

BEACH HAVEN ELEMENTARY SCHOOL

Date of Registration _____ Proof of Residency Tax Bill Lease Deed Mortgage
Info _____

(CIRCLE ONE - COPY ATTACHED)

Student Name _____
(Last) (First) (M.I.) (Nickname) Date of Birth _____

Street Address _____ City/State _____ Zip Code _____

Source of Information () Birth Certificate () Prior School () Other _____ Gender _____

Home Phone _____ Language Spoken at Home () English () Other _____

Previously Enrolled in Beach Haven School? () Yes () No If "Yes" Indicate years attended _____

Previous Grade Placement _____ Previous Home Address _____

Previous School _____
(Name) (Address) (Phone)

Student Resides with () Both Parents () Mother * () Father * () Guardian **

*Do you have legal custody of the above-named child? () Yes - Custody Papers Provided () No

** Approved Affidavit (Board Office) on File () Yes () No

If child is living with a guardian (anyone other than a parent), a RESIDENCY AFFIDAVIT must be obtained at the Board Office, notarized and approved

Please indicate if there are any special custody circumstances that the school should be made aware of concerning your child.

If so, please furnish school with a copy of the court order.

Father's Name _____ Home _____ Work # _____ Cell # _____

Mother's Name _____ Home _____ Work # _____ Cell # _____

Guardian's Name _____ Home _____ Work # _____ Cell # _____

Email Address _____

EMERGENCY CONTACTS (Permission is given to contact if parent cannot be reached in the event of an emergency)

(Name) (Relationship) (Telephone Number)

(Name) (Relationship) (Telephone Number)

Student's Physician _____
(Name) (Address) (Telephone Number)

My child was receiving the following assistance in his/her previous school:

() Special Education () Speech Therapy () 1 Basic Skills () ESL/Bilingual Ed. () Gifted & Talented

() Free or Reduced Lunch () Other _____

I have reviewed the above information with my son/daughter and it is correct _____

Signature of Parent/Legal Guardian

*** OFFICE USE ONLY ***

Student ID _____ Grade _____ Homeroom _____ Date of Enrollment _____

BEACH HAVEN ELEMENTARY SCHOOL

Student Registration Packet

Other Info (Special Education) _____

() Residency Affidavit () Residency Notification () Special Permission

Copies: School Registrar File - Guidance Counselor - Nurse - Transportation

THE INFORMATION REQUESTED BELOW IS REQUIRED BY THE STATE OF NEW JERSEY NJSMART INITIATIVE

Last Name(*)	First Name(*)	Middle Name
Date of Birth (yyyy/mm/dd)(*)	Gender (Male/Female)	Current City of Residence(*)
City of Birth (*)	State of Birth(*)	Country of Birth(*)
Date (yyyy/mm/dd) Student Entered the Beach Haven School District(*)	Anticipated Year of Graduation from Beach Haven School (*)	

ETHNICITY (*) The ethnic category which most clearly reflects the individual's recognition of his/her community or with which the individual most identified. (Yes or No must be checked)

Hispanic or Latino - a person of Cuban, Mexican, Puerto Rican, South or Central American or other Spanish culture of origin regardless of race. (Note: If positive identification of Hispanic or Latino is not possible, "NO" should be entered)

_____ YES (Hispanic or Latino) _____ NO (to Hispanic or Latino)

RACE (*) The racial category which clearly reflects the individual's recognition of his/her community of with which the individual most identifies. More than one race category may be reported for an individual. (Yes or No must be checked)

Race Indian	_____ YES (to American Indian or Alaskan)	_____ NO (to American Indian or Alaskan)
Race Asian	_____ YES (to Asian)	_____ NO (Asian)
Race Black	_____ YES (to Black or African American)	_____ NO (to Black or African American)
Race Pacific	_____ YES (to Native Hawaiian or Other Pacific Islander)	_____ NO (to Black or African American) Pacific Islander)
Race White	_____ YES (to White)	_____ NO (to White)

Both "Ethnicity" and "Race" must be entered.

HEALTH

Current Health Insurance Status of your child: Coverage (YES)_____ Coverage (NO)_____

Date of your child's last medical examination _____

IF "YES" name (Only) of Health Provider _____

Date of your child's last LEAD blood test: _____

Lead Level _____

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Student Registration Packet

Name of Parent/Legal Guardian (please print)

Signature of Parent/Legal Guardian

Date

RESIDENCY INFORMATION

I have provided the Beach Haven Elementary School with the appropriate Proof of Residency documentation, as indicated below:

_____ Lease Agreement

_____ Deed

_____ Tax Bill

_____ Mortgage Information (NO \$ amounts to be included)

_____ Other (Please specify)

I, _____, the parent/legal guardian of
(Please Print)

_____, attest to the fact that I am a
(Please Print)

resident of Beach Haven, NJ.

If this is found to be untrue, I understand that I am subject to litigation and tuition charges for the time my child has attended Beach Haven Elementary School.

Signature of Parent/Legal Guardian

Date

CUSTODY ALERT

This form is to be completed if one or both natural parents do not have equal custody of a student.

(Copy of custody papers must be given to the school.)

The legal custodian, parent or court-ordered guardian for:

_____ is: _____
 (Student Name) (legal custodian, parent or court-ordered guardian)

The following people MAY NOT have legal access to the child or the child's report cards and/or progress reports without written permission from the custodial person:

NAME	RELATIONSHIP TO STUDENT	ADDRESS	PHONE NUMBER

____ Check here and sign below if there are **NO** custody issues concerning your child.

The school **MUST** be notified if any changes occur to the information on this form.

Parent/Guardian Signature

Date

____ Copy of the custody papers received.

Date

EMERGENCY CLOSING FORM

FAMILY NAME: _____

BEST # TO CALL: _____

NAME OF STUDENT(S): _____ GRADE(S) _____

_____	_____
_____	_____
_____	_____

It is sometimes necessary to close school early because of emergency situations such as snow, loss of heat/power, etc. Parents should discuss this possibility with their children and make contingency plans for younger children to enter their home or go to a neighbor if no one is home. **In the event of an emergency closing, it is the responsibility of the parent/guardian to call the school if they need to change their selection below.**

PLEASE CHECK ONLY ONE:

_____ I will pick my child up from school.

_____ My child/ren have permission to walk home.

_____ I would like my child/ren to come home on the school bus as soon as it is available.

_____ I would like child/ren to return home on the school us, but to be dropped off at the following adult/address, due to the fact that I will not be home. **ADDRESS MUST BE ON THE STUDENT'S SAME BUS ROUTE.**

NAME: _____

ADDRESS: _____

PHONE: _____

Signature of Parent/Guardian Date