



# 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](mailto: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: **THIS FORM IS NOT VALID IF NOT SENT FROM TRSCHOOLS!**

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

Please forward school records to:

**TOMS RIVER REGIONAL SCHOOL DISTRICT  
CENTRAL REGISTRATION OFFICE**

54 Washington Street, Toms River, N.J. 08753  
Telephone: 732-505-2600 Fax: 732-341-2105 Email: [centralregistration@trschoools.com](mailto:centralregistration@trschoools.com)

David M. Healy  
Superintendent of Schools

John H. Green  
District Supervisor of Student Services, H.S. Level

**APPLICATION FOR REGISTRATION – PROOF OF RESIDENCY CHECKLIST**

This document is required for all student registrations and address changes. This checklist provides a list of required documents accepted by the School District as proof of residency.

I, \_\_\_\_\_, am providing the attached **four (4) documents** as detailed below for  
(Resident name – please print)

verification of my residency in the communities of Beachwood, Pine Beach, South Toms River or Toms River, New Jersey.

**ONE (1) DOCUMENT**

from the items listed here:

- |   |   |
|---|---|
| <input type="checkbox"/> Property Tax Bill  | <input type="checkbox"/> Contract of Sale or Settlement Statement |
| <input type="checkbox"/> Deed   | <input type="checkbox"/> Lease signed by Landlord                 |
| <input type="checkbox"/> Mortgage   | <input type="checkbox"/> Notarized Signed letter from Landlord    |
| <input type="checkbox"/> Other evidence of property ownership, tenancy or residency (subject to approval) |   |

**AND THREE (3) DOCUMENTS** from the items listed below, two (2) of which must have been issued within the past 45 days:

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Utility Bills w/service address | <input type="checkbox"/> Employment Documents   | <input type="checkbox"/> Permits              |
| <input type="checkbox"/> Financial Account Information   | <input type="checkbox"/> Unemployment Documents   | <input type="checkbox"/> Medical Billing      |
| <input type="checkbox"/> Licenses                        | <input type="checkbox"/> Car Insurance Billing  | <input type="checkbox"/> Vehicle Registration |
| <input type="checkbox"/> Benefits Statement              | <input type="checkbox"/> Delivery Receipts  | <input type="checkbox"/> Voter's Registration |
| <input type="checkbox"/> State Agency/Court Orders       | <input type="checkbox"/> Documents pertaining to military status & assignment                   |   |
| <input type="checkbox"/> Other monthly billing           | <input type="checkbox"/> Other evidence of established residency _____<br>(Subject to approval) |   |

- Questionable residency documentation may require a residency investigation and/or determination of ineligibility to attend.
- Transfer forms from the previous district are required to schedule students who are moving from another district. Additionally, parents must provide proof of the child's age with an original birth certificate (with a raised seal), up to date health records and a photo I.D. (i.e. Driver License) of the registering parent or legal guardian.
- It is the parent's responsibility to provide Settlement Agreements and/or Court Orders regarding parental rights/limitations due to divorce or separation. I have attached documentation to this form that has been signed by a Judge regarding unique circumstances concerning the legal guardianship/custody of my child. Please check the appropriate box:  
Yes      No
- I am aware that I am guilty of a Disorderly Persons Offense according to N.J.A.C. 6A:22, specifically N.J.S.A. 18A:38-1(c), if I fraudulently allow my student to be registered to this address for school admission purposes, which is punishable under the New Jersey Criminal Code.

Resident Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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Superintendent of Schools

John H. Green  
District Director of Student Services, H.S. Level

**APPLICATION FOR ADMISSION OF AFFIDAVIT STUDENT  
PURSUANT TO N.J.S.A. 18a:38-1(B)(1)  
STATE OF NEW JERSEY: COUNTY OF OCEAN  
ss. AFFIDAVIT OF RESIDENT CUSTODIAN(S)**

This additional document is required by a town resident who is hosting a student.

