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).
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 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  ☐ Employment Documents  ☐ Permits
☐ Financial Account Information  ☐ Unemployment Documents  ☐ Medical Billing
☐ Licenses  ☐ Car Insurance Billing  ☐ Vehicle Registration
☐ Benefits Statement  ☐ Delivery Receipts  ☐ Voter’s Registration
☐ State Agency/Court Orders  ☐ Documents pertaining to military status & assignment
☐ Other monthly billing  ☐ Other evidence of established residency _______________________________

(Subject to approval)

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.

_________________________________________  Date: _______________________
Parent/Guardian Signature
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: Group B:

☐ Bank Statement        ☐ Driver’s License
☐ Pay Stub             ☐ Medical Billing
☐ Benefits Statement   ☐ Car Insurance Billing
☐ Counselor/Social Worker Assessments/Court Order ☐ Other monthly billing

☐ Other evidence of circumstances demonstrating, where applicable, family or economic hardship, or temporary residency: __________________________________________________________________________________________

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):

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 ☐ BA ☐ P ☐ STRE ☐ WAL ☐ WAS ☐ WD

☐ IE ☐ IN ☐ IS ☐ HSE ☐ HSN ☐ HSS

Home School, if different: __________________

Grad Year: ________ Grade Level: ________ Enroll Date: __________

☐ Babysitter Trans from Letter Request/Approval Enclosed: ☐ Yes ☐ No

Entry Code: __________ Previous District: __________

Student ID# ______________ SID# ______________ Family Code: ______________

Registration Date: _____________ Registrar: __________________________

CR/Forms/Registration/Student Registration Form revised 4-23-13
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, 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)
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.

### Parent/Guardian Information:  *(Please Print all info)*

<table>
<thead>
<tr>
<th>Parent/Guardian (Last name, First name):</th>
<th>Daytime phone to reach you:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Email address: PLEASE PRINT LEGIBLY! @</td>
<td>Parent/Guardian Signature:</td>
</tr>
<tr>
<td>X__________________________________</td>
<td></td>
</tr>
</tbody>
</table>

### Student Information: *(No nicknames, please!)*

<table>
<thead>
<tr>
<th>Student (Last name, First name):</th>
<th>Current School &amp; Grade Level:</th>
<th>Birthdate:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Student (Last name, First name):</td>
<td>Current School &amp; Grade Level:</td>
<td>Birthdate:</td>
</tr>
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<td>Student (Last name, First name):</td>
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<td>Birthdate:</td>
</tr>
</tbody>
</table>

### District/School Use Only:

<table>
<thead>
<tr>
<th>Type of Photo ID presented:</th>
<th>Parent/Guardian authorized to access students?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>______ Yes ______ No</td>
</tr>
<tr>
<td>Principal (or designee) Signature:</td>
<td>Date:</td>
</tr>
<tr>
<td>Date: / / _ _ _ _ _ _ _ _ _ _ _ _</td>
<td></td>
</tr>
<tr>
<td>Date Account Created:</td>
<td>Date Notification Emailed to Parent:</td>
</tr>
<tr>
<td>______ / ______ / ______</td>
<td>______ / ______ / ______</td>
</tr>
<tr>
<td>Notes:</td>
<td></td>
</tr>
</tbody>
</table>

CR/Genesis Info/Parent Portal Form revised 6-27-11
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:

<table>
<thead>
<tr>
<th>Cumulative Records To Include:</th>
<th>Confidential Records to Include:</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Scholastic Records</td>
<td>- All Special Education components which include psychological, sociological, educational, and medical/audiovisual evaluations.</td>
</tr>
<tr>
<td>- Standardized Test Scores</td>
<td>- Up-to-date individualized educational program (IEP) with handicapping condition specified.</td>
</tr>
<tr>
<td>- Immunizations and Health Records</td>
<td></td>
</tr>
<tr>
<td>- Grades averaged from date of latest report card to date of withdrawal from your school</td>
<td></td>
</tr>
</tbody>
</table>

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:

CR/Forms/Registration/Online Registration/Elem Packet
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 Program 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
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 ________________

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: ____________________________