

TABERNACLE TOWNSHIP SCHOOL DISTRICT
Registration Process

Step One: Make a registration appointment

- Person seeking to enroll a student should schedule an appointment.
 - Sign student out of current school
 - Contact school registrar at 609-268-0150 ext. 1006.
 - A parent listed on the birth certificate or guardian with court issued documentation, must accompany the student for the enrollment process.

Step Two: Complete enrollment paperwork

- Enrollment paperwork is available on the school website, www.tabschools.org, and at the main office in Tabernacle Elementary School and Kenneth R. Olson Middle School.
 - Parents should complete the enrollment documents prior to arriving for their appointment.
 - Incomplete registration paperwork may lead to rescheduling an appointment.

Step Three: Bring the following documents to registration appointment

- Please bring the following documents when enrolling:
 - 4 Proofs of residence (see attached Approved Proof of Residency documents).
 - Student's most recent report card, transcript and withdrawal form from the previous school
 - Student's immunizations records:
 - a. DPT - 4 doses - one dose to be administered after the 4th birthday
 - b. POLIOVIRUS VACCINE - 3 doses - one dose to be administered after the 4th birthday
 - c. MEASLES - 2 doses - first dose administered on or after the first birthday and the second dose administered no less than one month after the first
 - d. RUBELLA - 1 dose - administered on or after the first birthday
 - e. MUMPS - 1 dose - administered on or after the first birthday
 - f. HEPATITIS B VACCINE - 3 doses
 - g. VARICELLA - 1 dose

In addition to the above immunizations, Pre-School students (*up to 59 months of age*) are required to have the following:

- a. HIB - 1 dose - administered on or after the first birthday
- b. PCV - 1 dose - administered on or after the first birthday
- c. INFLUENZA VACCINE - 1 dose administered annually between Sept. 1st and Dec. 31st of each year
- A current completed physical form. *Enclosed is the physical form that should be taken to your physician and returned at the time of registration. If this is not possible, please have the appointment date available when registering.*
- Student's original or certified copy of birth certificate (with parents' name). For Kindergarten, child must be 5 years old before October 1st.
- Special education information, with copy of current IEP
- Custody agreement, if applicable

TABERNACLE TOWNSHIP SCHOOL DISTRICT

APPROVED PROOF OF RESIDENCY DOCUMENTATION (4 Proofs Required)

The following forms of documentation may demonstrate a student's eligibility for enrollment in the district. Particular documentation necessary to demonstrate eligibility under specific provisions in law is indicated below.

MANDATORY – MUST PROVIDE AT LEAST ONE OF THE FOLLOWING:

- Property tax bills, deeds, contracts of sale, leases, mortgages, signed letters from landlords and other evidence of property ownership, tenancy or residency.

Provide Three of the Following:

- Current voter registrations, licenses, permits, financial account information, utility bills, delivery receipts, and other evidence of personal attachment to a particular location
- Court orders, State agency agreements and other evidence of court or agency placements or directives
- Receipts, bills, cancelled checks and other evidence of expenditures demonstrating personal attachment to a particular location, or, where applicable, to support of the student
- Medical reports, counselor or social worker assessments, employment documents, benefit statements and other evidence of circumstances demonstrating where applicable, family or economic hardship or temporary residency
- Affidavits, certifications and sworn attestations pertaining to statutory criteria for school attendance, from the parent, legal guardian, person keeping an "affidavit student," adult student, person(s) with whom a family is living, or others as appropriate
- Documents pertaining to military status and assignment
- Any business record or document issued by a government entity
- Any other form of documentation relevant to demonstrating entitlement to attend school

The totality of information and documentation you offer will be considered in evaluating an application, and, unless expressly required by law, the student will not be denied enrollment based on your inability to provide certain form(s) of documentation where other acceptable evidence is presented.