\_\_\_\_\_  
(Print name(s) of resident(s))

of full age, being duly sworn according to law upon their oath depose and say:

1. I/we have made application to register: \_\_\_\_\_  
(Print name(s) of student(s))  
as a student(s) in the Toms River Regional School District on: \_\_\_\_\_  
(Date of application)

2. The parent or legal guardian of the above student(s) are: \_\_\_\_\_ and \_\_\_\_\_  
(Print name of parent/guardian)  
\_\_\_\_\_, who are not residents of the Toms River Regional School  
(Print name of parent/guardian)  
District. They reside at: \_\_\_\_\_  
(Print full address of parent/guardian)

3. The above named parent or legal guardian(s) are not capable of supporting or providing care for the reasons stated in the Affidavit of Non-Resident Parent(s) which is submitted together with this Affidavit (as per N.J.A.C. 6A:28-2.4(a)(2)(i)(I)).

4. Resident Custodian(s) relationship to the student(s): \_\_\_\_\_

5. Resident Custodian(s) address and phone number(s): \_\_\_\_\_  
\_\_\_\_\_

6. **Resident Custodian(s) must provide four (4) proofs of residency as per the Proof of Residency Checklist.** Please return the checklist and copies of supporting documentation.

7. I/we are supporting the child(ren) gratis, and will assume all personal obligations for the child(ren) relative to school requirements and intend so to keep and support the child(ren) gratuitously for a longer time than merely through the school term.

8. I/we are legally responsible for the above named child(ren) as demonstrated by the attached documentation:

\_\_\_\_\_  
(Indicate document of legal responsibility above and attach document, i.e., notarized hardship letter, court order, etc.)

9. I/we agree to provide the Toms River Regional School District Board of Education with new Affidavits in each year during which I/we continue to apply for non-resident admission to this District for the above named child(ren).

10. I/we certify that the foregoing statements made are true. I/we acknowledge that if any of the forgoing statements made are willingly false, I/we will be financially responsible for tuition assessed at the current rate for all days found to be ineligible.

\_\_\_\_\_  
(Signature(s) of resident(s))

Sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

\_\_\_\_\_  
(Notary Signature/Date/Seal)

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STATE OF NEW JERSEY: COUNTY OF OCEAN  
ss. AFFIDAVIT OF NON-RESIDENT PARENT(S)

This additional document is required by any parent authorizing their child to reside with a town resident.

\_\_\_\_\_  
(Print name of parent(s)/guardian(s))

of full age, being duly sworn according to law upon their oath depose and say:

1. I/we are the parent(s)/legal guardian(s) of: \_\_\_\_\_  
(Print name(s) of student(s))  
who has made application for resignation in the Toms River Regional School District on: \_\_\_\_\_  
(Date of application)

2. I/we reside at: \_\_\_\_\_  
(Print full address)  
A clear copy of my/our photo ID is attached indicating my/our current address as stated above.

3. I/we are not capable of supporting or providing care for the child(ren) due to a family or economic hardship. **A notarized letter of explanation detailing the financial or family hardship is attached.**

4. The above named children reside with: \_\_\_\_\_  
(Print name(s) of resident custodian(s))

who are residents of Beachwood, Pine Beach, South Toms River or Toms River.

5. Resident Custodian(s) address and phone number(s): \_\_\_\_\_  
\_\_\_\_\_

6. Resident Custodian(s) relationship to the student(s): \_\_\_\_\_

7. The above named Resident Custodian(s) have submitted a notarized Affidavit (as per N.J.A.C. 6A:28-2.4(a)(2)(i)(1) evidencing that they are supporting the child(ren) gratis, and will assume all personal obligations for the child(ren) relative to school requirements and intend so to keep and support the child(ren) gratuitously for a longer time than merely through the school term, and providing written proof of then residency in the District.

8. The above named child(ren) are not residing in the District solely for the purpose of receiving a free public education within the District.

9. I/we hereby authorize the above named residents of the Toms River Regional School District to enter into agreements, sign documents and make all necessary education related decisions on behalf of the students named herein.

10. I/we agree to provide the Toms River Regional School District with new Affidavits each year during with the child(ren) herein continue to apply for non-resident admission to the District.

