



Registration Checklist

- ❖ Parent/ Guardian valid photo ID
- ❖ Original Birth Certificate with raised seal
- ❖ 4 Proofs of Residency
- ❖ Immunization record and physical examination
- ❖ Transfer card and school records from previous school

One proof of residency must be one of the following; original deed; copy of mortgage or mortgage statement; original lease/rental agreement

OR


Third Party Residency Form- Parts A and B signed and notarized affidavit of homeowner/landlord attesting proof of residency.

AND

Three additional documents which may include financial account information, utility bills, credit card statements, cell phone bills, canceled check, employment documents such as a paycheck, benefit statements, automobile or renter's insurance.

District Registrar's Office :

Address: 125 N. Hope Chapel Road
Jackson, NJ 08527

Direct Line: 
732-415-7004





JACKSON TOWNSHIP SCHOOL DISTRICT

STUDENT REGISTRATION FORM

Central Registration Office Use Only!

School to attend:	<input type="checkbox"/> CRS	<input type="checkbox"/> EES	<input type="checkbox"/> HCJ	<input type="checkbox"/> LHS	<input type="checkbox"/> SRS	<input type="checkbox"/> SES	<input type="checkbox"/> CGS	<input type="checkbox"/> CMS	<input type="checkbox"/> JLHS	<input type="checkbox"/> JMHS
Home school (if different):								First Entry Date in H.S. (gr. 9-12):		
Classification:	<input type="checkbox"/> IEP		<input type="checkbox"/> 504 Plan		<input type="checkbox"/> ESL (permission to be screened/participate attached)					
<input type="checkbox"/> Affidavit of Guardianship attached					Letter of Request/Approval Attached:			<input type="checkbox"/> Yes <input type="checkbox"/> No		
Present Grade:			Year of Graduation:			Enrollment Date:			Bus #	
Student ID#				SID#				Family Code:		
Registration Date:				Registrar:				PCC Code:		

Student Information: Please print/fill in all information for each student registering.

Student Name (First, Middle, Last):				
Date of Birth:		Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female	Grade Placement:
Birthplace (hospital location):	City:	County:	State:	Country:
U.S. Entry Date (if not born in the U.S.):		First Entry Date in U.S. school (if not born in the U.S.):		
Ethnicity: <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> American Indian/Alaskan <input type="checkbox"/> Asian <input type="checkbox"/> Hawaiian Native/Other Pacific Islander				
Language Spoken at Home:				

Student Residential Address Information:

Home Address:			Apartment/Unit #	
City/Zip Code:			Third Party Residence?	<input type="checkbox"/> Yes <input type="checkbox"/> No
How long have you lived in this home? _____	Do you have residence(s) elsewhere, and if so, where are they and when do you live there: <input type="checkbox"/> Yes <input type="checkbox"/> No _____			
STUDENT IS PRESENTLY LIVING () DOUBLED UP () IN A SHELTER () A MOTEL/HOTEL () UNSHELTERED				
Student Resides With/Head of Household:	<input type="checkbox"/> Both Parents <input type="checkbox"/> Mother * <input type="checkbox"/> Father * <input type="checkbox"/> Guardian* * Do you have legal custody of the above-named child? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, <input type="checkbox"/> Sole Custody <input type="checkbox"/> Joint Custody <input type="checkbox"/> Restricted Release - If there are any problems relating to custody and releasing your child, please be aware that the school must have a copy of the legal documents in our files.			
Parent/Guardian #1:			<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Step-Mother <input type="checkbox"/> Step-Father <input type="checkbox"/> Guardian	
Home Phone:		Cell Phone:		Business Phone:
Email Address:				
Marital Status:		Occupation:		
Please check one:	<input type="checkbox"/> Not Military Connected <input type="checkbox"/> Active Duty <input type="checkbox"/> National Guard or Reserve <input type="checkbox"/> Unknown - If it is unknown whether or not student is military-connected.			
Parent/Guardian #2:			<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Step-Mother <input type="checkbox"/> Step-Father <input type="checkbox"/> Guardian	
Parent/Guardian #1 has given this contact permission to pick student (s) up from school:			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Home Phone:		Cell Phone:		Business Phone:
Email Address:				
Marital Status:		Occupation:		
Please check one:	<input type="checkbox"/> Not Military Connected <input type="checkbox"/> Active Duty <input type="checkbox"/> National Guard or Reserve <input type="checkbox"/> Unknown - If it is unknown whether or not student is military-connected.			

