

Lebanon Township School District

Registration Document

**Indicates responses are required*

1. **Student Last Name as it Appears on Birth Certificate:***

2. **Student First Name as it Appears on Birth Certificate:***

Indicate to office staff if your child answers to a name that is different from what is on his or her birth certificate.

3. **Date of Birth:*** MM/DD/YYYY _____

4. **Gender:***

- Male
- Female

5. **Ethnicity:*** We ask the following three questions regarding ethnicity in order to comply with Federal No Child Left Behind guidelines.

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

6. **If multiple ethnicities, please select which compose your child's heritage:**

- White
- Black
- Hispanic
- American Indian/Native Alaskan
- Native Hawaiian/Pacific Islander
- Multiple, please specify

7. **Home Language of Child:*** _____

8. **Primary Language of Child:** _____

9. **Birth City:*** _____

Original birth certificate of child must be presented at registration. A copy will be made and kept on file.

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10. **Birth State:*** _____

11. **Birth Country:*** _____

12. **Which school are you registering your child for:***

- Valley View School Grade PK through 4
- Woodglen School - Grades 5 through 8

13. **Grade your child will be entering:***

- Pre-School
- Kindergarten
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8

14. **Did this child attend school previously?***

- Yes
- No

15. **Has your child ever been referred to or tested by a Child Study Team?***

- Yes
- No

16. **Has your child been identified as requiring Special Education and related services?***

- Yes
- No

17. **Has your child qualified under Section 504 of the Rehabilitation Act:***

- Yes
- No

18. **Previous school:** *Not required for Pre-K or Kindergarten registration unless the child has been identified as requiring special education and related services.*

Name of School: _____

Address: _____

City, State: _____

Phone Number: _____

Fax Number: _____

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19. Permission to Release Records:*

Permission to Release Records Form should be filled out, signed and returned with the registration packet. This form gives permission to Lebanon Township School District to obtain academic, health, and child study documents on the student from the previous school district. The form must be presented at the time of registration. The form can be found in Part A of the New Registration area on the school website.

This form applies to students that are currently registered with another school district either in state or out of state.

20. Is this child an Immigrant or Temporary Resident of Lebanon Township:*

- Yes
- No

21. School History for Students Entering Kindergarten Only: Did your child attend preschool?

- Yes
- No

22. School History for Students Entering Kindergarten Only: Please rate your child's school experiences related to learning thus far:

- Good
- Average
- Poor
- Other, please specify: _____

23. School History for Students Entering Kindergarten Only: Please provide a brief description of your child, including areas you see as strengths and opportunities for growth.

24. Does this child have any health insurance?* *Please note: NJ FamilyCare provides free or low cost health insurance for uninsured children and certain low income parents. For more information call 1-800-701-0710 or visit www.njfamilycare.org to apply online.*

Yes Indicate name of health insurance carrier: _____

No If no, you may release my name and address to the NJ Family Care Program to contact me about health insurance

Signature _____ Print Name _____ Date _____

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25. **Primary Proof of Residency in Lebanon Township:*** Indicate which one will be provided at registration.

- Deed or Lease
- Contract of Sale (prior to closing) or Closing Statment
- Mortgage Statement or Residential Tax Statement

If the primary proof of residency is not submitted, then two of the secondary documents must be presented (documents must be current and show family name and Lebanon Township address).

26. **Secondary Proof of Residency in Lebanon Township:**

- NJ Driver's License (with Lebanon Township address)
- Utility Bill (with Lebanon Township address)
- Voter Registration Card

27. **Primary Contact 1 Relationship:***

Indicate with whom the child resides in Lebanon Township. Only select GUARDIAN if the child does not live with either parent.

