

PRELIMINARY INFORMATION: PLEASE READ CAREFULLY BEFORE PROCEEDING

The questions asked in the following pages will enable us to determine your student's eligibility to attend school in this district in accordance with New Jersey law. Please be aware that N.J.S.A. 18A:38-1 and N.J.A.C. 6A:28-2 specify that a free public education will be provided to any student between the ages of 5 and 20 who is:

- Domiciled in the district, i.e., living with a parent or guardian whose permanent home is located within the district. A home is permanent when the parent or guardian intends to return to it when absent and has no present intent of moving from it, notwithstanding the existence of homes or residences elsewhere.
- Living with a person, other than the parent or guardian, who is domiciled in the district and is supporting the student without compensation, as if the student were his or her own child, because the parent cannot support the child due to family or economic hardship.
- Living with a person domiciled in the district, other than the parent or guardian, where the parent/guardian is a member of the New Jersey National Guard or the reserve component of the U.S. armed forces and has been ordered into active military service in the U.S. armed forces in time of war or national emergency.
- Living with a parent or guardian who is temporarily residing in the district
- The child of a parent or guardian who moves to another district as the result of being homeless.
- Placed in the home of a district resident by court order pursuant to *N.J.S.A. 18A:38-2*.
- The child of a parent or guardian who previously resided in the district but is a member of the New Jersey National Guard or the United States reserves and has been ordered to active service in time of war or national emergency pursuant to *N.J.S.A. 18A:38-3(b)*.
- Residing on federal property within the State pursuant to *N.J.S.A. 18A:38-7.7 et seq.*

*Note that the following do **not** affect a student's eligibility to enroll in school:*

- Physical condition of housing or compliance with local housing ordinances or terms of lease.
- Immigration/visa status, except for students holding or seeking a visa (F-1) issued specifically for the purpose of limited study on a tuition basis in a United States public secondary school.
- Absence of a certified copy of birth certificate or other proof of a student's identity, although these must be provided within 30 days of initial enrollment, pursuant to *N.J.S.A. 18A: 36-25.1*.
- Absence of student medical information, although actual attendance at school may be deferred as necessary in compliance with rules regarding immunization of students, *N.J.A.C. 8:57-4.1 et seq.*
- Absence of a student's prior educational record, although the initial educational placement of the student may be subject to revision upon receipt of records or further assessment by the district.

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 will be indicated in the appropriate section of the registration form.

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

Instructions (continued)

- 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 governmental 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 document or information you believe will help establish that the student meets the requirements of law for 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.

Please be aware that any initial determination of the student’s eligibility to attend school in this district is subject to more thorough review and subsequent re-evaluation, and that tuition may be assessed in the event that an initially admitted student is later found ineligible. If your student is found ineligible, now or later, you will be provided the reasons for our decision and instructions on how to appeal.

Student's Name

Date of registration

Checked by

I Registration form completed in its entirety and signed.

Proof of age presented, verified, and copy attached.

II Statement of domicile form

Copies of the following four (4) proofs of residency are attached.

1. <input style="width: 90%; height: 20px;" type="text"/>
3. <input style="width: 90%; height: 20px;" type="text"/>

2. <input style="width: 90%; height: 20px;" type="text"/>
4. <input style="width: 90%; height: 20px;" type="text"/>

III Residency form completed in its entirety, signed, and properly notarized.

IV Landlord's form completed in its entirety, signed, and properly notarized.

V Health history form completed in its entirety and signed.

Proof of immunizations checked below verified and copy attached.

Pre-K Only	<input type="checkbox"/>	DPT (4)	Kindergarten to Grade 8	<input type="checkbox"/>	DPT (5)
	<input type="checkbox"/>	Polio (3)		<input type="checkbox"/>	Polio (4)
	<input type="checkbox"/>	MMR (1)		<input type="checkbox"/>	MMR (2)
	<input type="checkbox"/>	HIB (1)		<input type="checkbox"/>	HIB (1)
	<input type="checkbox"/>	Hep. B (All)		<input type="checkbox"/>	Hep. B (All)

Mantoux test results presented (for all out-of-county students).

VI Medical examination form completed in its entirety and signed by physician.

VII Release consent form completed in its entirety and signed.

