EAST BRUNSWICK PUBLIC SCHOOLS

Please use the checklist below to ensure all necessary documents are submitted 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.

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 time of registration)**

_____ **NJ Transfer Card for students transferring from another NJ public school**

_____ **Current/previous school report cards** ***(at least past 2 years)***

_____ **For grades 9-12 a copy of unofficial transcript**

_____ **IEP/504 Plan** if applicable

_____ **Custody Documentation** if applicable

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

- **Registration Data Form**
  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)
- **Record Release Letter** (returned to District Registration Office with registration paperwork. Parent/Guardian should NOT send to previous school.)
- **Device Coverage Form**

EAST BRUNSWICK PUBLIC SCHOOLS
REGISTRATION DATA SHEET

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 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☐

GUARDIAN 1 – Parent/Legal Guardian with whom student resides

Please Circle: Parent or Legal Guardian

(Ms.) (Mrs.) (Mr.) (Dr.)

Last Name: _____

First Name: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Parent E-mail: _____

Home Phone #: ( ) _____

Cell Phone #: ( ) _____

Business #: ( ) _____

GUARDIAN 2 – Other Parent/Legal Guardian

Please Circle: Parent or Legal Guardian

(Ms.) (Mrs.) (Mr.) (Dr.)

Last Name: _____

First Name: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Parent E-mail: _____

Home Phone #: ( ) _____

Cell Phone #: ( ) _____

Business #: ( ) _____

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. Normal	Abnormal	Specify and Recommend
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 1st birthday)					
Mumps (on or after 1st birthday)					
Rubella (on or after 1st birthday)					
Hib					
Hepatitis B (min spacing intervals)					
Varicella (on or after 1st birthday)					
Meningococcal (Grade 6)(after 10th 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: _____

_____

_____

_____

East Brunswick Public Schools

Release of Records Form

Previous School Contact Name: _____ Address: _____ City, State, Zip: _____	*(office use)*

Date: _____

To Whom It May Concern:

_____has registered to attend _____ grade in our district.
(name of student)

In order to ensure that effective instruction begins as quicky as possible, we ask that you please forward the following information *(if applicable)* to the East Brunswick Public School named above. Any other pertinent data that you are able to send will be greatly appreciated.

Thank you in advance for your cooperation.

Report Cards *(2 previous years)*/Transcripts	Health & Immunization Records
Attendance Records/Standardized Test Results	State Immunization Card *(A-45)*
Language Testing Results	Student Transfer Card
Special Education Records *(IEPs, reports, etc.)*	NJ State ID#
504 Accommodation Plan	Discipline Records

Sincerely,

Sonu Patti

District Registration
mpatti@ebnet.org
(732) 613-6980

_____

(Parent/Guardian Print Name) **(Parent/Guardian Signature)** **(Date)**

East Brunswick Public Schools

Student Technology Device Coverage Plan

Student Name: _____

☐ I have reviewed the terms and conditions of the Student Technology Device Coverage Plan presented above and I elect to **decline coverage** for the District device assigned to my child. In the event that, the District device issued to my child sustains any damage, I understand that a charge will be assessed in accordance with the above fee schedule. I further understand that, as the parent/guardian, I am responsible to promptly pay any such charge. Lastly, I understand that I will not have another opportunity to purchase Student Technology Device Coverage Plan this school year.

Parent/Guardian Signature: _____ Date: _____

☐ I have reviewed, understand, and agree to the terms and conditions of the Student Technology Device Coverage Plan presented above, and I elect to **purchase coverage** for the District device assigned to my child. I understand that, as the parent/guardian, I am responsible to promptly pay the coverage fee.

Parent/Guardian Signature: _____ Date: _____

I authorize East Brunswick Public Schools to charge the credit card indicated below for $75.00 (plus credit card processing fee of 3.09%) for the Student Technology Device Coverage Plan for the remainder of the 2026-2027 school year.

☐ Visa ☐ Mastercard ☐ Discover

Name on the Credit/Debit Card: _____

Billing Address: _____

Phone Number: _____

Credit Card Number: _____

Expiration Date: _____ CCV Code (security code located on back of card): _____

Signature: _____ Date: _____

Note: If you complete a free/reduced lunch application within 14 calendar days of your child's enrollment and are deemed eligible; and you elect and pay for coverage, a portion of the fee will be refunded based on the applicable lunch status. If you complete a free/reduced lunch application beyond the 14 calendar days and qualify, a portion of the fee will NOT be refunded.

For Office Use Only:

Student ID#: _____ School: _____

East Brunswick Public Schools
Student Technology Device Coverage Plan

A $75.00 annual fee per student provides coverage for one device through August 31, 2027.

This program is intended to provide families with optional financial protection against certain accidental damage or loss involving district-issued student technology devices.

Charges assessed under this program are intended solely for reimbursement of repair or replacement costs associated with district property and are not disciplinary fines or penalties.