11. I/we certify that the foregoing statements made are true. I acknowledge that if any of the foregoing statements made are willfully false, I/we will be financially responsible for tuition assessed at the current rate for all days found to be ineligible.

\_\_\_\_\_  
(Signature(s) of parent(s)/guardian(s))

Sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

\_\_\_\_\_  
(Notary Signature/Date/Seal)



# TOMS RIVER REGIONAL SCHOOLS

## STUDENT REGISTRATION FORM

Anticipated start date for student \_\_\_\_\_

Student Name (as listed on Birth Certificate – First, Middle, Last) \_\_\_\_\_ Gender Male  Female

Date of Birth \_\_\_\_\_ Birth City, State & Country \_\_\_\_\_

Ethnicity (check all that apply) White Black Hispanic Asian Hawaiian/Pacific Islander American Indian/Alaskan

What language is primarily spoken at home? \_\_\_\_\_

Who does student currently live with (check one) Both Parents Mother Father Legal Guardian

Contact information for 1st primary parent/guardian student currently lives with:

Parent \_\_\_\_\_ Relationship to student \_\_\_\_\_

Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Automated call system phone # \_\_\_\_\_ (this # will be used for all School Closings, Attendance Calls and/or Immediate School issues)

Other contact #s for this person: Cell \_\_\_\_\_ Work \_\_\_\_\_ Home \_\_\_\_\_

Parent Portal Email address: \_\_\_\_\_

Additional contact #s for this household (other parent/legal guardian or stepparent only): Name \_\_\_\_\_

Relation to student \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_ Home \_\_\_\_\_

Are there any custody issues? No Yes If yes, do you have legal custody with supporting documents? No Yes

Is there a need for Restricted Release? (court documents must be provided) No Yes

Is there a need for Dual Notification of the other parent? No Yes If yes, please provide the following information:

Do you wish this parent to be contacted if Custodial Parent cannot be reached? No Yes AND/OR

Do you need copies of progress reports and report cards sent to this parent? No Yes If yes, complete the following:

Contact Name \_\_\_\_\_ Relationship to student \_\_\_\_\_

Contact Address \_\_\_\_\_ Phone # \_\_\_\_\_

Has child had (Check all that apply): Child Study Team evaluation/IEP? Speech? Gifted & Talented?

ESL? Basic Skills? 504 Plan? Free/Reduced Lunch?

What school did child last attend? \_\_\_\_\_ City, State \_\_\_\_\_ Grade: \_\_\_\_\_

Has student ever been previously enrolled in or attended Toms River Regional Schools? No Yes

List other siblings in the home who attend Toms River Regional Schools below (please use other side to list additional siblings):

Name \_\_\_\_\_ School attending \_\_\_\_\_ Grade \_\_\_\_\_

Name \_\_\_\_\_ School attending \_\_\_\_\_ Grade \_\_\_\_\_

Name \_\_\_\_\_ School attending \_\_\_\_\_ Grade \_\_\_\_\_

Name \_\_\_\_\_ School attending \_\_\_\_\_ Grade \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

### 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 Home School, if different: \_\_\_\_\_

Babysitting Trans form Letter Request/Approval Enclosed:  Yes  No

Entry Code: \_\_\_\_\_ Previous District: \_\_\_\_\_

Grad Year: \_\_\_\_\_

Grade Level: \_\_\_\_\_

Enroll Date: \_\_\_\_\_

Student ID# \_\_\_\_\_

SID# \_\_\_\_\_

Family Code: \_\_\_\_\_

Registration Date: \_\_\_\_\_ Registrar: \_\_\_\_\_

HEALTH OFFICE/NEW ENTRANT QUESTIONNAIRE

Student's Name \_\_\_\_\_ ID# \_\_\_\_\_ D.O.B. \_\_\_\_\_

Birthplace \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_ Grade \_\_\_\_\_

*Please check the following questions and explain any "Yes" answer on the space provided.*

---

MEDICATIONS:

Does your child take any daily medications? Yes \_\_\_\_\_ No \_\_\_\_\_

If Yes, please list daily medications and doses: \_\_\_\_\_

Will your child require medication given in school? Yes \_\_\_\_\_ No \_\_\_\_\_

---

ALLERGIES: Is your child allergic to any of the following:

