



GW TO EVG RE- REGISTRATION



Please Join Us

April 19, April 26, May 3 and May 10

From 10 AM to 1:30 PM

No appointment necessary

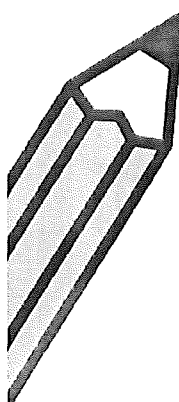


Please provide the following:

RE-REGISTRATION PACKET


TAX BILL OR LEASE AND NOTARIZED LANDLORD AFFIDAVIT

2 UTILITY BILLS (60 DAYS OR LESS)



Students need to be re-registered no later than May 10th
in order to transition to 3rd grade at EVG for September

Please call Ms. Cammarano at 201-886-3480 x 1200
with any questions



Edgewater Board of Education Registration Form (Grades One through Six)

PLEASE PRINT

Directions to Parent/Guardian: The questions on this form must be completed at the time of enrollment. Some responses are optional to protect the privacy of student or family, however, the parent or guardian should understand that his/her responses to these questions will be of great help to the district and the state in planning a program that meets the unique needs of his/her child. If the parent or guardian declines to respond to a question, leave the item blank.

STUDENT INFORMATION

Date of Enrollment _____ Gender of Child Male Female

First Name of Child _____ Last Name of Child _____

Middle Name of Child _____ Generation Code/Suffix (Jr., Sr., III) _____

Birth Date (MM-DD-YYYY) _____ Nickname _____

Authenticity of Birth (office use only) _____

Child's City of Birth _____ Child's State of Birth _____ Child's Country of Birth _____

Date of entry in U.S. _____ Date student started school in U.S. _____

Number of siblings: Older Sisters _____ Younger Sisters _____ Older Brothers _____ Younger Brothers _____

Race Check one or more boxes to indicate the race/ethnicity that you consider your child to be:

- American Indian or Alaska Native
 Black or African American
 White
 Asian
 Native Hawaiian or other Pacific Islander

Ethnicity of Child Hispanic or Latino Non-Hispanic or Latino

Native Language of Child. The language or dialect first learned by an individual or first used by the parent/guardian with the child. The term is often referred to as the first language spoken. A representative sample of languages in New Jersey is listed below. Select the box to indicate the native language of the child.

<input type="checkbox"/> Albanian	<input type="checkbox"/> Gujarati	<input type="checkbox"/> Polish
<input type="checkbox"/> Arabic	<input type="checkbox"/> Hebrew	<input type="checkbox"/> Russian
<input type="checkbox"/> Armenian (Hayeren)	<input type="checkbox"/> Hindi	<input type="checkbox"/> Sindhi
<input type="checkbox"/> Bengali (Bengabhasa, Bangala, Bangla)	<input type="checkbox"/> Italian	<input type="checkbox"/> Spanish
<input type="checkbox"/> Cantonese (Yue, Toishan, Taishan)	<input type="checkbox"/> Japanese	<input type="checkbox"/> Tagalog
<input type="checkbox"/> Dari (Afghan, Persian)	<input type="checkbox"/> Korean	<input type="checkbox"/> Telugu
<input type="checkbox"/> English	<input type="checkbox"/> Malayam	<input type="checkbox"/> Turkish
<input type="checkbox"/> Farsi	<input type="checkbox"/> Mandarin (Chin, Kuoyu, Pekingese, N. Chinese, Putongua)	<input type="checkbox"/> Urdu
<input type="checkbox"/> Greek	<input type="checkbox"/> Panjabi (Punjabi)	<input type="checkbox"/> Other (please specify):

NOTE: Please read the following definitions pertaining to resident status carefully before answering the questions.

Is the student eligible for migrant education services? A "migratory child" means a child who is, or whose parent or spouse is, a migratory agricultural worker, including a dairy worker or a migratory fisher, and who in the preceding 36 months, in order to obtain, or accompany such parent or spouse, in order to obtain temporary or seasonal employment in agricultural or fishing work -- has moved from one school district to another or resides in a school district of more than 15,000 square miles, and migrates a distance of 20 miles or more to a temporary residence to engage in a fishing activity.