COVERAGE APPLIES TO
Broken hinges
Camera failure
Charger failure
Cracks or damages to the device screen
Damage due to liquid spills that are repairable
Device damage cannot be repaired (a deductible payment of $25.00 applies to Chromebooks and $50.00 applies to laptops) – limited to (1) one device replacement per year; any subsequent device replacements will not be covered and the replacement cost as noted in the "Fees For Devices Not Covered" will be assessed.
Disk failure
Electrical or mechanical breakdown
Faulty battery or loose port
Keyboard replacement
LCD failure
Loaner devices
Memory failure
Physical damage to device chassis
Stolen device (coverage applies upon providing a police report of the theft and is limited to one instance per student)
Stylus failure

COVERAGE DOES NOT APPLY TO
Defacing the device
Intentional damage or vandalism
Lost charger
Lost device
Lost stylus
Unauthorized repairs or modifications

East Brunswick Public Schools
Student Technology Device Coverage Plan

Use of the device in violation of:

- Board Policy and Regulation No. 2361 – Acceptable Use of Computer Networks/Computers & Resources
- Board Policy No. 7523 – School District Provided Technology Devices to Students

ADDITIONAL CONDITIONS
Open enrollment for the 2026-2027 school year is through September 18, 2026.
Parents must accept and purchase coverage. Parents who do not reply to the enrollment opportunity shall be deemed to decline coverage.
Parents of new students must accept or decline coverage at the time of registration.
Families qualifying for free or reduced-price meals are eligible for a discounted fee.
Coverage becomes effective upon payment of the coverage fee.
Coverage fees shall not be prorated or refunded.
Families shall not be responsible for ordinary wear and tear, manufacturer defects, battery degradation due to normal use, or failures determined by the District that result from normal educational use.
Coverage is valid through August 31 following the end of the school year. For students who cease to be enrolled in the East Brunswick Public School District, coverage expires on the last day of enrollment.
The District's Information Technology Department shall make all repair and replacement determinations.
Parents shall not allow a device to be repaired by any party other than the District's Information Technology Department. Any attempted repair by other party shall result in the device being deemed irreparable.

Device Damage Review Process

Initial Assessment

When a damaged device is submitted:

1. The District shall document the condition of the device at intake, including:
    a. visible damage,
    b. serial number verification,
    c. intake photographs where appropriate,
    d. technician notes.
2. Following inspection, the District shall provide the parent/guardian with:
    a. an itemized repair assessment,
    b. photographs or supporting documentation where applicable.

East Brunswick Public Schools
Student Technology Device Coverage Plan
Appeal Process

Informal Review

Parents/guardians may dispute a damage assessment by responding to the email ticket within five (5) business days of notification.

The District shall review:

- repair documentation,
- photographs,
- technician notes,
- any documentation submitted by the family.

Administrative Review

If the parent/guardian disagrees with the informal review, a secondary review may be requested within five (5) business days through the Chief Information Officer Office by request through the email ticket.

Administrative review shall not be conducted solely by the staff member who issued the original assessment.

The District shall issue a written response following review.

Pending Disputes

No extracurricular activity restriction, field trip restriction, prom restriction, or similar participation limitation shall be imposed while a timely filed device charge dispute remains under review.

Fees for Devices Not Covered

The fee schedule below represents standardized reimbursement charges approved annually by the Board of Education based upon estimated average parts, labor, shipping, handling, and administrative processing expenses incurred by the District across multiple district-issued device models.

These standardized reimbursement charges are intended to provide consistency and administrative efficiency in the assessment of device repair and replacement costs.

Reimbursement charges assessed pursuant to this schedule shall not exceed the District's actual repair or replacement cost for the applicable category of damage or device replacement.

Fees are reviewed periodically by the District and may be revised upon Board approval.

East Brunswick Public Schools
Student Technology Device Coverage Plan

FEES FOR DEVICES NOT COVERED *Fees are as of June 2026 and include labor costs.*		
	Chromebook	Laptop
Bezel	$32.00	N/A
Bottom cover	$33.00	$41.00
Broken hinge (cost per hinge)	$46.00	$61.00
Charger replacement	$25.00	$31.00
Cracked LCD display	$39.00	$228.00
Damaged camera	$27.00	$44.00
Full device replacement	$334.00	N/A
Full device replacement with stylus	N/A	$530.00
Full device replacement without stylus	N/A	$335.00
Keyboard replacement	$89.00	$55.00
LCD Cable replacement	$46.00	$53.00
Palm rest replacement	$71.00	$69.00
Pen charger replacement	N/A	$32.00
Sticker removal	$25.00	$25.00
Stylus replacement	N/A	$55.00
Top cover	$41.00	$43.00
Touchpad	$50.00	$46.00
Water damaged device	$334.00	N/A
Water damaged device with stylus	N/A	$530.00
Water damaged device without stylus	N/A	$335.00
WIFI Antennae	$26.00	$25.00

20260618