Medications: Yes \_\_\_\_\_ No \_\_\_\_\_

If Yes, please list: \_\_\_\_\_

Seasonal Allergies: Yes \_\_\_\_\_ No \_\_\_\_\_

If Yes, please explain: \_\_\_\_\_

Bee Sting/Insect Bites: Yes \_\_\_\_\_ No \_\_\_\_\_

If Yes, list medication needed for allergic reaction: \_\_\_\_\_

Food Allergies: Yes \_\_\_\_\_ No \_\_\_\_\_

If Yes, which foods? \_\_\_\_\_

Type of reaction? \_\_\_\_\_

Type of medication needed for reaction? \_\_\_\_\_

Asthma: Yes \_\_\_\_\_ No \_\_\_\_\_

If Yes, frequency of attacks? \_\_\_\_\_

Known triggers? \_\_\_\_\_

Current daily asthma medications? \_\_\_\_\_

Normal Peak Flow \_\_\_\_\_

---

HEART DISEASE/HEART MURMUR: Yes \_\_\_\_\_ No \_\_\_\_\_

If Yes, are there any limitations in activity? \_\_\_\_\_

***PLEASE NOTE: A doctor's note is required stating there is no limitation of activity to participate in gym, sports or recess.***

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KIDNEY DISEASE: Yes \_\_\_\_\_ No \_\_\_\_\_

If Yes, please list: \_\_\_\_\_

---

DIABETES: Yes \_\_\_\_\_ No \_\_\_\_\_ If Yes, we will discuss and formulate careplan for the school year.

---

SEIZURES: Yes \_\_\_\_\_ No \_\_\_\_\_ If current seizure disorder, we will meet to formulate careplan for the school year.

Medications/Limitations: \_\_\_\_\_

Date of last seizure: \_\_\_\_\_ Type of seizure: \_\_\_\_\_

---

LYME DISEASE: Yes \_\_\_\_ No \_\_\_\_

If Yes, date of diagnosis: \_\_\_\_\_ Current medications/limitations? \_\_\_\_\_

GLASSES: Yes \_\_\_\_ No \_\_\_\_ CONTACT LENS: Yes \_\_\_\_ No \_\_\_\_

If Yes, when are they to be worn? \_\_\_\_\_

HEARING DIFFICULTIES: Yes \_\_\_\_ No \_\_\_\_

If Yes, we please explain: \_\_\_\_\_

FREQUENT EAR INFECTIONS: Yes \_\_\_\_ No \_\_\_\_

If Yes, approximately how many infections and what age(s)? \_\_\_\_\_

FREQUENT STREP INFECTIONS: Yes \_\_\_\_ No \_\_\_\_

History of any of the following?

HEAD INJURIES: Yes \_\_\_\_ No \_\_\_\_ HOSPITALIZATIONS: Yes \_\_\_\_ No \_\_\_\_  
BROKEN BONES: Yes \_\_\_\_ No \_\_\_\_ SURGERIES: Yes \_\_\_\_ No \_\_\_\_

If you answered Yes to any of the above, please give dates and explain: \_\_\_\_\_

Please list any other disabilities, limitations, or health concerns: \_\_\_\_\_

Previous School Attended: \_\_\_\_\_ Phone: \_\_\_\_\_

City, State \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Does this child have any health insurance including NJ FamilyCare/Medicaid, Medicare, private or other?

Yes \_\_\_\_ If yes, name of insurance company \_\_\_\_\_

No \_\_\_\_ NJ FamilyCare provides free or low cost health insurance for uninsured children and certain low income parents.  
For more information, call 800-701-0710 or visit [www.njfamilycare.org](http://www.njfamilycare.org) to apply online.