- Mother & Father
- Mother
- Father
- Mother & Stepfather
- Father & Stepmother
- Guardian

If Guardian, please specify relationship: _____

28. **Primary Contact 1 Residence Information in Lebanon Township:***

This question relates to the parent(s) or guardian(s) of the child that live in Lebanon Township. The child must reside at least 50% at this location. *This location will be used for bus assignments.*

Name(s) of Primary Contact 1: _____

Physical Address: _____

Mailing Address (PO Box if required): _____

Postal City, State: _____

Zip Code: _____

29. **Contact Information for Primary Contact 1:***

Home: _____

Mother Cell: _____

Mother Work: _____

Mother e-mail: _____

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Father Cell: _____

Father Work: _____

Father e-mail: _____

Step Parent or Guardian Cell: _____

Step Parent or Guardian Work: _____

Step Parent or Guardian e-mail: _____

30. Primary Contact 2 Relationship:

The following three questions should be answered ONLY IF the child's parents or guardian(s) do not live together. This person or people do not need to live in Lebanon Township.

- Mother
- Father
- Mother & Stepfather
- Father & Stepmother
- Other

If Other, please specify relationship: _____

31. Primary Contact 2 Mailing Information: *Please provide informaton ONLY IF parents do not live together.*

Name(s) of Primary Contact 2: _____

Physical Address: _____

Mailing Address (PO Box if required): _____

Postal City, State: _____

Zip Code: _____

32. Contact Information for Primary Contact 2: *Please provide information ONLY IF parents do not live together.*

Home: _____

Mother Cell: _____

Mother Work: _____

Mother e-mail: _____

Father Cell: _____

Father Work: _____

Father e-mail: _____

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Step Parent or Guardian Cell: _____

Step Parent or Guardian Work: _____

Step Parent or Guardian e-mail: _____

33. Warning:*Please indicate if there is a court order in place regarding the custody of this child. If so, the court order must be provided to the school office and a copy will be made and kept on file. Changes to the court order must be provided as soon as possible to the school.

- Yes
- No

34. Emergency Contact A: Please provide contact information for a nearby person who can assume temporary care of your child if you cannot be reached. Please note that two Emergency Contacts are requested at registration. However, you may add as many as you would like on our Honeywell Instant Alert System and Genesis, our student information system. Information on Honeywell and Genesis will be provided to you when you register at the office.

Name: _____

Relationship: *(select one)*

- Aunt
- Friend
- Grandparent
- Guardian
- Nanny
- Sibling
- Uncle

City, State: _____

Home Phone: _____

Cell Phone: _____

Work Phone: _____

35. Pick-Up Authorization for Emergency Contact A: Indicate if this person is authorized to pick up your child from school.

- Yes
- No

36. Medical Authorization for Emergency Contact A: In the event of an emergency, is this person authorized to make medical decisions for you?

- Yes
- No

37. Emergency Contact B: Please provide contact information for a nearby person who can assume temporary care of your child if you cannot be reached. Please note that two Emergency Contacts are requested at registration. However, you may add as many as you would like on our Honeywell Instant Alert System and Genesis, our student information system. Information will be provided to you when you register.

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Name: _____

Relationship: (select one)

- Aunt
- Friend
- Grandparent
- Guardian
- Nanny
- Sibling
- Uncle

City, State: _____

Home Phone: _____

Cell Phone: _____

Work Phone: _____

38. Pick-Up Authorization for Emergency Contact B: Indicate if this person is authorized to pick up your child from school.

- Yes
- No

39. Medical Authorization for Emergency Contact B: In the event of an emergency, is this person authorized to make medical decisions for you?

- Yes
- No

40. Student Primary Care Physician Information:*

Doctor's Name: _____

Address: _____

City, State: _____

Telephone: _____

Fax: _____

41. Required Medical Forms:* For students entering PK through 4th Grade: Questions regarding the medical forms should be directed to Donna Lovas, RN, at Valley View School at 908-832-2175 . Students entering Grade 5 through 8, contact Diane Schneck, RN, at Woodglen School at 908-638-4111 ext. 139. **Please read the health letter explaining how the forms should be filled out.**

42. Other younger children in the family not registered in the Lebanon Township School District:

Name _____ Date of Birth _____

Name _____ Date of Birth _____

Name _____ Date of Birth _____