

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



SY _____

STUDENT REGISTRATION FORM **Pre-Kindergarten & Kindergarten**

Student's Name _____

(Last) (First) (Middle Initial)

Grade _____ Birth Date (mm/dd/yy) _____ Gender _____

City/State of Birth _____ Country of Birth _____

If born outside of the United States, list United States Entry Date (mm/dd/yy) _____

If born outside of the United States, list First Entry United States School _____

Home Address _____

Ethnicity: (circle all that apply) White Black

Asian Pacific Islander Hispanic
American Indian Alaskan Other

Home Telephone _____

Last School Attended _____ School Phone Number _____

School Address _____ City _____ State _____ Zip _____

Was the student ever previously registered in the Beverly City School District? ___ Yes ___ No

If "Yes", what was the last grade the student completed in Beverly City School? _____

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PARENT/GUARDIAN INFORMATION

Student's Name: _____

Relationship: _____ Single Parent _____ Married Parent _____ Guardianship _____ Foster/Adoptive Parent
_____ Divorced/Separated (custody granted to _____ Mother _____ Father _____ Joint)

Note: A copy of custody/guardianship papers MUST be provided to the school to be kept on file. (if applicable)

1. **Mother/Guardian** (1) _____

2. **Father/Guardian** (2) _____

Home Address (if different from student address)

Home Address (if different from student address)

Home Phone Number _____

Home Phone Number _____

Cell Number _____

Cell Number _____

E-Mail Address _____

E-Mail Address _____

Work Number _____

Work Number _____

MILITARY CONNECTION

-Please select which answer best matches your child's current situation

Not Military Connected _____ Unknown _____

Dependent of Member of Active Duty Armed Forces _____

Dependent of Member of National Guard or Reserves _____

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FAMILY INFORMATION

Student's Name: _____

Person with whom student resides:

Mother _____ Father _____ Both _____ Other: _____

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

Mother/Guardian (1) Place of Employment: _____

Phone: _____

Father/Guardian (2) Place of Employment: _____

Phone: _____

Stepmother's Name (if applicable): _____ Phone: _____

Address: _____

Stepfather's Name (if applicable): _____ Phone: _____

Address: _____

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.

Signature of Parent of Guardian

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RESIDENCY INFORMATION

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 (**Please provide a copy of your mortgage statement or deed**)

(Address/phone): _____

- b. house or apartment I rent (**Please provide a copy of your lease**)

(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. Other (please explain)

NOTE: A Beverly City School District Affidavit of Residency Form (Renters) or (Owners) need to be completed and notarized as per circumstances.

- 1. Are you living in a temporary residence out of necessity because the family lacks a regular or permanent residence of their own? ___Yes ___No **If yes, last district of permanent residency**_____ (then proceed to #2.)
- 2. (Check one) The family is currently seeking ___ or the family will be ___ seeking a permanent residence in Beverly City. The family is NOT seeking a permanent residence in Beverly City at this time_____.
- 3. Please print the name of the person with whom you are staying: _____
- 4. Please list other school aged children in the family (Please use an additional sheet if needed):

Name _____ Date of Birth _____ Grade _____

Name _____ Date of Birth _____ Grade _____

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 \$11,775.00 (as of 2016-2017 school year)

Student's Name _____

Parent Signature _____ Date _____

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ACADEMIC INFORMATION

Student's Name: _____

Last grade attended _____ Current grade _____

- 1. Was the student ever classified by a Child Study Team? 1. _____ Yes _____ No
- 2. Does the student have a current Individual Education Plan (IEP)? 2. _____ Yes _____ No
- 3. Does the student have a current 504 Accommodation Plan? 3. _____ Yes _____ No
- 4. Is the student classified as eligible for Speech/Language services 4. _____ Yes _____ No
- 5. Is the student currently placed in Basic Skills or Advanced Math? 5. _____ Yes _____ No
(If yes: _____ Basic Skills _____ Advanced)
- 6. Is the student currently placed in Basic Skills or Advanced Reading 6. _____ Yes _____ No
(If yes: _____ Basic Skills _____ Advanced)
- 7. Was the student ever retained? 7. _____ Yes _____ No
If yes, what grade level(s) _____?
- 8. Does the **student** speak a language other than English at home? 8. _____ Yes _____ No
If yes, what language _____
- 9. Does the student have a **parent** whose native language is not English? 9. _____ Yes _____ No
If yes, what language _____
- 10. Does the student live with a **relative or guardian** whose native 10. _____ Yes _____ No
language is not English?
If yes, what language _____
- 11. Has the student received English as a Second Language instruction? 11. _____ Yes _____ No
If yes, what grade level(s) _____?

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PERTINENT HEALTH INFORMATION:

Student's Name: _____

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: _____

EMERGENCY CONTACTS

I agree that either one of these emergency contacts may pick up my child from school in the event I cannot be reached.

1. Name _____

2. Name _____

Relationship to Student _____

Relationship to Student _____

Day time Phone Number _____

Day time Phone Number _____

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PARENT/GUARDIAN VERIFICATION

Student's Name: _____

I, _____ understand that my child may be tested in Language Arts, Reading, Math, and/or English as a Second Language before he/she is properly placed in a classroom in the Beverly City School District. I have received a copy of the school hours and uniform policy. I understand if any of the required registration documents are missing at time of registration I have 30 Days to provide them. I further attest that all information provided on this registration form is true and accurate and may be investigated by the School Resource Officer or the Beverly City Board of Education.

Parent/Guardian Signature

Date

****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 Beverly City School.
- Changes in residency, guardianship or parent custody must be presented to the Beverly City School at:

601 Bentley Avenue, Beverly, NJ 08010
Phone – (609)387-2200

This is essential to maintain our emergency data contact base.

Signature of Registrar: _____ Date: _____

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

***** OFFICE USE ONLY*****

Today's Date _____ Date of Admission _____ Registration taken by _____

Type of Residency: ___ Owner ___ Family In Transition ___ Renter (If renting; lease expiration date _____)

Proofs (4) _____ / _____ / _____ / _____

Affidavit of Residency (if applicable) ___ Form A-Renters ___ Form B-Owners ___ Form C –Host Family ___

Proof of Birth _____ Record of Immunization _____ IEP Received (if applicable) _____

Student ID # _____ Student State ID # _____

Proof of Residency Complete: ___ Yes ___ No

Missing Documents: _____ Documents due by: _____

Comments: _____

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Pre-K & Kindergarten Parent Questionnaire

Date: _____

Child's Name: _____ Male _____ Female _____

Address: _____ Apt _____

City: _____ State _____ Zip _____

Phone: (_____) _____ Date of Birth: _____

Who is completing this Parent Questionnaire? Mother___ Father___ Caregiver___
Other Relative (specify)_____ Other (specify)_____

Is your child toilet trained during the day? Yes _____ No _____

Is your child in need of help with toileting? Yes _____ No _____

Illnesses and Disease (Please check any your child has had):

Asthma___ Ear Problems___ Chicken Pox___ Diabetes___ Seizure Disorder___

Has your child ever had any significant injuries or hospitalizations? Yes _____ No _____

If yes, please explain: _____

Does your child have any food/insect allergies? Yes _____ No _____

If yes, please explain: _____

Is your child presently on any medications? Yes _____ No _____

If yes, please explain: _____

Please describe any other health concerns: _____

Please check if your child has difficulty with any of the following:

Vision _____ Hearing _____ Speech _____ Physical Handicap _____

Are there other things you would like to tell us about your child? _____
