



Toms River Regional Schools REGISTRATION REQUIREMENTS

ONLY THE NATURAL PARENT OR GUARDIAN MAY REGISTER A STUDENT! PHOTO ID IS REQUIRED!

I. Proof of Residency (necessary before beginning any registration);

- A.** Two (2) **Proofs of Residency** must be presented indicating the student lives in the sending district. Acceptable examples of proof are:
1. Tax bill, Deed, Contract of Sale, Closing or Mortgage Statement; or Lease/Rental receipt with address of property; and
 2. Utility bill or Digital Driver's License (Acceptable as second proof only!)
- B.** In the event the student and parent are residing with a third party, the third party must prove residency as listed above. A "Third Party Residency Form" must be completed and notarized by both the third party and the parent/guardian before the student will be registered. In addition, one proof of residency for the registering party is required. (Any monthly mailing, i.e. cell phone bill, bank statement and/or digital driver's license.)
- C.** In the event the student is not residing with the parent/guardian, or does not have a court order indicating placement, then the registering party must apply for an Affidavit of Guardianship/Residency agreement.

II. Health Records (Immunizations) Proof of Physical within 365 days for out-of-state; Entry Physical if in-state.

III. Original Birth Certificate *with raised seal* (Bureau of Vital Statistics)

IV. Transfer Card/Withdrawal Information from Previous School

V. Standardized Test Scores (Iowa, CAT, Terra Nova, HSPA)

VI. Latest Report Card

Any student requiring babysitting services/child care facilities must provide:

- A.** A letter from the parent requesting permission for the child to attend the school located in the child care provider's sending district, based on the fact that they are utilizing that service. The letter must also indicate the child's full name and grade as well as the child's home school, based on their actual residence.
- B.** A letter from the babysitter stating they will be caring for the child, in addition to one proof of residency for the babysitter.

Approvals will only be valid for the current school year. You must reapply for every subsequent year the services are needed. Certain criteria must be met in order to provide bus transportation. A Babysitter Alternate Transportation Procedure form will need to be completed.

Provisional registration approvals will grant a party 30 days to provide missing information after first proof of residency is provided. Failure to comply may result in exclusion from school until proper documentation is provided.



TOMS RIVER REGIONAL SCHOOLS

STUDENT REGISTRATION FORM

Student Information: Please print/fill in all information for each student registering.

Student Name (First, Middle, Last):

Date of Birth: Gender: Male Female Grade Placement:

Ethnicity: White Black Hispanic American Indian/Alaskan Asian Hawaiian native/other Pacific Islander

Birth City: Birth State: Birth Country:

Citizen: Yes No Language Spoken in Home:

Student Residential Address Information:

Home Address: Apartment/Unit #:

City/Zip Code:

Municipality: Toms River Beachwood Pine Beach South Toms River Third Party Residence? Yes No

Student Resides With/Head of Household:

Both Parents Mother * Father * Guardian*

* Do you have legal custody of the above-named child? Yes No If yes, Sole Custody Joint Custody

Restricted Release - If there are any problems relating to custody and releasing your child, please be aware that the school must have a copy of the legal documents in our files.

Parent/Guardian #1: Mother Father Step-Mother Step-Father Guardian

Home Phone: Cell Phone: Business Phone:

Marital Status: Occupation:

Parent/Guardian #2: Mother Father Step-Mother Step-Father Guardian

Home Phone: Cell Phone: Business Phone:

Marital Status: Occupation:

Central Registration Office Use Only!

School to Attend: BCH CG JAC ED HAE ND PB SB STRE WAL WAS WD IE IN IS HSE HSN HSS Session: KA KP KG

Year of Graduation:

Affidavit of Guardianship attached Letter of Request/Approval Attached: Yes No

Entry Code: Previous School Code: Enrollment Date:

Student ID# SID# Family Code:

Registration Date: Registrar:

Emergency Contact Information:

Name: Phone: Relationship to student:

Name: Phone: Relationship to student:

If dual notification of Progress Reports and Report Cards are needed, please complete below: (Used for joint custody only!)

