent/guardian or person with whom an "affidavit student", or adult student is residing
f. Documents pertaining to military status and assignment
g. Any business record or document issued by a government entity
h. Any other form of documentation relevant to demonstrating entitlement to attend school

You will not be asked to present any documentation protected from disclosure by law or pertaining to criteria which does not serve as a legitimate basis for determining eligibility to attend school. You may voluntarily, though, disclose any documentation you believe will help establish that your child meets the requirements by law for enrollment within the district. This information may include, but not limited to: income tax returns, citizenship/visa status documents (unless student possesses or is applying for an F-1 visa); social security numbers/card; documents relative to local housing ordinances of tenancy.

TRITON REGIONAL HIGH SCHOOL
250 Schubert Avenue
Runnemede, NJ 08078-1796
(856) 939-4500 • Fax (856) 939-4724
Mrs. Melissa Sheppard, Principal

HIGHLAND REGIONAL HIGH SCHOOL
450 Erial Road
Blackwood, NJ 08012-4599
(856) 227-4100 • Fax (856) 227-3619
Mr. Ryan Varga, Principal

TIMBER CREEK REGIONAL HIGH SCHOOL
501 Jarvis Road
Erial, NJ 08081-2169
(856) 232-9703 • Fax (856) 232-5267
Mrs. Kelly McKenzie, Principal

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REGISTRATION PROCESS

I. Obtain the registration packet online at www.bprsd.org via the Registration tab or contact a school below.

1. HIGHLAND HIGH SCHOOL: (856) 227-4100, ext. 4037
2. TIMBER CREEK HIGH SCHOOL: (856) 232-9703, ext. 6053
3. TRITON HIGH SCHOOL: (856) 939-4500, ext. 2021

1. The parent seeking enrollment within the BHPRSD must withdraw the student from prior district
2. If you need an in-person meeting for assistance with registration, please contact the Registration Office for an appointment (856) 227-4100 ext 4826
3. IF in-person: The parent must accompany the student for the registration process
4. IF in-person: HOMEOWNER MUST ATTEND IF AN AFFIVDAVIT STUDENT

II. COMPLETE REGISTRATION PAPERWORK:

a. Registration paperwork is available on the school/district website or within each school
b. School Counseling secretary may email paperwork to parent, if applicable
c. Incomplete paperwork may result in a rescheduled appointment

III. IF NEEDED - ATTEND REGISTRATION APPOINTMENT WITH DOCUMENTATION:

a. Please bring the following documents to your scheduled registration appointment:
   1. **Four (4) proofs of residency** (See Attached Acceptable Proof of Residency Documents)
   2. Student's most recent **Report Card / Academic Transcript / Standardized Test Scores**
   3. **Withdrawal Form**
   4. **Individualized Education Plan (IEP)**, if applicable for the Child Study Team
   5. Student **Immunization** Records
   6. Original or copy of **Birth Certificate** with parents' name
   7. **Custody agreement**, if applicable
   8. Copy of Parent/Guardian **Driver's License**

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BLACK HORSE PIKE REGIONAL SCHOOL DISTRICT

_____HIGHLAND _____TIMBER CREEK _____TRITON

DEMOGRAPHICS FOR REGISTRATION

FOR OFFICE USE ONLY

STATE ID#_____ STUDENT ID#_____

DATE STARTING: _____ COUNSELOR: _____ OUT OF DISTRICT SCHOOL_____

STUDENT INFORMATION

Today's Date: _____

Student Legal First Name: _____ Middle Name: _____

Legal Last Name: _____ Student's Birth Date: _____

PLEASE CIRCLE THE APPROPRIATE RACE AND ETHNIC CODE NUMBER.

RACE CODE	RACE DESCRIPTION	RACE CODE	RACE DESCRIPTION	RACE CODE	RACE DESCRIPTION
1	WHITE	**3**	AMERICAN INDIAN/ALASKAN	**5**	HAWAIIAN NATIVE/OTHER PACIFIC ISLANDER
2	BLACK	**4**	ASIAN		
ETHNIC CODE	1 HISPANIC	**ETHNIC CODE**	2 non-HISPANIC		

Is this child a Special Education and/or Child Study Team? (Please check one) YES_____ NO _____

Previous School: _____ Student Gender: Male: _____ Female: _____

Grade Level: _____ City Student was Born in: _____

State Student Was Born in: _____Country Student was Born in: _____

_____

_____ 1 = Not Military Connected – Student is not military connected.

_____2 = Active Duty – Student is a dependent of a member of the Active-Duty Forces (Full-time) Army, Navy, Air Force, Marine Corps, or Coast Guard.

