

REGISTRATION INSTRUCTIONS

1. RESIDENCY - If you own or rent a home within Toms River Township, Beachwood Borough, South Toms River Borough or Pine Beach Borough you will need to complete only the Residency Checklist for Domiciled Student and provide those proofs designated on the form. Seaside Park Borough tax paying students register with Toms River Schools from grades K through 6 only.

If you reside with someone who owns or rents a home within those same areas, the person who owns or rents the home must complete the Residency Checklist and provide their proofs as designated on the form. Additionally, that person must also download and complete the Affidavit for Admission of a Domiciled Student found on our webpage. The parent or legal guardian of the student must provide the two proofs of residency as detailed on the Affidavit form. The form must also be signed by the Resident (who is the person who owns or rents the home) and the Parent/Guardian before a notary.

2. REGISTRATION FORM – While completing this information, only the natural parent the student resides with (or a **legal** guardian) who would be contacted first is to be listed. The second parent/**legal** stepparent/guardian *that resides in the home with the student* would be listed in the Additional Contacts section below the first parent's information. If divorced, the parent residing in a different home would be listed in the section regarding custody information.

3. HEALTH QUESTIONNAIRE – This form is to be completed by the parent regarding the student's general health. You must also provide a copy of the student's immunization record and the most recent physical. Physical forms can be downloaded from our webpage.

4. PARENT PORTAL FORM – The Parent Portal allows computer access to your student's records. Attendance, Progress Reports, Gradebooks and Report Cards will be viewable once you have completed this form. If you already have students in the district, please check the box indicating that and fill in every student that is enrolled in the district, including the newly registering student.

5. AUTHORIZATION FOR RELEASE OF RECORDS – This form allows us to formally request your child's records from the previous school. Please put the information for the school that your child is transferring from (the school the child last attended prior to coming to our district). We will fax it to the school after your registration is completed.

6. ESL SURVEY – This form will need to be completed for all students (even if English is the primary language)

7. PHYSICAL FORM – This form will be completed by the doctor.

PROOF OF I.D. AND BIRTH CERTIFICATE – The parent/guardian registering the student must provide a photo I.D. and the official **original raised seal** birth certificate or a certified copy. NOTE: A hospital birth certificate and/or a baptismal certificate is not an official birth certificate.

Registrations that are completed by 12 Noon will start school the following day unless there is Child Study Team or English as a Second Language involvement. Parents are required to drive students to school for the first day to be cleared by a nurse. If the nurse finds incomplete health records and/or a health issue that prevents the safe entry of the student, she may exclude the child from starting until the health requirements are met. Once cleared by the nurse, the parent will receive a bus pass, if applicable.

REGISTRATIONS ARE PROCESSED MONDAY THROUGH FRIDAY FROM 9:00 AM TO 2:00 PM during the school year at 54 WASHINGTON STREET, in downtown Toms River. SUMMER HOURS for processing registrations are MONDAY THROUGH WEDNESDAY FROM 8:00 AM TO NOON (CLOSED FRIDAYS).



Toms River Regional Schools
CENTRAL REGISTRATION OFFICE

54 Washington Street, Toms River NJ 08753

Telephone: 732-505-2600 Fax: 732-341-2105 Email: centralregistration@trschoools.com

David M. Healy
Superintendent of Schools

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

RESIDENCY CHECKLIST FOR DOMICILED STUDENT

This document is required for all student registrations. 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 either Beachwood, Pine Beach, South Toms River or Toms River, New Jersey.

ONE (1) document from
the items listed here:

- Property Tax Bill
Contract of Sale or Settlement Statement
Deed
Lease signed by Landlord
Mortgage
Other evidence of property ownership, tenancy or residency (subject to approval)

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

- Utility Bills w/service address
Financial Account Information
Licenses
Benefits Statement
State Agency/Court Orders
Other monthly billing
Employment Documents
Unemployment Documents
Car Insurance Billing
Delivery Receipts
Documents pertaining to military status & assignment
Other evidence of established residency
Permits
Medical Billing
Vehicle Registration
Voter's Registration

Questionable residency documentation may require a residency investigation and/or determination of ineligibility to attend.

Transfer paperwork from the previous district is required to schedule students. Additionally, all students must provide proof of age (Birth Certificate-original with raised seal), up to date health records and the photo I.D. 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.

Parent/Guardian Signature Date:



TOMS RIVER REGIONAL SCHOOL DISTRICT
CENTRAL REGISTRATION OFFICE

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APPLICATION FOR REGISTRATION - ADMISSION OF DOMICILED STUDENT

This additional document is required with the Proof of Residency Checklist for all student registrations and address changes only when an entire family will be residing with a town resident. This additional checklist provides a list of required documents accepted by the School District as proof of residency.

Resident Name (please print):

This notarized document serves as notification to the Toms River Regional Board of Education that:

(List all domiciled family members living with resident - please print)

reside in my home located at: (Address of resident)

Resident family must provide four (4) proofs of residency as per the Proof of Residency Checklist. The Proof of Residency Checklist must be submitted with this form and include all supporting documentation.

