



Elizabeth C. Giacobbe
Superintendent

AUTHORIZATION FOR RELEASE OF STUDENT RECORDS

STUDENT'S NAME

DATE OF BIRTH

Enrolling in Grade

Enrollment Date

The above student has enrolled in the Beverly City School District. Please provide the following information to complete the student's registration records as soon as possible:

- Transfer Card
 - Health Records
 - Recent Test Scores
 - Current Report Card
 - Transcript of Academic Records (including grades to date of withdrawal)
 - Special Service Records
 - Discipline Records
 - Other Cumulative Folder Items
-

Previous School: _____

Address: _____ Phone No. _____

I HEREBY GIVE PERMISSION FOR RELEASE OF THE ABOVE RECORDS.

Parent/Guardian (please print): _____

Signature of Parent/Guardian: _____ Date: _____

Signature of Student 18 or Older: _____

The information in this document is private and confidential and intended only for the person(s) named above. If you are not the intended recipient, you are hereby notified that any disclosure, copying, distribution, or any other use of the information is strictly prohibited.

STUDENT(s) NAME(s) 1. _____ 2. _____ 3. _____

3. _____ 4. _____ 5. _____

Sworn Statement of Home Owner (Pursuant to N.J.S.A. 18A:38-1)

I _____ (own/ intend to buy) the property located at _____
_____ , NJ _____
Town Zip Street Name

Please X one

- I have settlement papers
- I have an agreement of sale
- I have proof of mortgage payment

I am providing this sworn statement. I have initialed here _____ to acknowledge the fact I have reviewed a copy of the N.J.S.A. 18A: 38-1. I have read, or had read to me, this sworn statement and believe it to be true and correct to the best of my knowledge.

Home Phone (____) _____ Work Phone (____) _____

Address _____

City _____ State _____ Zip Code _____

Signature of Homeowner: _____

In order to document the validity of this living arrangement, I am providing the following three (3) proofs of my residency:
(#1 REQUIRED FOR REGISTRATION) (INDICATE PROOFS PROVIDED)

- | | |
|--|--|
| 1. Settlement Papers/ Agreement of Sale/Mortgage Payment | Yes _____ No _____ |
| 2. NJ Drivers License with address of property stated above | Yes _____ No _____ (NJ STATE LAW requires NJ DL within 10 days of residency) |
| 3. Tax Bill | Yes _____ No _____ |
| 4. Utility Bill | Yes _____ No _____ |
| 5. Court Order Custody (starting address of property stated above) | Yes _____ No _____ |

Sworn Statement of Home Owner (Pursuant to N.J.S.A. 18A:38-1)

I have read, or had read to me, this Affidavit of Residency that I have completed, and it is true and correct to the best of my knowledge. I understand that I can be held legally responsible for my involvement in any violations of N.J.S.A. 18A:38-1 for fraudulent completing this legal / notarized statement. I further understand that this form will be investigated by the Beverly City School District Residency Officer, Principal, Superintendent, and/or the Beverly City School Board. I further understand that charges will be filled against me should the facts I have provided be proven fraudulent.

Signature of Home Owner: _____

Printed Name: _____

Sworn to and subscribed before me this ____ day of _____, 20__

Notary Public of the State of New Jersey

OFFICE USE ONLY

Case #: _____

INVESTIGATED BY: _____ TITLE: _____ DATE: _____

COMMENTS: _____

Approved: YES _____ NO _____ Date Submitted to the Business Administrator/ Board Secretary: _____

Charges filed in COURT: _____ Fine: \$ _____

STUDENT(s) NAME(s) 1. _____ 2. _____ 3. _____

3. _____ 4. _____ 5. _____

Sworn Statement of Landlord (Pursuant to N.J.S.A. 18A:38-1)

I _____ taxpayer of record, own the property located at _____
(Tax payer's name(s)) (Address)

I have owned this property in Beverly City School District since ____ / ____ / ____ . I am currently renting this property to
Month Day Year

_____. To my knowledge there are ____ children living in this residence.
(Renter's Name) Number

Please X one

___ I have a written lease with the tenants as of (date) _____.

___ I have no written lease with the tenant and according to N.J.S.A. 18A: 38-1, I am providing this sworn statement.

I have initialed here _____ to acknowledge the fact I have reviewed a copy of the N.J.S.A. 18A: 38-1 with my tenant. I have read, or had read to me, this sworn statement and believe it to be true and correct to the best of my knowledge.