_____3 = National Guard or Reserve – Student is a dependent of a member of the National Guard or Reserve Forces (Army, Navy, Air Force, Marine Corps, or Coast Guard).

_____

PARENT/GUARDIAN INFORMATION

(Please check only one of the following)

Only English spoken at Home: _____ Only **_____spoken at Home.

(**Please write the name of the language.)

English and **_____spoken at Home.

(**Please write the name of the language.)

Parent/Guardian Info: **(Please check one)** Student lives with: ***Both Parents: _____, Mother Only: _____,***

Father Only _____, Grandparents_____, Other (please specify): _____

_____

Parent/Guardian **(FIRST)** What is your Relationship to the Student: _____

Last Name: _____First Name: _____

Title: **(Please Check One):** Mrs._____, Ms._____, Mr._____, Dr._____, Rev._____

Parent/Guardian Street Address: _____

Apartment #: _____ City: _____ Zip Code: _____

Parent/Guardian Home Phone #: (_____) _____

Alternate Phone # (cell phone, etc.): (_____) _____

Parent/Guardian Employer Name: _____

Work Telephone #: (_____) _____ Ext.: _____

Parent/Guardian **(SECOND)** What is your Relationship to the Student: _____

Last Name: _____First Name: _____

Title: **(Please Check One)**: Mrs._____, Ms._____, Mr._____, Dr._____, Rev._____

Parent/Guardian Street Address: _____

Apartment #: _____ City: _____ Zip Code: _____

Parent/Guardian Home Phone #: (____) _____

Alternate Phone # (cell phone, etc.): (_____) _____

Parent/Guardian Employer Name: _____

Work Telephone #: (_____) _____ Ext.: _____

EMERGENCY INFORMATION (OTHER THAN PARENT/GUARDIAN LISTED ABOVE.

Emergency 1 – First Name: _____ Last Name: _____

Relationship to Student: _____

GUARDIAN HAS GIVEN PERMISSION FOR CONTACT TO PICK UP STUDENT: YES: _____ NO: _____

HOME STREET ADDRESS: _____ APT #: _____

City: _____ State: _____ Zip Code: _____

Emergency 1 – Phone # (_____) _____ Ext: _____

Emergency 2 – Phone # (_____) _____ Ext: _____

Emergency 2 – First Name: _____ Last Name: _____

Relationship to Student: _____

GUARDIAN HAS GIVEN PERMISSION FOR CONTACT TO PICK UP STUDENT: YES: _____ NO: _____

HOME STREET ADDRESS: _____ APT #: _____

City: _____ State: _____ Zip Code: _____

Emergency 1 – Phone # (_____) _____ Ext: _____

Emergency 2 – Phone # (_____) _____ Ext: _____

DOCTOR EMERGENCY INFORMATION

Physician's First Name: _____ Last Name: _____

Phone # (_____) _____ Ext: _____

Do you have health insurance? YES: _____ NO: _____

If yes, what is the name of your provider? _____

PARENT ACCESS INFORMATION

Please provide an email address to be used for our Parent Access System. This will allow you to view your child's grades, attendance, and discipline.