***You may release my name and address to the NJ FamilyCare Program to contact me about health insurance.***

Signature: \_\_\_\_\_ Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

*Written consent required pursuant to 20 U.S.C. § 1232g (b)(1) and 34 C.F.R. 99.30 (b)*

**TOMS RIVER REGIONAL SCHOOLS  
NEW STUDENT PHYSICAL EXAMINATION  
Report of Private Physician/Advanced Practice Nurse**

STUDENT: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

GRADE/CLASS: \_\_\_\_\_ SCHOOL: \_\_\_\_\_ DATE OF ENTRY: \_\_\_\_\_

ALLERGIES: \_\_\_\_\_

HEIGHT: \_\_\_\_\_ WEIGHT: \_\_\_\_\_ BLOOD PRESSURE: \_\_\_\_\_

EYES: \_\_\_\_\_ TEETH/MOUTH: \_\_\_\_\_ ORTHOPEDIC -

VISION: (R) \_\_\_\_\_ THYROID: \_\_\_\_\_ SCOLIOSIS: \_\_\_\_\_

(L) \_\_\_\_\_ LYMPH GLANDS: \_\_\_\_\_ STRUCTURAL: \_\_\_\_\_

CORRECTED: \_\_\_\_\_ HEART: \_\_\_\_\_ POSTURE: \_\_\_\_\_

EARS: \_\_\_\_\_ LUNGS: \_\_\_\_\_ FEET: \_\_\_\_\_

HEARING: \_\_\_\_\_ ABDOMEN: \_\_\_\_\_ NERVOUS SYSTEM: \_\_\_\_\_

NOSE: \_\_\_\_\_ GENITO-URINARY: \_\_\_\_\_ NUTRITION: \_\_\_\_\_

THROAT: \_\_\_\_\_ SPEECH: \_\_\_\_\_ OTHER: \_\_\_\_\_

COMMENTS: \_\_\_\_\_

MANTOUX: within the last 6 months \_\_\_ required \_\_\_ not required \_\_\_\_\_  
Date Date

PLEASE PROVIDE EXACT DATES OF IMMUNIZATIONS:

DPT: \_\_\_\_\_  
(DtaP)

POLIO: \_\_\_\_\_  
(OPV or IPV)

MMR: \_\_\_\_\_

HEPATITIS B: \_\_\_\_\_

VARICELLA VACCINE: \_\_\_\_\_ OR DISEASE DATE: \_\_\_\_\_

*I have examined this child and find him/her physically fit to participate in all school activities.*

\_\_\_\_\_  
SIGNATURE OF PHYSICIAN/APN  
(NO STAMPS OR COUNTER-SIGNATURES)

\_\_\_\_\_  
Date of Examination

\_\_\_\_\_  
NAME OF PHYSICIAN/APN (please print)

\_\_\_\_\_  
Telephone Number

THIS FORM MUST BE COMPLETED AND RETURNED TO THE SCHOOL NURSE BEFORE: \_\_\_\_\_

PHYSICIAN STAMP:





# TOMS RIVER REGIONAL SCHOOLS

1144 Hooper Avenue, Toms River, NJ 08753

732-505-5000

## IMMUNIZATION REQUIREMENTS

Dear Parent/Guardian:

At the time of registration, please submit proof of the following information to the Health Office.

1. **Physical Examination Record:** A physical must be provided to your child's school prior to starting school. You are encouraged to go to your "**medical home**" (private MD) to complete the physical.
2. **Immunization Record** consisting of dates of Primary Series and booster doses. **N.J.S.S.C. Chapter 14** requires that immunizations must be complete and up-to-date, otherwise, the student may be excluded from school.

### **DPT: Diphtheria and Tetanus Toxoids and Pertussis (DTP) Vaccine**

- a. **FOUR (4)** doses for children less than 7 years of age. One does must have been administered on or after the fourth birthday....Or any 5 doses.
- b. **THREE (3)** doses for children 7 years of age or older.
- c. **Tdap:** Required on all sixth grade students born on or after January 1, 1997, effective September 1, 2008.

### **Polio Virus Vaccine**

- a. **THREE (3)** doses for those children less than 7 years of age. OPV or enhanced IPV is required provided at least one dose is given on or after the fourth birthday... or any doses.
- b. **THREE (3)** doses for children 7-17 years, OPV or IPV will satisfy the polio vaccine requirement.