You will not be asked for any information or document protected from disclosure by law, or pertaining to criteria which are not legitimate bases for determining eligibility to attend school. You may voluntarily disclose any documents or information you believe will help establish that the student meets the requirements of law for the entitlement to attend school in the district, but we may not, directly or indirectly, require or request:

- Income tax returns
- Documentation or information relating to citizenship or immigration/visa status, unless the student holds or is applying for an F-1 visa
- Documentation or information relating to compliance with local housing ordinances or conditions of tenancy
- Social Security numbers

**TABERNACLE TOWNSHIP SCHOOL DISTRICT
Registration Form**

Name of Child _____
(Last) (First) (Full Middle) (Suffix)

Grade _____ Male Female

(Nickname) _____

Date of Birth _____

Address of Child _____

City/State of Birth _____

(City) (State) (Zip)

Home Telephone # _____

Country of Birth _____

Mother's Name _____
(Last) (First)

Mother's Home Phone _____

Address if different from Child _____

Mother's Work Phone _____

(City) (State) (Zip)

Mother's e-mail address _____

Mother's Cell Phone _____

Mother's Occupation _____

Mother's Employer _____

Father's Name _____
(Last) (First)

Father's Home Phone _____

Address if different from Child _____

Father's Work Phone _____

(City) (State) (Zip)

Father's e-mail address _____

Father's Cell Phone _____

Father's Occupation _____

Father's Employer _____

Guardian's Name _____
(If Other Than Parent) (Last) (First)

Guardian's Home Phone _____

Address if different from Child _____

Guardian's Work Phone _____

(City) (State) (Zip)

Guardian's e-mail address _____

Guardian's Cell Phone _____

Guardian's Occupation _____

Guardian's Employer _____

Parent(s): Married Together Separated Divorced Remarried Single

Deceased: Father _____ Mother _____

Resides with: Father _____ Mother _____ Stepfather _____ Stepmother _____

Other: (explain relationship) _____

Ethnic Background: *(Please check all that apply)*

Hispanic

White

Black

Asian

Amer. Indian/Alaskan

Hawaiian Native/Other Pacific Islander

Grade Entering: _____

Name of Previous School/ Preschool	Complete Address (Town, County, State, Country)	Phone Number	Dates Attended

Type of School: Public Private Home School

Are there any persons **not** permitted to pick up your child from school? No Yes (Person's Name _____)

If yes, please explain: _____

If there is a court order in existence regarding custody, two copies are required.

Other Children in Family

(Oldest to Youngest) NAME	Date Of Birth Month / Day / Year	Place of Birth	Name of School/Grade Attended

What development do you live in? _____

Do you: Own your dwelling Rent your dwelling Other (explain) _____

Is another language besides English spoken in your home? Yes No If yes, what language? _____

Has your child ever received English as a Second Language services (ESL)? Yes No If yes, what grade(s)? _____

Has your child participated in or been recommended for Gifted/Talented Program? Yes No

Has your child ever repeated a grade? Yes No

Is your child currently receiving any specialized school program/related services or does your child have an IEP or 504 Plan?

Yes No If yes, please fill out the following information.

Has your child participated in the following:

Speech Therapy Yes No; Occupational Therapy Yes No; Physical Therapy Yes No

I hereby authorize the Tabernacle Township School District to investigate and confirm any and all statements made by me on this form. I am aware that if any statements contained on this registration form concerning residency are false, I may be assessed the tuition for the aforementioned child and prosecuted to the full extent of the law.

Parent's Name: _____
(Please print)

Parent's Signature: _____ Date: _____
(Please sign in ink)

School Use Only:

Birth Certificate Shot Record Physical Proof of Residency

Court Order Regarding Custody: Yes No If yes: Main Office

TABERNACLE TOWNSHIP SCHOOL DISTRICT
RESIDENCY INFORMATION

*****PLEASE PRINT ALL RESPONSES.*****

Parent/Guardian: _____

Residence:

Address: _____

Do you rent or own this residence? Rent Own

Please provide a copy of your lease agreement or mortgage.

If you **DO NOT** rent or own, what is your type of housing? (Please explain)

If you are living with another family (**Temporary Residence**):

Name of Property Owner or Renter: _____

Please provide a copy of the lease agreement or mortgage.

Relationship of "Temporary Residence Property Owner":

Relative Friend Other: _____

Do you consider this residence transitional? Yes No

Does some family or financial hardship exist? Yes No

If yes, please explain: _____

Approximately how long do you plan to live at this residence? _____

*****Additional paperwork pertaining to residency may be required.*****

I DECLARE THAT THE INFORMATION PROVIDED HERE IS TRUE AND ACCURATE. I UNDERSTAND THAT RESIDENCY FRAUD IS A CRIME IN THE STATE OF NEW JERSEY.