Parent Name: _____

Email Address: _____ (please print clearly) **

** The email address above will be your username and you will receive a temporary password sent to that email. **

Student's first High School transfer: YES_____ NO_____

* If yes, nothing else is required. If no, and this is at least the student's second transfer, please fill out the Student-Athlete Residency Affidavit

Any high school aged siblings enrolled at BHPRSD (list names):

_____

BLACK HORSE PIKE REGIONAL SCHOOL DISTRICT

Where Inspiring Excellence is our Standard and Student Achievement is the Result

REGISTRAR	**HIGHLAND REG HS**	**HIGHLAND CST (Special Education Records)**
450 Erial Rd.	450 Erial Rd.	450 Erial Rd.
Blackwood, NJ 08012	Blackwood, NJ 08012	Blackwood, NJ 08012
(P) 856-227-4100	(P) 856-227-4100	(P) 856-227-4100
(F) 856-227-8008	**(F) 856-227-8422**	**(F) 856-227-8422**
ATTN: Registrar	**ATTN: Counseling**	**ATTN: Christine Richards**

Request for Student Records

Parent/Guardian: **PLEASE FILL IN THE INFORMATION BELOW**

Name and Address of the School student is transferring from:

_____

_____

_____

Student Name: _____ **Grade:** _____

State ID#: _____ **Date of Birth:** _____

The above named student has enrolled in the Black Horse Pike Regional School District (BHPRSD). Please send us the following information as soon as possible:

- Transfer Card
- Health Records (original health records for NJ state schools)
- Transcript of grades
- Standardized test results / report cards / grades in progress
- Attendance report
- Discipline records
- Athletic Records (ie. Varsity letters, etc)
- IEP (if necessary)

Any other pertinent information regarding his/her educational history, including all Special Services Records, (psychological, learning disabilities, social work, psychiatric, neurological and medical) is to be included.

You are authorized to send the documentation requested to the address of the school/office listed above

Parent/Guardian signature: x_____ Date: x_____

BLACK HORSE PIKE REGIONAL SCHOOL DISTRICT

DISTRICT ISSUED TECHNOLOGY AGREEMENT

_____HIGHLAND _____TIMBER CREEK _____TRITON

STUDENT NAME: _____

No student shall be allowed to use the BHPRSD network (SSID), any school/district technological device including school-issued Chromebooks, and the district Internet connection unless this consent form is signed by the student and his/her parent(s)/guardian(s). This consent form will remain on file at the school which the student attends.

Acceptable Use:

- I agree to use school district/devices, including school-issued Chromebooks, and the BHPRSD network for educational purposes. I have reviewed all guidelines for acceptable use. I understand that violations of acceptable use may result in suspension or revocation of Technology privileges including the use of Chromebooks, school computers, and/or network privileges.
- I have read and agreed to the terms of the Technology Handbook located on the district/school website under Parents and Students.

Care:

- I agree to care for all district/school technology equipment including the Chromebook as described within the Technology Handbook.

Damage and User Fee:

- I agree to pay the $20.00 mandatory User Fee for my school-issued Chromebook. If paying by check, make check payable to BHPRSD. I understand this covers damage for normal wear and tear and does not cover lost devices, negligence, willful damage, or vandalism. I understand the financial obligations for missing or broken parts, vandalism, or loss of the device.

Discipline:

- I understand that inappropriate conduct or misuse of any school/district device, including Chromebooks, and network will be subject to the Student Code of Conduct. I understand that unacceptable conduct may result in suspension or loss of technology privileges, as well as any other applicable consequences.

Legal Notices:

- "Anti-Big Brother" notification: The Chromebook automatically stores information about its use and browsing history. That information as well as any emails, documents, photos, or videos may be monitored by the school district. The Chromebook is equipped with a camera. The district cannot remotely access the camera to violate the privacy of any students or other people residing with the student.
- CIPA certification: the district technology supervisor certifies that the district network Is equipped with a filter in accordance with the Children's Internet Protection Act (CIPA).

Signature for AUP/Consent:

Student Signature: _____ Date: _____

Parent Signature: _____ Date: _____

☐ Highland ☐ Timber Creek ☐ Triton

BLACK HORSE PIKE REGIONAL SCHOOL DISTRICT

580 ERIAL ROAD

BLACKWOOD, NEW JERSEY 08012

(856) 227-4106

Affidavit for adults unable to provide residency proofs pursuant to NJSA 18A:38:1

Name of Student: _____ Date of Birth: _____

Previous Address of Student: _____

_____

Previous School: _____ Grade: _____

I,_____
(Owner(s) / Renter(s) Name) (Own/Rent)

the property at _____ New Jersey.
(Address)

I further swear that _____
(Student)

and _____ are currently residing with me
(Parent/ Guardian)

at this address and on a _____**temporary** _____**permanent basis.**

Reason for current housing arrangement: _____

I have initialed here ____ to acknowledge that I will notify the School Counseling Office immediately when this student no longer resides at this Black Horse Pike Regional School District address.

