

Welcome to

NORTH WILDWOOD SCHOOL DISTRICT

PUPIL REGISTRATION CHECKLIST AND COVER SHEET

Are you the legal parent/guardian or the child being registered? _____Y _____N

If no, you cannot register the child at this time. Only the parent/legal guardian can register children in the school district.

PARENT/GUARDIAN STATUS – (Please check the appropriate line)

- _____ Parent(s) (not divorced or separated)
- _____ Custody documentation if divorced or separated
- _____ Court documentation of guardianship
- _____ State agency placement documentation of guardianship (DYFS)
- _____ Legal guardianship affidavit

Student’s Name: _____ Date: _____

Previous School: _____ Grade while there: _____

NOTE: If student is involved with the Child Study Team and has an IEP, the student’s placement may be altered upon receipt of this document. Receipt of this document is required prior to the student starting school.

IMPORTANT NOTICE – PLEASE READ CAREFULLY

The North Wildwood School District is proud to offer a high-quality public education to our residents. The School District also has a very strict residency verification program to protect our community resources. This program can include, but is not limited to, complete documentation verification, independent investigation by school officials and law enforcement officials, and surveillance.

It is the intent of the North Wildwood School District to prosecute, to the fullest extent of the law, any individual furnishing false information in the accompanying registration forms for the purpose of enrolling non-resident students.

If the student registered is found to be a non-resident, the individual registering said student will be financially responsible for all tuition costs. Incurring such a liability translates to an approximate cost to the perpetrator of the current tuition rate. Through legal action, this district has recently been successful in recouping tuition costs from the families of non-resident students.

.....
I certify that I have read and understand the above notice. Additionally, I agree to pay the school district full tuition cost if the student being enrolled is found to be a non-resident.

Signature of Parent/Guardian _____ Date

****Required proof of residency information is located on the reverse side of this form!**

REQUIRED ENROLLMENT INFORMATION

NOTE: In order to expedite your child's enrollment; please have the following information available at registration time.

- _____ Proof of Residency – see below
- _____ Proof of Custody – see front side
- _____ Withdrawal Form (Pertains to students enrolled in another school during the current school year - Must include grades at time of withdraw. New Jersey transfer students must present a transfer card with the NJ STATE ID# for the student.)
- _____ Birth Certificate (All students must have a state-certified birth certificate, not hospital copy)
- _____ Immunization Records (All students entering New Jersey Public Schools are required by law to be immunized prior to the start of classes. Proof of immunization is required at the time of enrollment and must include the name of the person, the birth date, the type of vaccine administered and the month day and year of each immunization.)
- _____ Special Services (A copy of the current Individual Education Plan for students presently receiving a specialized education.)

NOTE: Many of the above documents may be sent to our school after your previous school receives the request for records. However, unofficial copies of the above may greatly expedite enrollment and placement. In addition to the above, parents/guardians may want to present any standardized test scores, past report cards/transcripts and the student's current schedule.

Residency Documentation:

North Wildwood/West Wildwood residents: Must present at least one of the following –

- _____ Lease Agreement (must include name, address and telephone number of property owner for verification. It must be original copy, and no altered copies will be accepted.)
- _____ Property Deed
- _____ Tax Bill
- _____ Mortgage Settlement Papers

In addition, **North Wildwood/West Wildwood residents** must present one of the following –

- _____ Utility bill in parent/guardian name at stated address
- _____ Voter registration card
- _____ U.S. Passport with address
- _____ Medicaid, Welfare, or food stamp identification card with address

ENROLLMENT RESIDENCY QUESTIONNAIRE

In accordance with the 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.

Student's Name _____ Grade _____

Current address: _____

How long have you lived at the above address? _____

Do you have any present intention of moving from this home? ____ Yes ____ No
If so, when and to where? _____

My last permanent residence was: _____

Reason for leaving _____

Since _____ my family has not had a permanent home.

I receive my mail at _____

Do you have any residences elsewhere? ____ Yes ____ NO
If yes, where? _____

Please indicate if the student resides in any of the following facilities:

- | | |
|--|--|
| <input type="checkbox"/> Hotel/Motel | <input type="checkbox"/> Shelter |
| <input type="checkbox"/> Transitional Housing Facility | <input type="checkbox"/> Domestic Violence Shelter |
| <input type="checkbox"/> Runaway Youth Shelter | <input type="checkbox"/> Migrant Family Dwelling |
| <input type="checkbox"/> At a campsite | <input type="checkbox"/> In a car |
| <input type="checkbox"/> Home for Adolescent School-age Mothers | <input type="checkbox"/> In a mobile home |
| <input type="checkbox"/> Family's home out of necessity
(grandparents, aunt, uncle, cousin, sister/brother, etc.) | |
| <input type="checkbox"/> Friend's home out of necessity | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> None of the above situations apply | |

Parent/Guardian
Signature _____ Date: _____

For Office Use Only
 Residency _____

 Health Records _____
 Physical _____
 Birth Certificate _____
 Transfer Card _____
 Legal/Custody _____
 Report Card _____
 Child Study _____

For Office Use Only
 Grade _____ Reg Date _____
 ID# _____ Start Date _____

REGISTRATION FORM
NORTH WILDWOOD PUBLIC SCHOOL
 North Wildwood, New Jersey 08260

CHILD'S NAME _____ GRADE _____
 (Last) (First) (Middle)
 HOME PHONE
 ADDRESS _____ NUMBER _____

Date of Birth _____ Male Female U.S. Citizen: Yes No
 Place of Birth: _____
 City: _____ County: _____ State: _____

The following information is utilized for compliance with federal and state reporting requirements.

