

## **REGISTRATION REQUIREMENTS**

### **ONLY THE NATURAL PARENT OR GUARDIAN MAY REGISTER A STUDENT**

#### **1. Proof of Residency (necessary before beginning any registration):**

- **Two (2) Proofs of Residency must be presented indicating the student lives in the sending district.**  
Acceptable examples of such proof are:
  - a. **Tax Bill or Deed**
  - b. **Contract of Sale or Closing Statement**
  - c. **Copy of Lease or rental receipt with address of property**
  - d. **Utility bill or Digital Driver's License (acceptable as second proof only)**
  
- **In the event the student and parent are residing with a third party, the third party must provide two (2) Proofs of Residency, as listed above. In addition, the third party must provide a notarized letter stating the parent and student are residing at their address. One proof of residency for the registering party is also required.**
  
- **In the event the student is not residing with the parent/guardian, or does not have a court order indicating placement, then the registering party must apply for an affidavit of Guardianship/Residency agreement.**
  
- **IF APPLYING AS A TUITION STUDENT: Submit a short letter as to why you wish your child to attend Lavallette School. You will be notified when you are approved by the BOE.**

#### **2. Health Records / Immunizations**

#### **3. Original Birth Certificate with raised seal (Bureau of Vital Statistics)**

**Provisional registration approvals will grant a party 30 days to provide any listed missing information. Failure to comply may result in exclusion from school until proper documentation is provided.**



**LAVALLETTE ELEMENTARY SCHOOL  
REGISTRATION  
HEALTH HISTORY**

Name of child: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Was pregnancy normal? \_\_\_\_\_

Any complications at birth? \_\_\_\_\_

Was baby full-term? \_\_\_\_\_ Normal delivery? \_\_\_\_\_

Birth Weight: \_\_\_\_\_ Apgar Score: \_\_\_\_\_

Has child had any delayed milestones? (sitting, walking, talking) \_\_\_\_\_

Does child have any known food or latex allergies? \_\_\_\_\_

If yes, please explain \_\_\_\_\_

Is your child on any medication? \_\_\_\_\_

Are there any health issues that we should be aware of? (Surgery, vision, hearing, speech, congenital, fractures, concussions) \_\_\_\_\_  
\_\_\_\_\_

Does your child have any limitation of activity or physical handicap? \_\_\_\_\_

If yes, please explain \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent\*

\_\_\_\_\_  
Date

\*Your signature indicates that the information provided by you is true and that you were provided with the attached district policy "Eligibility of Resident/Nonresident Pupils".