Emergency Contact Information: (Someone other than parent/guardian)

Name:		Phone:		Relationship to student:	
Parent/Guardian has given this emergency contact permission to pick student (s) up from school:				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Name:		Phone:		Relationship to student:	
Parent/Guardian has given this emergency contact permission to pick student (s) up from school:				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Name:		Phone:		Relationship to student:	
Parent/Guardian has given this emergency contact permission to pick student (s) up from school:				<input type="checkbox"/> Yes <input type="checkbox"/> No	

Sibling Information: Please list ALL children in the family from oldest to youngest. If additional room is needed, please list on back of page.

Name:		<input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth:	
Does sibling attend school in Jackson? <input type="checkbox"/> Yes <input type="checkbox"/> No Which school?				

Name:		<input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth:	
Does sibling attend school in Jackson? <input type="checkbox"/> Yes <input type="checkbox"/> No Which school?				

Name:		<input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth:	
Does sibling attend school in Jackson? <input type="checkbox"/> Yes <input type="checkbox"/> No Which school?				

Previous School Information:

Was the student previously enrolled in the Jackson Township School District?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If so, which school and when?	
<i>Either way please complete the box below.</i>			
Please complete lines below whether or not your child(ren) attended the Jackson Township School District			
My child was receiving the following assistance in his/her previous school: (check all that apply)			
<input type="checkbox"/> Student seen by the CST	<input type="checkbox"/> Speech Therapy	<input type="checkbox"/> Basic Skills	<input type="checkbox"/> 504 Plan
Student referred to the CST	<input type="checkbox"/> ELL/Bilingual Education	<input type="checkbox"/> Math <input type="checkbox"/> Reading <input type="checkbox"/> Language Arts	<input type="checkbox"/> IEP
<input type="checkbox"/> Student classified by the CST	<input type="checkbox"/> Gifted & Talented	<input type="checkbox"/> Free or Reduced Lunch	<input type="checkbox"/> Student Retained If so, what grade?

Do you receive the following benefits (if so, please provide a case # below):

SNAP	<input type="checkbox"/> Yes <input type="checkbox"/> No	Case #:	
TANF	<input type="checkbox"/> Yes <input type="checkbox"/> No	Case #:	
FDPIR	<input type="checkbox"/> Yes <input type="checkbox"/> No	Case #:	

Health Information:

Current Health Insurance Status of your child	Coverage (YES) <input type="checkbox"/>	Coverage (NO) <input type="checkbox"/>
If "YES" Name of Health Insurance Company		
Is your child affected by any of the following health conditions: (check all that apply)		
<input type="checkbox"/> Asthma	<input type="checkbox"/> Heart	<input type="checkbox"/> Diabetes
<input type="checkbox"/> Hearing	<input type="checkbox"/> Vision	<input type="checkbox"/> ADHD
<input type="checkbox"/> ADD	Other significant health problems:	

Name of Parent/Legal Guardian (Please Print)

Signature of Parent/Legal Guardian

Date

JACKSON SCHOOL DISTRICT

151 Don Connor Blvd
Jackson, NJ 08527

Nicole Pormilli
Superintendent of Schools

Lisa M. DiEugenio, Supervisor of Literacy & ESL
Jennifer Torres, Supervisor of Literacy & ESL

Appendix A: Home Language Survey (Parent Version)

Purpose - The home language survey is used solely to offer appropriate educational services (U.S. ED EL Toolkit, Chapter 1). This survey is the first of three steps to identify whether a student is eligible to be identified as an English language learner (ELL). "Home" is defined as a student's current place of residence.