<input type="checkbox"/> Yes <input type="checkbox"/> No
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Is the student homeless? A student shall be considered homeless if any of the following conditions apply:

1. Resides in a supervised publicly or privately operated shelter designed to provide temporary living accommodations.
2. Resides in an institution that provides a temporary residence of individuals intended to be institutionalized.
3. Resides in a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings.
4. Lives with a parent in a domestic violence shelter.
5. A runaway living in a shelter.
6. A school-aged mother residing in a home for adolescent mothers.
7. A sick or abandoned child residing in a hospital and would otherwise be released if he or she had a permanent residence.
8. The child of a homeless family, which is out of necessity living with relatives or friends.
9. The child of a migrant family, which lacks adequate housing.
10. Finally, a child or youth shall be considered homeless when a dispute occurs regarding the determination of homelessness, the involved districts shall immediately notify the county superintendent of schools (regional assistant commissioner), who shall decide the status of the child within 48 hours.

<input type="checkbox"/> Yes <input type="checkbox"/> No
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Is the student qualified to receive federal support as an immigrant? An immigrant is a student who is age 3 to 21 and was NOT born in the US, and has not been attending one or more schools in one or more states for more than three full academic years.

<input type="checkbox"/> Yes <input type="checkbox"/> No
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Is the student a dependent of a member of the Active Duty Forces (full-time) - Army, Navy, Air Force, Marine Corps, Coast Guard or National Guard?

<input type="checkbox"/> Yes <input type="checkbox"/> No
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FOR OFFICIAL USE ONLY

EFFECTIVE ENTRANCE DATE _____ TEACHER/GRADE _____

STUDENT ID _____ NJSMART ID _____

BUS ASSIGNMENT AND STOP _____ ADMINISTRATOR'S APPROVAL: _____

FAMILY INFORMATION

Please provide the legal residence and phone number of:

Student's Name: _____ Home tel. number _____

Address _____ Apt. # _____

City _____ State _____ Zip _____

PARENT 1

PARENT 2

Name		Name	
Gender		Gender	
Address		Address	
Work Phone		Work Phone	
Cell Phone		Cell Phone	
Email Address		Email Address	

Marital status of parents (optional): Single Married Is there a court order on file? Yes No

Are there custody issues? Yes No If so, who has legal custody of the student? _____

STEP-MOTHER		STEP-FATHER		OTHER LEGAL GUARDIAN	
Name		Name		Name	
Address		Address		Address	
Work Phone		Work Phone		Work Phone	
Cell Phone		Cell Phone		Cell Phone	

List two neighbors or nearby relatives who will assume temporary care of your child if you cannot be reached:

1. EMERGENCY CONTACT: _____ Relationship to student: _____

Address: _____

Home telephone number: _____ Cell/ work number: _____

2. EMERGENCY CONTACT: _____ Relationship to student: _____

Address: _____

Home telephone number: _____ Cell /work number: _____

I certify that the information given above is true to the best of my knowledge and belief.

Date _____

Parent Signature _____

**Edgewater Schools
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 schools 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)? _____

EDGEWATER SCHOOL DISTRICT
251 UNDERCLIFF AVENUE
EDGEWATER, NJ 07020

LANDLORD AFFIDAVIT

Full Name of Landlord:
(print clearly)

Name of Tenant(s):
(print clearly)

Address of Tenant(s):
(print clearly)

Names of Child/Children
residing with Tenant
(print clearly)

I, the owner of the property listed above, hereby affirm that the parent(s)/guardian(s) of the child/children listed above, do reside at the above address in the Town of Edgewater. This is a _____ month to month, _____ yearly rental (check one).

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 Edgewater Board of Education, in addition to any legal fees that may be incurred.

Further, I understand that any person – including landlords – who fraudulently allow 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 Edgewater commits a CRIMINAL OFFENSE which is punishable under the law.

LANDLORD'S SIGNATURE MUST BE NOTARIZED BY A NOTARY PUBLIC

Landlord's Signature: _____

Sworn & Subscribed to me on this day of: _____

Signature of Notary Public: _____