For School Use Only

Registration taken by:

Transfer students only Transfer card received

Date records sent for:

School, grade & homeroom assignment:

Child

Last Name First Name Middle Name

Date of Birth Month Day Year Age

Physical Address Street Address Apt. or Floor

City, State, & Zip Code

Mailing Address (If Different) Street Address Apt. or Floor

City, State, & Zip Code

Gender Race / Ethnicity Does child speak fluent English? Child's Native Language Country of origin

Parents / Guardians	Mother / Guardian	Father / Guardian	Emergency Contact
Name	<input type="text"/>	<input type="text"/>	<input type="text"/>
Relationship	<input type="text"/>	<input type="text"/>	<input type="text"/>
English-speaking?	<input type="text"/>	<input type="text"/>	<input type="text"/>
Native Language	<input type="text"/>	<input type="text"/>	<input type="text"/>
Custody	<input type="text"/>	<input type="text"/>	<input type="text"/>
Physical Address	<input type="text"/>	<input type="text"/>	<input type="text"/>
Own or Rent	<input type="text"/>	<input type="text"/>	<input type="text"/>
Home Phone (incl. Area Code)	<input type="text"/>	<input type="text"/>	<input type="text"/>
Cell Phone (incl. Area Code)	<input type="text"/>	<input type="text"/>	<input type="text"/>
Mailing Address (If Different)	<input type="text"/>	<input type="text"/>	<input type="text"/>
Business Address	<input type="text"/>	<input type="text"/>	<input type="text"/>
Business Phone (incl. Area Code)	<input type="text"/>	<input type="text"/>	<input type="text"/>

Part I: Registration Form (continued)

	Full Name (List student being enrolled first)	Date of Birth	Age	Grade	School
Children of the Family (including pupil being enrolled)					

Child's Physician		Physician's Phone Number	
Child's Allergies		Medications	

Last School Attended

Prior School Address

Public or Private?		Highest Grade Completed		Grades repeated?		Prior School's Grade Placement Recommendation?	
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Official Transfer Card Presented?		Classified Student?		I.E.P. Presented?	
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The following information is specifically required by the State of New Jersey as part as part of its "NJ Smart," a comprehensive data warehouse and state-wide student identification system program:

Child's CITY of Birth (only if born in the USA)

Child's State of Birth (only if born in the USA)

Child's Country of Birth (only if born outside the USA)

I certify that all of the information contained in this application is true under the penalties as prescribed by the laws of the State of New Jersey and the United States Government.

Signature of Parent / Guardian completing this registration form

Date

Complete this section if **the student is living with a parent or guardian** domiciled in the district whose **permanent home** is the address given on the registration form and is **located in the district**. If you are the student's guardian, or will be the guardian of a student from out of state following expiration of the required six month waiting period, you will be asked to provide official papers proving guardianship.

1. How long have you lived in this home? _____

2. Do you have any present intention of moving from this home? If so, when and where? _____

3. Do you have residence(s) elsewhere and, if so, where are they and when do you live there? _____

4. Please list the four forms of proof (see "Preliminary Information" sheet for a complete list) that you will provide to demonstrate that the address given on the registration form is your permanent home.

#1 _____

#2 _____

#3 _____

#4 _____

If the student's parents are domiciled in different districts, regardless of which parent has legal custody, please answer the questions 5A through 5D. Otherwise skip to question 6.

5A. Is there a court order or written agreement between the parents designating the district for school attendance and, if so, where does it require the student to attend school. (A copy of this order / agreement must be attached.)

5B. Does the student live with only one parent for the entire year? If so, with which parent and at what address? _____

Part II: Domicile (continued)

5C. If 5B is No, for what portion of time does the student reside with each parent and at what address? _____

5D. If the student lives with both parents on an equal-time, alternating week/month or other similar basis, with which parent did the student reside on the last school day prior to October 16 preceding the date of this application?

Please note: No district is required, as a result of being the district of domicile for school attendance purposes where a student lives with more than one parent, to provide transportation for a student residing outside the district for part of the school year, other than transportation based upon the home of the parent domiciled within the district to the extent required by law.

6. If you are claiming to be an emancipated student, are you living independently in your own permanent home in the district? If yes, please describe the proofs you will provide, **in addition to those demonstrating domicile**, that you are **not** in the care of a parent or legal guardian.

Please note: Under New Jersey Law, where a dwelling is located within two or more local school districts, or bears a mailing address that does not reflect the dwelling's physical location within a municipality, the district of domicile for school attendance purposes is that of the municipality to which the resident pays the majority of his or her property tax, or to which the majority of property tax for the dwelling in question is paid by the owner of the multi-unit dwelling.

I certify that all of the information contained herein is true under the penalties as prescribed by the laws of the State of New Jersey and the United States Government.

Signature of Parent / Guardian completing this form

Date

Full Name of Student(s)

I, the parent / guardian of the student listed above hereby pledge that we do reside in the Township of River Vale requirements as established by district policy and regulations.

I understand that if the residency information that I am providing is found to be false or if I do not notify the River Vale Public Schools of any residency change, I will be responsible for all the tuition costs and fees paid by the River Vale Board of Education in addition to any legal fees that may be incurred. I further understand that the current tuition rate, set by state formula, is \$10,142 per year.

Parent / Guardian
Signature

Date

Relationship to Student

Sworn and subscribed
to me on (date)

Notary Public Name

Notary Address

Notary Phone

Full name of landlord

Name of tenant(s)

Address of Tenant(s)

Names of child(ren) residing with tenant(s)

I, the owner of the property listed above, hereby affirm that the parent(s) / guardian(s) and of the child(ren) listed above do reside in the Township of River Vale.