### **Measles Vaccine**

- a. **TWO (2)** doses of a measles-containing vaccine given on or after the first birthday. (Preschool requires a minimum of one (1) dose.

### **Rubella Vaccine: Mumps Vaccine**

- a. **ONE (1)** dose rubella and mumps vaccine administered on or after the first birthday

### **Hepatitis B Vaccine – Kindergarten through Grade 12**

- a. Appropriate 2 or 3 dose Hepatitis Vaccine, or laboratory evidence of immunity

### **Varicella (Chicken Pox) Vaccine**

- a. **ONE (1)** dose after the first birthday is required starting September 2004 for all pre-school, kindergarten and grade one students...**OR**...
- b. Statement of past history of chicken pox or laboratory evidence of immunity is required for all students born after January 1, 1998.

### **Meningococcal Vaccine**

- a. **ONE (1)** dose required on all sixth grade students born on or after January 1, 1997, effective September 1, 2008.

## PRE-SCHOOL ONLY

**Haemophilus Influenzae B (HIB)** – **ONE (1)** dose required after first (1<sup>st</sup>) birthday

**Pneumococcal** – Minimum **ONE (1)** dose after first (1<sup>st</sup>) birthday

**Flu (Influenza) Vaccine** – **ONE (1)** dose annually between September 1 and December 31

- a. **Mantoux Tuberculin Test:** Required **ONLY** on those students entering the Toms River Regional School System coming directly from a high TB incidence country, according to the most current NJ State guideline.

**Students entering this district are REQUIRED to provide appropriate immunization records prior to entry.**



**ENGLISH AS A SECOND LANGUAGE (ESL) PROGRAM**  
**REGISTRATION LANGUAGE SURVEY**  
(Revised 2016)

Date: \_\_\_\_\_ Exchange Student  Country of Origin \_\_\_\_\_ Country of Birth \_\_\_\_\_

Student Name \_\_\_\_\_ Sex \_\_\_\_\_ Date of Birth \_\_\_\_\_

School \_\_\_\_\_ Grade \_\_\_\_\_ Room # \_\_\_\_\_ Teacher \_\_\_\_\_

Mailing Address \_\_\_\_\_ Zip Code \_\_\_\_\_ Zone/Stop \_\_\_\_\_

Phone \_\_\_\_\_ Parent/Guardian (Print Name) \_\_\_\_\_

1. What language(s) is spoken at home? \_\_\_\_\_
2. What language(s) did child first learn to speak? \_\_\_\_\_
3. What language(s) does parent/guardian most often use when speaking to child? \_\_\_\_\_
4. What language(s) does child most often use when speaking with relatives? \_\_\_\_\_
5. What language(s) does child most often use when speaking with friends? \_\_\_\_\_
6. Has child participated in an ESL/Bilingual IProgram in previous school? Yes  No  Dates \_\_\_\_\_  
Name of School \_\_\_\_\_ Phone No. \_\_\_\_\_

*I, as a parent/guardian, have the option of declining my child's enrollment in the ESL Program. I also have the right to remove my son/daughter from such program at the end of each school year. (N.J.A.C. 6A:15-1.10 (c) – P.L. 1995 c. 327)*

Parent or guardian's SIGNATURE: \_\_\_\_\_ Date: \_\_\_\_\_

Family Interpreter (Print Name) \_\_\_\_\_ Phone Number: \_\_\_\_\_

**SEND COMPLETED FORM TO : ADRIENNE GOLD @ WALNUT STREET**

**ESL USE ONLY**

1. Assessment Data (most recent test):  
SEE ATTACHED WIDA SCORES
2. What does the student's most recent report card indicate about reading achievement?  
Reading: Instructional level \_\_\_\_\_ Reading grade \_\_\_\_\_
3. Is student classified (special education)? \_\_\_\_\_
4. Is student eligible or presently receiving basic skills services?   
Language Arts \_\_\_\_\_ Math \_\_\_\_\_

COMMENTS:  
\_\_\_\_\_  
\_\_\_\_\_

ESL Teacher Signature: \_\_\_\_\_ Date: \_\_\_\_\_