I have read this Affidavit of Residency that I have completed, and it is true and correct. I understand that I can be held legally responsible for any violation of NJSA 18A:38-1.c as a disorderly person for fraudulently allowing the use of my residence for the purpose of receiving a free education in this district. I also understand that I may be charged tuition for the number of days attended under a fraudulent affidavit.

IMPORTANT NOTICE: Eligibility for enrollment is based upon the information provided in this Affidavit. Parents and guardians have a continuing obligation to immediately notify the District of any change in domicile, residency, or living arrangements that may affect a student's eligibility to attend the District's schools. The District reserves the right to verify residency and conduct residency investigations at any time. Any materially false statement or omission, or failure to disclose a change affecting eligibility, may result in removal from the District, assessment of tuition, referral for criminal prosecution, and any other remedies authorized by law.

_____ _____

Resident Owner/ Renter Signature Parent/ Guardian Signature

Sworn to and subscribed before me this

____ day of _____,20___

_____

Notary Public

For District Use Only:

☐ Consideration for Homelessness

NEW JERSEY STATE INTERSCHOLASTIC ATHLETIC ASSOCIATION

1161 Route 130 North, Robbinsville, NJ 08691-1104

STUDENT-ATHLETE RESIDENCY AFFIDAVIT

Print Student's Full Name	School	Date

I, _____, of full age, being duly sworn to law, upon my oath depose and say:

1. I am the parent/legal guardian of the above listed student. (circle)
2. I currently reside at: _____

   I have resided at the above address since: _____
3. The above-named student moved with me at my new address on: _____
4. Prior to moving to the new residence address listed above, I resided at the following address:

   _____
5. Prior to moving to the new address listed in #2 above, the student resided at the following address:

   _____

   with named parent/legal guardian _____
6. I hereby authorize the New Jersey State Interscholastic Athletic Association ("NJSIAA") to investigate and confirm any and all Statements made by me in this affidavit. I agree to provide any additional information that may be requested by the NJSIAA.
7. I will notify the present school immediately, in writing, if any of the conditions recited herein are changed.
8. This residence may not be associated with, leased, or provided by anyone associated with the school or acting at the direction of the school, including but not limited to administration, staff, coaches, students, parents, booster clubs, or any organization having a connection with the school.

I hereby certify that the forgoing statements are true, and I am aware that if any of the foregoing statements are willfully false, I am subject to punishment.

Parent/Guardian Signature	Print Parent/Guardian Full Name

STATE OF NEW JERSEY, COUNTY OF _____. The above-named affiant appeared before me, a notary public of the State of New Jersey, on the _____ day of _____, 20_____ and I made known to him/her the contents of the above affidavit which was then sworn and subscribed to by said affiant before me on this date.

Notary Public: _____

Copies of this Affidavit must be sent to the New Jersey State Interscholastic Athletic Association upon request

EC Approved 4/1/20

NEW JERSEY STATE INTERSCHOLASTIC ATHLETIC ASSOCIATION
1161 Route 130 North, Robbinsville, NJ 08691-1104
Phone 609-259-2776 ~ Fax 609-259-3047

The new transfer rule, as amended, would read as follows:

Article V – Eligibility of Athletes

K. Transfers – After his/her initial enrollment in a secondary school, as provided for in Article V, Section 4.G (2) of the Bylaws, a student-athlete is subject to the following transfer rules:

1. A student-athlete who transfers from one secondary school to another because of a bona fide change of residence by his/her parents or guardians, or through assignment by the Board of Education, becomes eligible to represent his/her new school immediately upon entrance unless recruitment or transfer for athletic advantage is alleged and provided all other eligibility regulations are satisfied.

Both the former and new school must complete a transfer form affirmatively stating that the transfer is a bona fide change of residence and that there was no athletic recruitment or a transfer for athletic advantage.