I understand that if the residency information that I am providing is found to be false I will be responsible –along with the person(s) named as the tenant(s)– for all the tuition costs and fees paid by the River Vale Board of Education in addition to any legal fees that may be incurred. I further understand that the current tuition rate is \$10,142 per year.

Further, I understand that any person –including landlords– who fraudulently allows a child of another person to use his or her residence or address and is not the primary financial supporter of that child and/or any person who fraudulently claims to have given up custody of his or her child to a person in another district commits a CRIMINAL OFFENSE which is punishable under the law.

Landlord's Signature

Date

Sworn & subscribed to me on (date)

Name of Notary

Address of Notary

Phone Number of Notary

The undersigned parent, guardian, or student over the age of 18 hereby consents to the release of the name, address, and name of the parent or guardian with whom the parent resides to the Township of River Vale for monitoring purposes, and to other governmental agencies as may be appropriate and necessary.

Further, to assist the River Vale Public Schools in the process of providing my child with a thorough and efficient education, I hereby grant my permission to secure all records related to the education of my child from all educational institutions previously attended. Such records shall include, but not be limited to, transcripts of courses and grades as well as attendance, disciplinary, health, and Child Study Team records.

Child's Last Name	First Name	Middle Initial
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Complete Street Address	Apt. / Floor
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City, State, & Zip Code

Signature of Parent / Guardian / Person completing this release form
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Date

Child's

Last Name	First Name	Middle Name
<input style="width:90%;" type="text"/>	<input style="width:90%;" type="text"/>	<input style="width:90%;" type="text"/>

Yes No Is your child currently under the care of a medical doctor? If yes, for what reason?

Yes No Is your child currently under the care of an orthodontist? If yes, for what reason?

Yes No Does your child take any medication on a daily basis? If so, what and for what reason?

Yes No Does your child have any condition which prevent participation in physical education classes? If yes, please explain.

Does your child have or ever had:

Allergies	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Mononucleosis	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Asthma	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Muscular problems	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Bronchitis	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Nosebleeds	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Chicken pox	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Orthopedic problems	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Congenital defects	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Pneumonia	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Contact lenses	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Rheumatic Fever	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Diabetes	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Seizures	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Eye glasses	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Serious injury	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Headaches	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Serious illness	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Hearing aid	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Sore throats	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Hearing problems	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Tendency to bleed	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Heart condition	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Tuberculosis	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Hepatitis	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Vision problems	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

If yes to any of the above, please explain.

Please notify School Nurse of any medical problems, serious illness, communicable disease, or if your child receives any immunizations. Also, please note that New Jersey law requires both doctor and parent permission for taking medication in school. Without both signed permission statements, the nurse CANNOT give the medication even if you send it to school.

I certify that all of the information contained in this application is true under the penalties as prescribed by the laws of the State of New Jersey and the United States Government.

<div style="border: 1px solid black; width: 95%; height: 45px; margin: 5px;"></div>	<div style="border: 1px solid black; width: 95%; height: 45px; margin: 5px;"></div>
Signature of Parent / Guardian completing this registration form	Date

Child
 Last Name First Name Middle Name

Gender Male Female Date of Birth (Month / Day / Year)

Name of Parent / Guardian

Physical Address Street Address Apt. or Floor

City, State, & Zip Code

Child's Physician Physician's Phone Number

Examination Form (Must be Completed by Physician)

Date of Most Recent Physical Examination

VACCINE TYPE	Disease Date?	1st Dose Mon / Day / Yr	2nd Dose Mon / Day / Yr	3rd Dose Mon / Day / Yr	4th Dose Mon / Day / Yr	5th Dose Mon / Day / Yr
DIPHTHERIA, TETANUS, PERTUSIS, DTP (If DT or Td, indicate in corner box)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
ORAL POLIO VACCINE (OPV) (If Salk Vaccine, indicate as IPV)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
MEASLES, MUMPS, RUBELLA (MMR)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
HAEMOPHILUS B (HIB)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
HEPATITIS B	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
VARIVAX (CHICKENPOX)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other (Specify)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Height Weight Eyes R 20 / Left 20 /

Ears Right Left Blood Pressure

Mantoux (If applicable) Date Given Date Read Result

Respiratory	<input type="text"/>	Speech	<input type="text"/>
Cardiovascular	<input type="text"/>	Orthopedic	<input type="text"/>
Abdomen	<input type="text"/>	Nervous System	<input type="text"/>
Musculoskeletal	<input type="text"/>	Scoliosis	<input type="text"/>

Any condition limiting classroom activity, including physical education?

Any condition that could possibly result in a classroom emergency?

Physician Signature Date Signed