Student Information

Student Name: _____

Date of Birth: _____

Current Address: _____

Survey Questions:

1. List all languages used in the student's home:
2. Was the first language used by the student a language other than English?
 - No
 - Yes
3. Does the student speak or understand a language other than English?
 - No
 - Yes
4. When interacting with others at home (example: parents, guardians, siblings), does the student understand or use a language other than English *most of the time*?
 - No
 - Yes
5. When interacting with others outside of the home (example: friends, caregivers), does the student understand or use a language other than English *most of the time*?
 - No
 - Yes

Parent/Guardian Signature _____ Date _____
(Person Completing this Survey)

**REGISTRATION AFFIDAVIT FOR THE
JACKSON TOWNSHIP SCHOOL DISTRICT**

PLEASE PRINT

FOR: _____
(name of student)

**STATE OF NEW JERSEY
COUNTY OF OCEAN :SS**

_____ being duly sworn according to law, alleges and states:
(name of parent/guardian)

1. I am the parent or the legal guardian of the pupil named above.
2. The child named above resides with me at the following address located within the Jackson Township School District:

(The physical street address. Post Office boxes are not acceptable)

3. Attached to this Affidavit are copies of documentation to corroborate my statement of residency provided herein.
4. For all leases/rental agreements, the Jackson Township School District will be provided an updated agreement upon expiration.
initial _____
5. I am aware that if it is later determined that the child that I am registering for school is not eligible for a free public education in the Jackson Township School District, **I will be liable** to the Jackson Township Board of Education for tuition charges for this child, pursuant to law.
initial _____
6. **I AM ALSO AWARE THAT MAKING A FALSE AFFIDAVIT IS A THIRD DEGREE CRIME IN THE STATE OF NEW JERSEY AND IS PUNISHABLE BY A FINE OF UP TO \$7,500.00 OR A TERM OF IMPRISONMENT OF UP TO 5 YEARS, OR BOTH.**
initial _____
7. I understand that the District Attendance Officer has the right to visit the home to verify residency.
initial _____

Signed: _____
(signature of parent/guardian)

Sworn to and subscribed before me this

_____ day of _____, 20____

(signature & title of official administering oath)



JACKSON TOWNSHIP SCHOOL DISTRICT

Third Party Residency Form – PART A
Sworn Statement of Resident

Parental/Child Residency Notification
(Parent and Child Reside with a Jackson Resident)

I, _____,
Parent/Legal Guardian – (Please Print) Current Street Address City, State, Zip Code

Parent – Work Phone #

Parent – Cell Phone #

hereby verify that my child and I

Child's Full Name – (Please Print)

Date of Birth

School

will be residing at the home of

Homeowner/Resident – (Please Print)

Street Address

City, State, Zip Code

Homeowner – Home Phone #

Homeowner – Work Phone #

Homeowner – Cell Phone #

Proof of Residency Submitted (must provide one of the following):

Lease _____ Mortgage Information _____ Deed _____ Tax Bill _____

- I understand that I may be assessed the penalty of a pro-rated tuition if my child is enrolled in violation of the residency requirements.
- I understand that making a false affidavit is a third degree crime in the state of New Jersey and is punishable by a fine of up to \$7,500.00 or a term of imprisonment of up to 5 years, or both.
- I understand that the District Attendance Officer has the right to visit the home to verify residency.

Signature of Parent/Guardian

Date

Signature of Homeowner (Resident)

Date

Sworn to and subscribed before me this

_____ day of _____, 20____

A Notary Public of the State of New Jersey

Commission expiration



JACKSON TOWNSHIP SCHOOL DISTRICT

Third Party Residency Form – PART B Sworn Statement of Landlord

_____ and _____, being of full age and having been duly sworn according to law, under oath say(s):

1. I/We are the lawful owners of residential property located at the following address:

2. Set forth the number of bedrooms in this residence. _____

3. This residence or residential unit is currently under lease or is being occupied by the following person(s) in addition to our own family members:

4. The person(s) identified in response to #3 above has/have occupied the above premises as their sole or main residence, or domicile, since the following date: _____

5. The following person(s) is/are currently residing with the person(s) identified in response to #3 above:

6. The person(s) identified in response to #3 above has/have indicated their present intention to remain domiciled at the above premises for what period of time, if at all? _____

JACKSON TOWNSHIP SCHOOL DISTRICT

Third Party Residency Form – PART B
Sworn Statement of Landlord

CERTIFICATION

The answers, statements, and declarations made in the foregoing Sworn Statement of Landlord are absolutely true in all respects. The foregoing Sworn Statement of Landlord, as well as this Certification, is made specifically to induce the Jackson Township Board of Education to accept financial responsibility for the child(ren) named therein, without payment of tuition, knowing that the Jackson Township Board of Education will rely upon the truth of the statements therein.