A bona fide change of residence takes place when:

a. The parent/guardian moves with the student from one public high school district to another public high school district;
b. The parent/guardian completes an affidavit or certification with proof of the new residence;
c. The change of residence must have occurred on or before the following dates: July 1, to be immediately eligible to participate during the Fall sports season; October 1, to be immediately eligible to participate in the Winter sports season; and February 1, to be immediately eligible to participate in the Spring sports season; and
d. The new residence may not be associated with, leased, or provided by anyone associated with the school or acting at the direction of the school, including but not limited to administration, staff, coaches, students, parents, booster clubs, or any organization having a connection with the school.

The form of the affidavit or certification shall be approved annually by the Executive Committee. The affidavit or certification must be filed with the new school and be available to the NJSIAA upon request. Any school official with actual knowledge that the affidavit or certification is false may be subject to punishment as set forth in Article X

The affidavit or certification must be accompanied by proof of the new residence. Such proof shall include at least two of the following: (i) a New Jersey driver's license or non-driver's identification showing change of address; (ii) mortgage or lease documents; (iii) utility bills; (iv) voter registration; (v) bank statement; (vi) homeowner's insurance or renter's insurance; or (vii) any business record or document issued by a governmental entity.

The term "guardian" refers to that person who has control over the person and property of a child as established by the order of a court of competent jurisdiction. A student who becomes emancipated shall be deemed not to have made a bona fide change of residence.

Note: To provide ample notice to schools and families, the July 1 deadline for a bona fide change of residence set forth in paragraph c. above shall not be applicable in 2019. All other requirements will take effect 20 days after approval, unless determined otherwise by the Commissioner of Education.

Note: If you would like to review the 2018-19 version please refer to page 51 of last year's bylaws.

Black Horse Pike Regional School District
Department of Special Services
580 Erial Road
Blackwood, New Jersey 08012
856-227-4106

Special Education Medicaid Initiative (SEMI) Parental Consent Form

Our school district is participating in the Special Education Medicaid Initiative (SEMI) program that allows school districts to bill Medicaid for services that are provided to students.
In accordance with the Family Educational Rights and Privacy Act,34 CFR §99.30 and Section 617 of the IDEA Part B, consent requirements in 34 CFR §300.622 require a one-time consent before accessing public benefits.

This consent establishes that your child's personally identifiable information, such as student records or information about services provided to your child including evaluations, and services as specified in my child's Individualized Education Program (IEP) (occupational therapy, physical therapy, speech therapy, psychological counseling, audiology, nursing and specialized transportation) may be disclosed to Medicaid and the Department of the Treasury for the purpose of receiving Medicaid reimbursement at the school district.

As parent/guardian of the child named below, I give permission to disclose information as described above and I understand and agree that Medicaid may access my child's or my public benefits or public insurance to pay for special education or related services under Part 300 (services under the IDEA). I understand that the school district is still required to provide services to my child pursuant to his or her IEP, regardless of my Medicaid eligibility status or willingness to consent for SEMI billing I understand that billing for these services by the district does not impact my ability to access these services for my child outside of the school setting, nor will any cost be incurred by my family including co-pays, deductibles, loss of eligibility or impact on lifetime benefits.

Child's Name: _____

Child's Date of Birth: _____

Parent: _____ Date: ____/_____/_____

I give consent to bill for SEMI: ❑ Yes ❑ No

This consent can be revoked at any time by contacting your child's Case Manager, or the administrator at your child's school, in writing.

Please return this form to:
Highland Regional High School
Registrar
450 Erial Road
Blackwood, NJ 08012

BLACK HORSE PIKE REGIONAL SCHOOL DISTRICT
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Assistant Superintendent

Home Language Survey

Student's Name _____ **Date:** _____

What was the first language used by the student?

- English
- Other: _____

At home, does this student hear or use a language other than English more than half of the time?

- Yes _____
- No _____

Does the student understand a language other than English?

_____

When interacting with his/her parents or guardians, does this student use a language other than English more than half of the time?

- Yes _____
- No _____

When interacting with caregivers other than their parents or guardians, does this student use a language other than English more than half of the time?

- Yes _____
- No _____

Has this student recently moved from another school district where he/she were identified as an English language learner?

List student's home language:

_____

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