(Circle all that apply) Black White Hispanic/Latino American Indian/Alaskan Asian Pacific Islander/Hawaiian Other _____

Father's Name: _____ U. S. Citizen: Yes No

Father's Place of Birth: _____ Date of Birth: _____

Father's Place of Employment: _____ Work Phone: _____

Position held : _____ Last Grade Completed: _____

Mother's Name: _____ U. S. Citizen: Yes No

Mother's Maiden Name: _____

Mother's Place of Birth: _____ Date of Birth: _____

Mother's Place of Employment: _____ Work Phone: _____

Position held: _____ Last Grade Completed: _____

Living with: (circle one) Both Parents Mother Only Father Only Other _____

Legal Custody: Joint: _____ Placement with: _____ Other (specify): _____

Family Court Conditions: _____

NOTE: CONDITIONS CANNOT BE HONORED WITHOUT A COPY OF COURT ORDER IN CHILD'S FILE. IF CONDITIONS CHANGE, SCHOOL MUST BE SENT A COPY OF CHANGES TO HONOR THEM.

If not living with parents:
 Guardian's Name: _____

Relationship: _____ Phone: _____

What is your native language? _____

What languages are spoken in your home? _____

Previous School: _____ Grade: _____

Address: _____ Phone: _____

Was child enrolled in any of these programs? (circle)

Preschool Handicapped

Speech

Special Ed

Enrichment

Remedial Reading

Remedial Math

Remedial Language Arts

ESL/English Language Services

Discipline Concerns: (expelled/suspended) explain: _____

Has this child previously attended North Wildwood School? Yes No Date: _____ Grade: _____

List names and dates of ALL schools attended by child:

1. _____ Date _____
2. _____ Date _____
3. _____ Date _____
4. _____ Date _____

Full Name of children in family (List oldest first. **Include** this child)

Name _____ Date of Birth _____ M F

Name _____ Date of Birth _____ M F

Name _____ Date of Birth _____ M F

Name _____ Date of Birth _____ M F

Name _____ Date of Birth _____ M F

Name _____ Date of Birth _____ M F

MILITARY CONNECTED STUDENT

Parent /Guardian is:

_____ Not military connected

_____ Active Duty (Full time)

_____ National Guard or Reserve

Name military branch _____

Name military branch _____

MARGARET MACE SCHOOL
 1201 Atlantic Avenue, North Wildwood, NJ 08260
 (609) 522-1454 fax (609) 846-1704

Report of Student Medical Examination

This form is to be completed by the student's "medical home" (family physician or advanced practice nurse).

Student's Name: _____ Grade: _____ Sex: _____ Birth date: _____

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

Medical History (Including allergies, past serious illnesses, injuries, and operations, medications, diabetes, familial disorders and current health problems):

Exam Date: _____

Height: _____ Weight: _____ Blood Pressure _____ / _____ Pulse _____ bpm

Vision:	NEAR	FAR	Corrected:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	R 20/ _____	R 20/ _____	Contacts:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	L 20/ _____	L 20/ _____	Glasses:	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Hearing:	R _____	<input type="checkbox"/> Pass	L _____	<input type="checkbox"/> Pass
		<input type="checkbox"/> Fail		<input type="checkbox"/> Fail

	Normal	Abnormal Findings	Comments
Ears (otoscopic)			
Eyes			
Lymph Glands			
Thyroid			
Nose			
Throat			
Teeth-Mouth			
Heart			

Lungs			
Abdomen			
Hernia			
Genito-Urinary			
ORTHOPEDIC			
Structural			
Posture			
Feet			
Skin			
Nutrition			
Nervous System			
Speech			
Other			
General			
Appearance			

PLEASE ATTACH IMMUNIZATION RECORD

Medications Currently in Use

Additional Observations

Are there any modifications required for full participation in school? YES NO

PLEASE SIGN AND DATE

**Examining Physician's/Provider's
Signature:** _____

Date: _____

Home Language Survey Parent/Guardian Questionnaire

PLEASE PRINT

Child's name: _____ Date of birth: _____
(first) (middle) (last)

Date of school entrance: _____

Person completing the survey: Mother Father Grandparent Guardian Other

Please tell us about your child:

1. What language did the child learn when he/she first began to talk? _____
2. What language does the family speak at home most of the time? _____
3. What language (s) does the primary caregiver (s) speak to the child most of the time? _____
4. What language (s) does the child speak to his/her primary caregiver (s) most of the time? _____
5. What language (s) does the child speak to his/her brothers and sisters most of the time? _____
6. What language does the child speak to his/her friends most of the time? _____
7. Please list any preschool program(s) your child attended before coming to our program:

8. In which language do you wish to receive information from the school? _____
9. What name do you use for your child (if different from above)? _____