Name: Relationship to student:

Mailing Address:
 Contact Phone:

Sibling Information: Please list ALL children in the family from oldest to youngest. If additional room is needed, please list on back of page.

Name: <input type="text"/>	<input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth: <input type="text"/>
Does sibling attend school in Toms River?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Which school? <input type="text"/>

Name: <input type="text"/>	<input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth: <input type="text"/>
Does sibling attend school in Toms River?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Which school? <input type="text"/>

Name: <input type="text"/>	<input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth: <input type="text"/>
Does sibling attend school in Toms River?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Which school? <input type="text"/>

Name: <input type="text"/>	<input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth: <input type="text"/>
Does sibling attend school in Toms River?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Which school? <input type="text"/>

District Curricular Information:

Was the student previously enrolled in Toms River Schools? Yes No If so, which school?

Last school attended:

My child was receiving the following assistance in his/her previous school:

- Special Education Speech Therapy Basic Skills 504 Plan
 ESL/Bilingual Education Gifted & Talented Free or Reduced Lunch

Parent/Guardian Signature: Date:

Toms River Regional Schools



Central Registration Office
54 Washington St., Toms River, NJ 08753
(732) 505 - 2600 • Fax: (732) 341-2105
Email: centralregistration@trschoools.com

AUTHORIZATION FOR RELEASE OF CUMULATIVE RECORDS

In accordance with the "Family Educational Rights and Privacy Act of 1974" (PL 93-380), I authorize the release of my child's records from your school. Such request for disclosure is for the purpose of enrollment and shall include the following:

Cumulative Records To Include:

- Scholastic Records
- Standardized Test Scores
- Immunizations and Health Records
- Grades averaged from date of latest report card to date of withdrawal from your school

Confidential Records to Include:

- All Special Education components which include psychological, sociological, educational, and medical/audiovisual evaluations.
- Up-to-date individualized educational program (IEP) with handicapping condition specified.

Name of Student: _____

Grade Enrolling Into: _____

From: List information of **last** school attended:

Name of School: _____

Address: _____

School Phone #: _____

School Fax #: _____

Signature of Parent/Guardian

Date

For office use only:

The above student has been enrolled with the Toms River Regional Schools.

Please forward school records to:

HEALTH OFFICE/ NEW ENTRANT QUESTIONNAIRE
Intermediate/High School

Student's Name _____ ID# _____

D.O.B. _____ Age _____ Sex _____ Grade _____

Current Address: _____

Phone Number: _____

Father's Name: _____ Mother's Name: _____

Previous School Attended:

Name: _____

Address: _____

Phone Number: _____ Fax Number: _____

Does your child have any health problems (Diabetes, Epilepsy, Asthma, Bee Sting Allergy, Peanut or Food Allergy, or any physical limitations)? Yes ____ No ____

If Yes, please explain _____

Is your child taking medications? Yes ____ No ____

If Yes, please list medications _____

Parent Signature: _____ Date: _____

COMPLETE TOP PART ONLY

Please print:

Student's Name: _____ Sex ____ DOB _____ School: _____

Address: _____ Grade/Homeroom: _____

Home Phone: _____

<u>Strep Test Date</u>	<u>(Result + or -)</u>	<u>Rx (Y or N)</u>	<u>Urine Date</u>	<u>Result</u>	<u>Strep Type</u>
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(#155)

PERMISSION SLIP

Dear Parent/Guardian:

Streptococcal infections of the throat can be followed by RHEUMATIC FEVER which is one of the important causes of heart disease in children. Rheumatic Fever may be preventable if one is treated for a strep infection.

The diagnosis of a strep throat is most reliably made with a throat culture. In the Toms River School District a quick strep antibody test is done as a free service.

Your child may have this test done in the nurse's office if he/she complains of a red, sore throat.

To help protect your child's heart, please sign below if you wish to have your child tested in school.

The school nurse has my permission to obtain a rapid strep test on my child as part of the Strep Disease Control Program of his/her school, as long as he/she is enrolled in this school system.

Has this child ever had Rhematic Fever? Yes ____ No ____

Please note that your child should still be seen by the pediatrician if symptoms persist even if the result of the strep test is negative.

Signature: _____

Date: _____

Revised: 12/96