

ADDRESS CHANGE INSTRUCTIONS

Please list one student on the first line and, if there are other siblings also in the district, list them in the section marked "siblings". Proof of residency is required for each address change.

If you rent or own the property, you will be required to complete the Address Change Form, only the Residency Checklist and provide the appropriate proofs of residency. The Admission of a Domiciled Student form is not needed in this instance.

If you reside with someone who rents or owns property, the person you reside with will complete the Residency Checklist. You will need to provide the Proofs of Residency listed on the Admission of Domiciled Student form. The Domiciled Student form must also be signed by both you and the person you reside with before a notary.

Please call our office at 732-505-2600 to arrange an appointment to bring the forms and residency proofs for processing. Alternatively, you may also upload everything to centralregistration@trschoools.com and we will send a confirmation email once we are able to process the change.

TOMS RIVER REGIONAL SCHOOL DISTRICT
CENTRAL REGISTRATION OFFICE at the High School North Campus
 1245 Old Freehold Road, Toms River, N.J. 08753
 Telephone: 732-505-2600 Email: centralregistration@trschoools.com

Michael Citta
 Superintendent of Schools

John H. Green
 District Supervisor of Student Services

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"/> 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 _____
(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 the 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: _____



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

Michael Citta
Superintendent of Schools

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

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, Pay Stub, Benefits Statement, Counselor/Social Worker Assessments/Court Order, Other evidence of circumstances demonstrating, where applicable, family or economic hardship, or temporary residency; 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 Schools
STUDENT INFORMATION CHANGE FORM
 COMPLETE Date, Student Name & ID and ONLY THE INFORMATION THAT REQUIRES A CHANGE

Today's Date: _____ Effective Date: _____ If applicable, circle one: CST or ESL Transfer

Student Name: _____ ID # _____

Current School Attending: _____ Grade: _____ Homeroom: _____

Parent/Guardian: _____ check here if parent/guardian change*

*NOTE: If student receives Federal Lunch, a new application is necessary if the student has a change of parent/guardian.

New Address: _____ Check here if for Dual Notice only

New Email address: _____

New Phone # (s): 1st CONTACT _____ This phone # will be used for all school closings, attendance calls or immediate school issues!

Moms cell _____ Moms Work _____ Dads cell _____ Dads work _____ (EMERGENCY #S WILL BE PROVIDED ON THE NURSES EMERGENCY CARDS)

Home phone, if applicable _____

NOTES: Home school changes to _____ : Check one: _____ Process as T2/R2 _____ Permission to remain^

Siblings: _____ ID # _____ School/Gr. _____ (T2 to _____)

_____ (T2 to _____)

Does the Address Change apply to all family members? Yes No (if no, please explain _____)

Check here if all residency items received. Submitted Proof of Residency Checklist on _____ I am aware that _____ additional items from the Residency Check list and/or Domiciled Student list are needed within 20 days (this will apply only to special circumstances, subject to the District's discretion).

Parent/Guardian Signature _____ Please Print Name _____

OFFICE USE ONLY:
 IF PHONE # CHANGE ONLY
 Old Address _____

Family # _____

New Family # _____ MUST CONTACT CENTRAL REGI
 *(if needed - check for Fed Lunch)

New Bus # _____
 Stop Address _____

here if parent request submitted and faxed to Central Administration.

Current School(s) are responsible to notify new schools of transfers and phone changes by faxing this form. Indicate school(s) advised here: _____

CENTRAL REGISTRATION WILL NOTIFY ALL SCHOOLS OF ADDRESS CHANGE BY FAX. SCHOOLS WILL ISSUE NEW BUS PASSES AND PROCESS IN DISTRICT TRANSFERS AFTER RECEIPT OF INFORMATION FROM CENTRAL REGISTRATION.

Processing Secretary: _____

Date: _____