I/We fully understand and agree that any false statements, answers, or declarations contained in the foregoing Sworn Statement of Landlord, as well as this Certification, may subject me/us to criminal prosecution for the crime of false swearing, in violation of N.J.S.A. 2C:28-2. If I/we am/are convicted for such a crime, I/we may be punished by a fine of up to \$7,500.00 and/or be imprisoned for up to 18 months.

Landlord
(print name)

Landlord
(print name)

Landlord
(signature)

Landlord
(signature)

Sworn to and subscribed before me this

_____ day of _____, 20__

A Notary Public of the
State of New Jersey

Commission expiration



JACKSON SCHOOL DISTRICT

151 Don Connor Boulevard

Jackson, NJ 08527

(732) 833-4600

Nicole Pormilli, Superintendent of Schools

<input type="checkbox"/> Jackson Liberty High School	125 North Hope Chapel Road, Jackson, NJ 08527/Fax 732-415-7008
<input type="checkbox"/> Jackson Memorial High School	101 Don Connor Blvd., Jackson, NJ 08527/Fax 732-833-4639
<input type="checkbox"/> Goetz Middle School	835 Patterson Road, Jackson, NJ 08527/Fax 732-833-4740
<input type="checkbox"/> McAuliffe Middle School	35 South Hope Chapel Road, Jackson, NJ 08527/Fax 732-833-4729
<input type="checkbox"/> Crawford-Rodriguez Elementary School	1025 Larsen Road, Jackson, NJ 08527/Fax 732-833-4759
<input type="checkbox"/> Elms Elementary School	780 Patterson Road, Jackson, NJ 08527/Fax 732-833-4739
<input type="checkbox"/> Holman Elementary School	125 Manhattan Street, Jackson, NJ 08527/Fax 732-833-4789
<input type="checkbox"/> Johnson Elementary School	1021 Larsen Road, Jackson, NJ 08527/Fax 732-833-4769
<input type="checkbox"/> Rosenauer Elementary School	60 Citadel Drive, Jackson, NJ 08527/Fax 732-833-4779
<input type="checkbox"/> Switlik Elementary School	75 West Veterans Highway, Jackson, NJ 08527/Fax 732-833-4672

AUTHORIZATION FOR RELEASE OF STUDENT RECORDS

Name of Student: _____

Date of Birth: _____

Enrolling in Grade: _____

The above student has enrolled in the Jackson Township School District. Please send the following student information to the school indicated above as soon as possible:

- **Health Records** (originals if coming from within New Jersey required)
- **Transcript of Academic Records** (including grades to date of withdrawal)
- **Standardized Test Records** (including NJSLA/ ACCESS 2.0)
- **Special Service Records** (may be mailed directly to our Child Study Team)
- **Discipline Records** (if the student has been involved in offenses involving weapons, alcohol or drugs, or willful affliction of injury to persons or an act of violence against persons and/or property committed on school premises, at school or school sponsored activity, please forward appropriate disciplinary documentation.)

If applicable, please check below:

_____ This student is registered as bilingual and/or English as a Second Language (ESL) as per 6A:15 Bilingual Education Code.

_____ This student is registered as homeless as per NJAC 6A:17-2.9(a). As the school district of origin, a tuition contract will be sent upon completion of registration if previous school is in New Jersey.

_____ This student is registered as a tuition student. As the district of residence, a tuition contract will be sent upon completion of registration.

Previous School: _____

Address: _____

I HEREBY GIVE MY PERMISSION FOR RELEASE OF THE ABOVE RECORDS.

Signature of Parent/Guardian: _____

Signature of Student 18 or older: _____

The information contained in this document is private and confidential and intended only for the person(s) named above. If you are not the intended recipient, you are hereby notified that any disclosure, copying, distribution, or any other use of the information is strictly prohibited. The information contained herein also is not subject to disclosure under the New Jersey Open Public Records Act (OPRA).