Domicile family must provide one (1) document from Group A and one (1) document from Group B below to verify domicile status (proof of residency) with the Resident family, one of which must have been issued within the past 45 days.

Group A:

- Bank Statement
Pay Stub
Benefits Statement
Counselor/Social Worker Assessments/Court Order
Other evidence of circumstances demonstrating, where applicable, family or economic hardship, or temporary residency:

Group B:

- Driver's License
Medical Billing
Car Insurance Billing
Other monthly billing

It is necessary for the parent/legal guardian of the student to attest that the permanent address of the parent/legal guardian is within the boundaries of the Toms River Regional School District. Should the information provided prove false, financial responsibility to the Toms River Board of Education for tuition at the current rate for all days found ineligible shall be assessed. Investigation and random visits by District Attendance Officers should be expected. Please be advised that in addition to the Department of Education Regulations N.J.A.C. 6A:22 prohibiting such conduct, New Jersey State Law, specifically N.J.S.A. 18A:38-1(c), provides that any person who fraudulently allows a child or another person to use his/her residence for school admission purposes is guilty of a Disorderly Persons Offense punishable under the New Jersey Criminal Code.

Resident Signature: Phone: Date:

Parent/Guardian Signature: Phone: Date:

Sworn to before me this day of, 20.

(Notary Signature/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 &/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?

Last school attended _____ 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: _____

Babysitter Trans fom Letter Request/Approval Enclosed: Yes No

Entry Code: _____ Previous District: _____

Grad Year: _____

Grade Level: _____

Enroll Date: _____

Student ID# _____

SID# _____

Family Code: _____

Registration Date: _____ Registrar: _____



TOMS RIVER REGIONAL SCHOOL DISTRICT
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.

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 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
Genesis Parent/Guardian Student Access Security Form

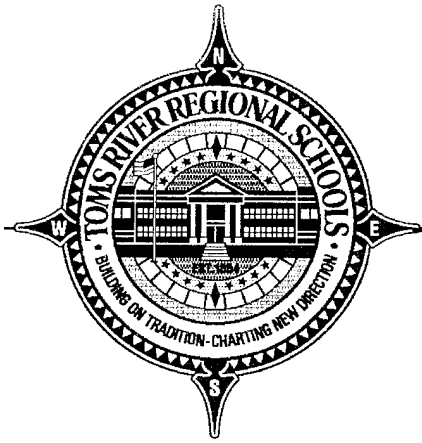
Please complete the following form to receive a login and password to access the Genesis Parent Portal. **A photo ID is required.** PLEASE NOTE: Blended families may only receive access to those students for whom they are parent/guardian. You will receive an email with the necessary login information when your ID has been assigned.

Check here if you already have a Parent Portal for other students in the district.

<i>Parent/Guardian Information: (Please Print all info)</i>	
Parent/Guardian (Last name, First name):	Daytime phone to reach you:
Email address: PLEASE PRINT LEGIBLY! @	Parent/Guardian Signature: X _____

<i>Student Information: (No nicknames, please!)</i>		
Student (Last name, First name):	Current School & Grade Level:	Birthdate:
Student (Last name, First name):	Current School & Grade Level:	Birthdate:
Student (Last name, First name):	Current School & Grade Level:	Birthdate:
Student (Last name, First name):	Current School & Grade Level:	Birthdate:
Student (Last name, First name):	Current School & Grade Level:	Birthdate:
Student (Last name, First name):	Current School & Grade Level:	Birthdate:

<i>District/School Use Only:</i>	
Type of Photo ID presented:	Parent/Guardian authorized to access students? Yes No
Principal (or designee) Signature:	Date: / /
Date Account Created: / /	Date Notification Emailed to Parent: / /
Notes:	



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: ***THIS FORM IS NOT VALID IF NOT SENT FROM TRSCHOOLS!***

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

Please forward original school records to:



Toms River Regional Schools
Toms River, New Jersey

ID# _____

ENGLISH AS A SECOND LANGUAGE (ESL) PROGRAM
REGISTRATION LANGUAGE SURVEY
(Revised 2/17/17)

Date: _____ Exchange Student Country of Origin _____ Country of Birth _____

Student Name _____ Sex _____ Date of Birth _____

Mailing Address _____ Zip Code _____

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 - Home School _____

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

School _____ Grade _____ Teacher _____

COMMENTS:

ESL Teacher Signature: _____ Date: _____

Emailed/Faxed to Adrienne Gold

File copy only



**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: _____

Tdap: _____

POLIO (OPV or IPV): _____

MMR: _____

HEPATITIS B: _____

MENINGOCOCCAL: _____

VARICELLA VACCINE: _____ OR DISEASE DATE: _____

I have examined this child on _____ and find him/her physically fit to participate in all school activities.
(Date of Examination)

SIGNATURE OF PHYSICIAN/APN

Date

PHYSICIAN STAMP

Physician Phone #

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