Parent/Guardian Signature: _____ Date: _____

TABERNACLE TOWNSHIP SCHOOL DISTRICT
HEALTH INFORMATION

Name of Student: _____ Grade: _____ Home Telephone #: _____

Does your child take any medication on a regular basis? Yes No

If yes, please indicate the exact name of the medication, reason it was prescribed, and by whom:

Does your child wear any corrective devices? Yes No Back Brace

Dental Retainers/Braces Leg Brace Eye Glasses Other _____

Does your child have any hearing problems or hearing loss? Yes No

Has your child had tubes inserted into ears by a physician to alleviate fluid and ear infections?

Yes No When? _____

Does your child have asthma? Yes No

Medication child is taking: _____ Regularly As needed

Is your child allergic to:

Pollen

Reaction: _____

Insect Stings

Reaction: _____

Food Products

Reaction: _____

Medication

Reaction: _____

Other: (Please indicate) _____

Does your child require medication for any of the above reactions? Yes No

If yes, indicate the exact name of the medication: _____

Is your child on a special diet? _____

Does your child have any medical condition that would limit normal school activity, including physical education and play periods? _____

Please list any operations or injuries your child has had prior to this registration:

Please list any other medical problems that we should be aware of.

Health Insurance:

Does your child have health insurance? Yes No

If yes, please indicate the name of the insurance company. _____

Emergency Information:

In the event of an accident or serious illness, everything possible will be done to contact the parents/guardians of the child. However, if they are unable to be reached, the school will then call the physician indicated below. If the physician is unreachable, the school may make whatever arrangements are necessary.

Physician's Name: _____ Phone #: _____ (_____)

I give permission for release of information on this form for confidential use in meeting my child's health and educational needs in school.

Signature of Parent/Guardian

Date

TABERNACLE TOWNSHIP SCHOOL DISTRICT

PHYSICAL EXAMINATION FORM

TO BE COMPLETED BY PHYSICIAN

Name of Student: _____ Gender: M ___ F ___

Date of Birth: _____ Name of Parent/Guardian: _____

Address: _____ Telephone #: _____

Immunization Record and Dates

	1	2	3	Booster
DPT:	_____	_____	_____	_____
Polio:	_____	_____	_____	_____
Measles:	_____	_____	_____	_____
Mumps:	_____	_____	_____	_____
Rubella:	_____	_____	_____	_____
MMR:	_____	_____	_____	_____
HIB:	_____	_____	HBV:	_____
Varicella:	_____	_____	_____	_____

Disease History (Type and Year)

Allergies: _____ Insect Stings: _____

Drug Sensitivities: _____

Lyme Disease: _____

Asthma: _____

Hepatitis: _____

Diabetes: _____

Neuromuscular Disease: _____

Congenital Defects: _____

Heart Disease: _____

Convulsive Disorder: _____

Otitis Media: _____

Pulmonary: _____

Rheumatic Fever: _____

Streptococcal Infection: _____

Other: _____

TABERNACLE TOWNSHIP SCHOOL DISTRICT

PHYSICAL EXAMINATION FORM

*****TO BE COMPLETED BY PHYSICIAN*****

Name of Student: _____

Operations or Injuries - Year

Communicable Diseases - Dates

Chicken Pox: _____ Other: _____

Health Examination

Vision: Without glasses: Rt. Eye: _____ Lt. Eye: _____

With glasses: Rt. Eye: _____ Lt. Eye: _____

Hearing: _____

Height: _____ Weight: _____

Blood Pressure: _____

Urinalysis: _____

HEENT: _____ Orthopedic-Structures: _____

Teeth-Mouth: _____ Posture: _____

Lymph Glands: _____ Feet: _____

Thyroid: _____ Extremities: _____

Heart: _____ Skin: _____

Lungs: _____ Nutrition: _____

Abdomen: _____ Nervous System: _____

Hernia: _____ Speech: _____

If applicable: G.U. _____ Other: _____

Genitalia: _____ General Appearance: _____

Recommendations: _____

Examining Physician: _____ Date: _____
(Please Print)

Physician Signature: _____

TABERNACLE TOWNSHIP SCHOOL DISTRICT

AUTHORIZATION FOR THE RELEASE OF RECORDS

In accordance with the provisions of the Family Education Rights and Privacy Act of 1974, and N.J.A.C. 6:3-2.1 et al.

I, _____ do authorize the transfer of
(Name of Parent/Guardian)

all school records (to include Child Study Team records if applicable)

of: _____
(Student's Name)

to Tabernacle Township Schools, Tabernacle, New Jersey

from _____
(Name of School)

(Address of School)

I hereby attest that I have legal authority to request release of these records.

Parent/Guardian Signature

Date

School Witness