

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.**
2. **Health Records / Immunizations (A45 Card)**
3. **Original Birth Certificate with raised seal (Bureau of Vital Statistics)**
4. **Transfer Card from Previous School**
5. **Latest Report Card**
6. **Signed Release of Records Form (provided by us)**

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

PUPIL REGISTRATION FORM

Pupil's Name: _____
(Last Name) (First Name) (Middle Initial or Name)

Address: _____

P. O. Box #: _____ Present Grade Level: _____ Cell Phone #: _____

Home Telephone #: _____ Pupil's Date Of Birth: _____

Is your child _____ Left handed? _____ Right handed? Email Address: _____

Please List Your Child's Allergies or Handicaps: _____

Please List Languages Spoken At Home If Other Than English: _____

Mother's Name: _____ Address: (if different) _____

Father's Name: _____ Address: (if different) _____

Mother's Place of Employment and Phone Number: _____

Father's Place of Employment and Phone Number: _____

IN CASE OF THE SUDDEN ILLNESS OF YOUR CHLD WHEN NEITHER SPOUSE CAN BE CONTACTED, PLEASE LIST THE NAMES AND PHONE NUMBERS OF TWO INDIVIDUALS WHO WILL ASSUME RESPONSIBILITY FOR YOUR CHILD UNTIL YOU BECOME AVAILABLE:

Name & Relationship: _____ Phone Number: _____

Name & Relationship: _____ Phone Number: _____

IF YOU WOULD PREFER THAT YOUR PERSONAL PHYSICAL BE CONTACTED IN CASES OF EXTREME EMERGENCY, PLEASE STATE YOUR PERSONAL PHYSICIAN'S NAME AND PHONE NUMBER BELOW:

Name: _____ Phone Number: _____

Parent's/Guardian's Signature)

(Date)

School Use:

ASSIGNMENT TO:

Teacher: _____ Grade: _____ Date: _____

LAVALLETTE ELEMENTARY SCHOOL
105 Brooklyn Avenue
Lavallette, NJ 08735
Fax: (732) 830-1604

RELEASE OF RECORD FORM

TO:

School

Address

City, State, Zip

THE FOLLOWING STUDENT(S) HAVE BEEN ENROLLED IN OUR SCHOOL:

1. _____

2. _____

3. _____

PLEASE FORWARD THE FOLLOWING RECORDS TO US AS SOON AS POSSIBLE:

_____ **Cumulative Records**

_____ **Medical/Health Records**

_____ **Transfer Card**

_____ **Standardized Test Results**

_____ **Child Study Team Reports (If Applicable)**

Thank you for your prompt attention to our request.

I authorize the release of all records, including confidential materials, regarding the above named student(s).

(Parent's/Guardian's Signature)

(Date)

**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".