

BRADLEY BEACH SCHOOL DISTRICT

STUDENT ENROLLMENT AND RESIDENCY VERIFICATION FORM

IMPORTANT NOTICE

The information requested on this form will become part of your child's official school records and will be used for registration and educational planning. All information will be considered strictly confidential.

Residency information is used to assure that educational and co-curricular opportunities offered by the district are provided only to Bradley Beach residents. Residency information is investigated, and falsification of this data may result in law enforcement action and tuition charges.

STUDENT & RESIDENCY INFORMATION

Name of Pupil being registered: _____

All of the following are ***required*** in order to enroll your child:

- 1. Birth Certificate _____
- 2. Immunization Record _____
- 3. Current Physical Exam (less than 12 months) _____
- 4. Legal Guardianship Papers (if applicable) _____

In addition to the above you must provide – ***in the parent/guardian's name*** – at least **one** item from #1 and **two** items from #2 showing a Bradley Beach address, for residency verification.

- 1. Home: Rental Agreement _____ Lease _____ Mortgage _____ (signed & dated) Tax Bill _____
- 2. Utility Bills: Gas _____ Electric _____ Water _____ Sewer _____ Phone (not cell) _____

If you cannot submit the proofs of residency noted above because you have recently moved into Bradley Beach, if you are living with family or friends who are Bradley Beach residents, or the child lives with a Bradley Beach resident other than the parent or guardian, you must also complete Supplementary Enrollment Forms and submit proof of residency for the person who actually owns or leases the home or apartment in which the child lives. These forms must be notarized, and will allow your child to attend school pending receipt of documents in your own name.

Original documents must be presented for copying by district personnel. Originals will be returned immediately.

DO NOT WRITE IN THIS BOX

District ID: _____ State ID: _____ District Entry Date: _____

School Entry Date: _____ Program Code: _____ Tuition Code: _____ Sending District: _____

Grade: _____ Homeroom: _____

PART A

STUDENT/FAMILY INFORMATION

STUDENT BEING ENROLLED

Last Name: _____ First Name: _____ Middle Initial: _____

Home Address:
Street: _____ Apt. _____

City/State/Zip: _____

Mailing Address (if different):
Street: _____ Apt. _____

City/State/Zip: _____

Home Phone: _____ Email: _____

Cell Phone: _____

Date of Birth: _____ Gender: Male _____ Female _____ Grade Level: _____

Ethnicity (check one):

- Alaskan/Native American Asian Black Hawaiian/Pacific Islander
 Hispanic/Latino White

PARENT/GUARDIAN INFORMATION

This child lives with (check one): Parents Guardian/Relationship _____
 Mother
 Father

Father's Name (Last, First): _____

Father's Address: _____

Father's Home Phone: _____ Father's Work Phone: _____

Father's Employer: _____

Mother's Name (Last, First): _____

Mother's Address: _____

Mother's Home Phone: _____ Mother's Work Phone: _____

Mother's Employer: _____

GUARDIAN INFORMATION (complete only if child does not reside with a parent)

Guardian's Name (Last, First): _____

Guardian's Address: _____

Guardian's Home Phone: _____ Guardian's Work Phone: _____

Relationship: _____

Please complete the following if the child has been placed with the above guardian by a State agency:

Agency Name: _____

Have parental rights been terminated in favor of this guardian? Yes _____ No _____

If 'yes' on what date? _____

EMERGENCY/HEALTH INFORMATION

Contact Name #1 (Last, First): _____

Relationship: _____ Phone: _____

Contact Name #2 (Last, First): _____

Relationship: _____ Phone: _____

Doctor Name: _____ Phone: _____

Dentist Name: _____ Phone: _____

Does this child have health insurance? Y _____ N _____

If "Yes" what is the name of the insurance company? _____

If "No" would you like information about NJ Family Care? Y _____ N _____

Is your child eligible for Medicaid? Y _____ N _____ Number: _____

OTHER INFORMATION

Primary Language of Child: _____

Language Spoken in Home: English Non-English _____
Specify Language

City & State of Birth: _____

PART B

EDUCATIONAL INFORMATION

Please provide complete answers to the following questions. The information will be used to provide the best possible instructional program for your child.

OTHER SCHOOLS ATTENDED BY THIS STUDENT

School/District: _____

Address: _____ Grade(s): _____

School/District: _____

Address: _____ Grade(s): _____

School/District: _____

Address: _____ Grade(s): _____

EDUCATIONAL INFORMATION

Was your child enrolled in preschool before entering Kindergarten? Yes _____ No _____

Was the program (if any)? Half Day _____ Full Day _____

Name of preschool program: _____

Was your child retained or did he/she repeat a grade? Yes _____ No _____

Has your child been evaluated by a Child Study Team? Yes _____ No _____

Does your child have learning difficulties? Yes _____ No _____

Was your child enrolled in a special education class or resource room? Yes _____ No _____

Explain: _____

Will your child live with a relative or friend while attending this school district?

Yes: _____ No: _____

PROGRAM INFORMATION

Please check any of the following programs in which your child participated.

<u>PROGRAM</u>	<u>GRADE LEVEL(S)</u>
_____ Title I or Small Group Instruction	_____
_____ English as a Second Language/Bilingual	_____
_____ Gifted and Talented	_____
_____ Special Education Services (check all that apply)	
_____ Early Intervention	
_____ In-class support	
_____ Resource center replacement	
_____ Self-contained class	
_____ Speech Therapy	
_____ Occupational/Physical Therapy	
_____ Other _____	
_____ Attached is a copy of my child's IEP	

Is your child in an "out-of-district" placement? Y _____ N _____

Name of school: _____

PART C

OTHER INFORMATION

SOCIAL RESTRICTIONS

Is there any member of the family or any individual *not* permitted to have contact with your child?