Home Phone (____) _____ Work Phone (____) _____

Address _____

Town _____ State _____ Zip Code _____

I have read, or had read to me, this Affidavit of Residency that I have completed, and it is true and correct to the best of my knowledge. I understand that I can be held legally responsible for my involvement in an violations of N.J.S.A. 18A:38-1 for fraudulently completing this legal/notarized statement. I further understand that this form will be investigated by the Beverly City School Board. I further understand that charges will be filled against me should the facts I have provided be proven fraudulent.

Printed Name of Landlord: _____

Signature of Landlord: _____

Sworn to and subscribed before me this ____ day of _____, 20__

Notary Public of the state of New Jersey

Sworn Statement of Renter (Pursuant to N.J.S.A. 18A:38-1)

I _____ rent the property at _____
Renter(s) Name(s) (Address)

And I further swear that the above named student(s) reside with me on a full time basis, also maintaining a permanent residence at this address. I have initialed here _____ to acknowledge the fact I have reviewed a copy of N.J.S.A. 18A:38-1.

In order to document the validity of this living arrangement, I am providing the following three (3) proofs of my residency:
(*REQUIRED FOR REGISTRATION) (INDICATE PROOFS PROVIDED)

- 1. *Lease / Rental Agreement Yes ___ No ___
- 2. New Jersey Drivers Licence Yes ___ No ___ (NJ STATE LAW Requires NJ DL within 10 days of residency)
- 3. ID ONLY Card From NJ DMV Yes ___ No ___ (If you do not drive you can still get an ID only card from NJ DMV)
- 4. Utility Bill Yes ___ No ___
- 5. Court Order Custody (with current address) Yes ___ No ___

I have read, or had read to me, this Affidavit of Residency that I have completed, and it is true and correct to the best of my knowledge. I understand that I can be held legally responsible for my involvement in any violations of N.J.S.A. 18A:38-1 for fraudulent completing this legal / notarized statement. I further understand that this form will be investigated by the Beverly City School District Residency Officer, Principal, Superintendent, and/or the Beverly City School Board. I further understand that charges will be filled against me should the facts I have provided be proven fraudulent.

Signature of Renter: _____

Printed Name: _____

Sworn to and subscribed before me this _____ day of _____, 20__

Notary Public of the State of New Jersey

OFFICE USE ONLY

Case #: _____

INVESTIGATED BY: _____ TITLE: _____ DATE: _____

COMMENTS: _____

Approved: YES _____ NO _____ Date Submitted to the Business Administrator/ Board Secretary: _____

Charges filed in COURT: _____ Fine: \$ _____



Physical Examination Record

Grade _____

 Last Name First Birth date Phone

 Parent/Guardian Address

 Examining Provider Address

IMMUNIZATIONS: Complete immunization record MUST be attached in order for this form to be valid.

If born outside of the USA, must have TB/Mantoux test if the country of origin is deemed to have a high risk of TB exposure by the NJ Department of Health.

(Mantoux test if applicable)

Tested on _____ Read on _____ Result (mm) _____

EXAMINATION:

Vision: R 20/ _____ L 20/ _____ Corrected Y/N

Hearing: R Pass/Fail L Pass/Fail

Presence of Scoliosis: Y/N

Height: _____ Weight: _____ Blood Pressure: _____

Ears (otoscopic) _____ Nervous System _____

Eyes _____ Genitourinary _____

Lymphatic _____ Orthopedic _____

Thyroid _____ Skin _____

Nose _____ Hands _____

Throat _____ Feet _____

Teeth-mouth _____ Speech _____

Heart _____ General Appearance _____

Lungs _____ Other _____

Abdomen _____

CONTINUED

PHYSICAL EXAMINATION RECORD

MEDICAL HISTORY

Allergies _____ Heart Disease _____

Congenital Conditions _____ Otitis Media _____

Drug Sensitivities _____ Strep Infections _____

Hepatitis _____ Mononucleosis _____

Neuromuscular _____ Oncologic Conditions _____

Asthma _____ Operations _____

Varicella History/Date _____ Fractures _____

Diabetes _____ Significant Injuries _____

Mental Health Conditions _____ Hospitalizations _____

Other _____

Medications _____

PROVIDER'S FINDINGS PERTINENT TO SCHOOL

Classification of Physical Activity _____

Full Academic Work Program _____

Follow-up and Notes _____

Signature of Physician/Provider

Date of Exam

Print Physician/Provider Name

