

Registrar's Initials upon verification of accurate and completed forms: _____



SY _____

Student Registration Form

Grades 9-12

STUDENT INFORMATION

Grade _____ Attending School _____

Student's Name: _____

(Last) (First) (Middle)

Gender (circle one): MALE FEMALE Date of Birth _____

City of Birth: _____ State of Birth: _____ Country of Birth _____

Student ID # (SID): _____

The Commissioner of Education has authorized school districts to request this information, which will be used in the generation of a State Identification Number (SID) to uniquely identify students enrolled in public schools. The SID is used to monitor student performance data so that higher quality research can be obtained for the purpose of determining improved policies and programs in New Jersey's public education system. Strict privacy and security policies are adhered to (punishable by law) once social security numbers are collected.)

Race/Ethnicity: Place an "X" in one or more boxes to indicate what you or your child consider the child to be.

<input type="checkbox"/>	American Indian or Alaska Native – A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal or community attachment.
<input type="checkbox"/>	Asian – A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand or Vietnam.
<input type="checkbox"/>	Black or African American – A person having origins in any of the black racial groups of Africa. Terms such as "Haitian" or "Negro" can be used in addition to "Black" or "African American."
<input type="checkbox"/>	Spanish/Hispanic/ Latino – A person of Cuban, Mexican, Puerto Rican, South or Central American or other Spanish culture or origin, regardless of race.
<input type="checkbox"/>	Native Hawaiian or Other Pacific Islander – A person having origins in any of the original peoples of Hawaii, Guam, Samoa or other Pacific Islands.
<input type="checkbox"/>	White – A person having origins in any of the original peoples of Europe, Middle East or North Africa.

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RESIDENCY – Please provide the permanent or home address of student

Student's Name: _____

Address: _____

City: _____

State: _____ Zip Code: _____

Home Phone: _____

It is the responsibility of the parent/guardian to provide any updates or changes to the demographic information within ten (10) days of such change.

Changes in phone numbers, emergency contacts, etc. must be presented in writing to the individual school office.

Changes in residency, guardianship or parent custody must be presented to the Beverly City School District Registrar at:

601 Bentley Avenue, Beverly, NJ 08010
Phone – (609) 387-2810.

This is essential to maintain our emergency data contact base.

Is the student eligible for migrant education services? A "migratory child" means a child who is, or whose parent or spouse is, a migratory agricultural worker, including a dairy worker or migratory fisher, and who, in the preceding 36 months, in order to obtain or accompany such parent or spouse, in order to obtain temporary or seasonal employment in agricultural or fishing work, has moved from one school district to another or resides in a school district of more than 15,000 square miles and migrates a distance of 20 miles or more to a temporary residence to engage in a fishing activity.

YES NO

Does the student qualify to receive federal support as an immigrant? An immigrant is a student who is age 3 to 21 and was NOT born in the U.S. and has not been attending one or more schools in any one or more states for more than three full academic years.

YES NO

Are you enrolling in this school as a result of exercising your No Child Left Behind choice option?

YES NO

If you answered YES to the above question, please check the reason from the list below:

- _____ No Child Left Behind – School in need of improvement
- _____ No Child Left Behind – Unsafe School – Persistently Dangerous School
- _____ No Child Left Behind – Unsafe School – Student is Victim

Student's Name: _____

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What is the name and location of the institution/school which provided care, education, and/or services to the student prior to this enrollment?

Name: _____

Address: _____

City: _____

State: _____ Zip Code: _____ Phone: _____

Has the student ever been Home Schooled? _____

If applicable, what was the last grade completed by the student: _____

PERTINENT HEALTH INFORMATION:

Does your child have any of the following, if yes, please explain:

Allergies (food, medication, etc.) _____

Diabetes: _____

Heart Murmur: _____

Asthma: _____

Seizure Disorder: _____

Other: _____

List any current medications: _____

Family Doctor: _____ Phone: _____

HEALTHCARE COVERAGE INFORMATION:

Is this student covered by some type of healthcare plan? (Please circle one.) YES NO

Please provide the name of the health care coverage: _____

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Student's Name: _____

PARENT/GUARDIAN INFORMATION:

Person with whom student resides:

Mother _____ Father _____ Both _____ Other: _____

NOTE: A current copy of custody/guardianship papers MUST BE SUBMITTED TO SCHOOL

Mother/Guardian's Name: _____
(Maiden)

Home Address: _____

Phone: _____ Cell Phone: _____

Place of Employment: _____ Phone: _____

Father/Guardian's Name: _____

Home Address: _____

Phone: _____ Cell Phone: _____

Place of Employment: _____ Phone: _____

Stepmother's Name: _____ Phone: _____

Address: _____

Stepfather's Name: _____ Phone: _____

Address: _____

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Student's Name: _____

OTHER CHILDREN IN FAMILY:

BOYS	AGE	GIRLS	AGE

If I move from the above address within the District, I must notify the Registrar's office immediately & complete a Change of Address form within five days.

I HEREBY AUTHORIZE BEVERLY CITY SCHOOL TO INVESTIGATE AND CONFIRM ANY STATEMENTS MADE BY ME.

I CERTIFY THAT THE ABOVE STATEMENTS ARE TRUE AND THAT I WILL ABIDE BY THE POLICY.

_____ Date _____

Signature of Parent of Guardian

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BEVERLY CITY SCHOOL DISTRICT - ENROLLMENT RESIDENCY QUESTIONNAIRE

In accordance with New Jersey state law (N.J.S.A. 18A:38-1 and 18A:7B-12), it is necessary to determine the residence of students entering the school district by answering the following questions: (check the appropriate answer)

I currently live in a:

- a. house that I own (address/phone): _____
- b. house or apartment I rent (address/phone): _____
- c. hotel/motel/apartment _____
- d. shelter _____
- e. transitional housing facility _____
- f. domestic violence shelter _____
- g. runaway youth shelter _____
- h. home for adolescent school-age mothers _____
- i. migrant family dwelling _____
- j. family* or friend's* home out of necessity _____

(Please circle the appropriate relationship)

*grandparent, aunt, uncle, brother, sister, cousin, or friend

*Please print the **Name & Address** of the person with whom you are staying:*

- k. other (please identify): _____

This statement is made under oath. I am aware that if any of the foregoing statements made in the Affidavit are willfully false, I may be subject to punishment. Additionally, I will be responsible for paying the Beverly City School District annual cost per pupil of \$13,582 (as of 2016-2017)

Student's Name _____ Attending School _____

Parent/Guardian Signature _____ Date: _____

Signature of Registrar: _____ Date: _____

Signature of Superintendent/Administrator/Designee: _____ Date: _____

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