Name: _____

Why? _____

Please provide related court documents.

PREVIOUS ADDRESS

ADDITIONAL INFORMATION

Please provide any additional information about your child you feel would assist us.

BRADLEY BEACH SCHOOL DISTRICT
515 Brinley Avenue
Bradley Beach, NJ 07720
Phone: 732-775-4413 Fax: 732-775-2463

Authorization for Release of Records

This form is required for all students transferring from other districts.

STUDENT INFORMATION

Name: _____

Date of Birth: _____ Grade: _____ State ID: _____

(If the State ID field is blank, please insert the 10-digit number and return a copy of this release with the requested records.)

RECORDS TO BE RELEASED

- | | |
|---|--|
| <input type="checkbox"/> Cumulative Record Folder | <input type="checkbox"/> Transcript of Grades |
| <input type="checkbox"/> Standardized Test Scores | <input type="checkbox"/> Health Records (A45 original) |
| <input type="checkbox"/> Attendance Information | <input type="checkbox"/> CST Information |
| <input type="checkbox"/> Discipline Records | <input type="checkbox"/> Gifted & Talented Programs |
| <input type="checkbox"/> ESL | |

RECORDS RELEASED FROM (previous school of attendance)

Name: _____

Phone: _____

Fax: _____

RECORDS RELEASED TO:

Bradley Beach School
515 Brinley Avenue
Bradley Beach, NJ 07720
Attention: Main Office

PARENT/GUARDIAN PERMISSION

I hereby grant permission for release of the above records.

Signature: _____

Printed Name: _____

Date: _____

**BRADLEY BEACH SCHOOL
STUDENT HEALTH SURVEY**

NAME: _____ **DATE OF BIRTH:** _____

In order to provide the best possible health services for your child, we need to know his/her health history and current status. Please provide answers to all questions. Use back of page if necessary. Thank you.

Please check if you believe your child attained the following developmental milestones at an appropriate age. If there was difficulty with any of these developmental steps, please indicate with a X.

- | | | |
|------------------------------------|---|--------------------------------|
| <input type="checkbox"/> smile | <input type="checkbox"/> sit up | <input type="checkbox"/> crawl |
| <input type="checkbox"/> steps | <input type="checkbox"/> walking | <input type="checkbox"/> words |
| <input type="checkbox"/> sentences | <input type="checkbox"/> play with other children | |

During regular check-ups with your child's medical provider, were concerns about his/her growth and development discussed with you? If yes, please explain: _____

PLEASE INDICATE IF ANY OF THE FOLLOWING APPLY TO YOUR CHILD.

Asthma: Age diagnosed: _____ Last episode: _____
Medications taken for asthma: _____

PLEASE NOTE THAT IF YOUR CHILD HAS ASTHMA AND WILL REQUIRE MEDICATION WHILE AT SCHOOL, AN ASTHMA TREATMENT PLAN FORM MUST BE FILLED OUT BY YOUR MEDICAL PROVIDER. THIS FORM MUST ALSO BE SIGNED BY THE PARENT/GUARDIAN. FORM AVAILABLE FROM SCHOOL NURSE

Allergies (please provide details)
To medications: _____
To foods: _____
Seasonal or environmental allergies: _____

Are medications necessary for these allergies? no yes Please list any medications taken for allergies: _____

Has your child ever required an Epi-pen (epinephrine) for allergic reaction? If yes, please provide details: _____

IF YOUR CHILD HAS AN ALLERGY THAT MAY CAUSE ANAPHYLAXIS AND AN EPI-PEN IS NECESSARY AT SCHOOL, AN ALLERGY TREATMENT PLAN MUST BE COMPLETED BY YOUR MEDICAL PROVIDER. THIS FORM MUST ALSO BE SIGNED BY THE PARENT/GUARDIAN. FORM AVAILABLE FROM SCHOOL NURSE.

BRADLEY BEACH SCHOOL -STUDENT HEALTH SURVEY - PAGE 2

PLEASE INDICATE IF ANY OF THE FOLLOWING APPLY TO YOUR CHILD.

___ Hospitalizations (reasons & dates): _____

___ Serious injuries (fractures, broken bones, sutures): _____

___ History of frequent ear infections: _____

Has hearing loss been diagnosed or suspected? ___no ___yes

___ Wears glasses or contact lenses: ___no ___yes

If yes, date obtained: _____

Is front of the class seat placement necessary: _____

___ Medications (both prescription and over-the-counter) currently taken on _____ a regular basis.

Please list: _____

IF YOUR CHILD REQUIRES MEDICATION WHILE AT SCHOOL, WRITTEN PERMISSION FROM THE MEDICAL PROVIDER AS WELL AS THE PARENT/GUARDIAN IS NECESSARY. FORM AVAILABLE FROM SCHOOL NURSE.

HAS YOUR CHILD EVER BEEN DIAGNOSED WITH ANY OF THE FOLLOWING?

If yes, please provide additional information.

___ Congenital disorder ___no ___yes

___ Seizure disorder ___no ___yes

___ Diabetes ___no ___yes

___ Heart disease ___no ___yes

___ Auto immune disorder ___no ___yes

___ Autism spectrum disorder ___no ___yes

___ Emotional or psychiatric disorder ___no ___yes

___ ARE THERE ANY OTHER MEDICAL, EMOTIONAL, OR SOCIAL CONCERNS YOU FEEL THE SCHOOL SHOULD BE AWARE OF?

I give permission for the school nurse to share information concerning my child's health with staff who may need to know. I recognize that sharing this information is important to my child's well-being while at school.

Parent/Guardian Signature _____ Date _____