

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



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 or 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): _____

- | | |
|---|--|
| <input type="checkbox"/> c. hotel/motel/apartment | <input type="checkbox"/> d. shelter |
| <input type="checkbox"/> e. transitional housing facility | <input type="checkbox"/> f. domestic violence shelter |
| <input type="checkbox"/> g. runaway youth shelter | <input type="checkbox"/> h. home for adolescent school-age mothers |
| <input type="checkbox"/> i. migrant family dwelling | <input type="checkbox"/> 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)

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ACADEMIC INFORMATION

Student's Name: _____

Last grade attended _____ Current grade _____

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? _____

- 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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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? _____
