



**Point Pleasant Borough Schools**  
**2100 Panther Path**  
**Point Pleasant, NJ 08742**

## **REGISTRATION REQUIREMENTS**

### **Grades 1 – 12**

ONLY THE NATURAL PARENT OR GUARDIAN MAY REGISTER A STUDENT

- I. Proof of Residency (necessary before beginning any registration);
  - A. **Please provide one (1) of the following:**
    1. Tax bill, Deed, Contract of Sale, Closing or Mortgage Statement; or Lease/Rental receipt with address of property; signed letters from landlords or other evidence of personal attachment to a particular location; and
  - B. **Please provide three (3) of the following:**
    1. Voter registrations, licenses, permits, financial account information, utility bills, delivery receipts, and or other evidence of personal attachment to a particular location.
    2. Court Order, state agency agreements or other evidence of court or agency placements or directives.
    3. Receipts, bills, cancelled checks, insurance claims or payments or other evidence of expenditures demonstrating personal attachment to a particular location or where applicable, to support the student
    4. Medical reports, counselor or social worker assessments, employment documents, unemployment claims, benefit statements, and other evidence of circumstances demonstrating, where applicable, family or economic hardship or temporary residency.
    5. Affidavits, certifications and sworn attestations pertaining to statutory criteria for school attendance from the parent, legal guardian, person keeping an “affidavit of domicile” student, adult student, person(s) with whom a family is living, or others, as appropriate.
    6. Documents pertaining to military status and assignment
    7. Any business record or document issued by a governmental entity
    8. Any other form of documentation relevant to demonstrating entitlement to attend school
  - C. In the event an “Affidavit of domicile” is required, you will be given the appropriate one to be notarized and returned.
- II. Health Records (Immunizations): **YOU MUST HAVE EXISTING IMMUNIZATION RECORDS (LISTING OF SHOTS) TO REGISTER.**
- III. Original Birth Certificate with raised seal (Bureau of Vital Statistics)
- IV. Divorced or separated parents must provide custody papers



# Point Pleasant Borough Schools

2100 Panther Path

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## Student/Family Residence Questionnaire

(If the following does not apply, you do not need to complete this form)

Your child may be eligible for additional educational services through the Federal McKinney-Vento Act. Eligibility can be determined by completing this questionnaire.

### 1. Presently, are you and/or your family living in any of the following situations?

Check all that apply.

- ☐ A. Staying in a shelter (family shelter, domestic violence shelter, youth shelter) or FEMA trailer
- ☐ B. Sharing the housing of others due to loss of housing, economic hardship or similar reason
- ☐ C. Living in a car, park, campground, abandoned building, or other inadequate accommodation
- ☐ D. Temporarily living in a motel or hotel due to loss of housing, economic hardship or similar reason
- ☐ E. Living alone as a minor student(s) without an adult (unaccompanied youth)

If you checked any box above please complete the remainder of this form and submit it to school personnel.

### 2. Please list all children currently living with you.

First	Middle	Last	M/F	DOB	Grade	School Name

The undersigned parent/guardian certifies that the information provided above is accurate.

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Print Parent/Guardian Name

Signature

Date

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Phone number

Street Address

City

State

Zip

### If eligible, your children have the right to:

- receive a free, appropriate public education.
- enroll in school immediately, even if lacking documents normally required for enrollment.
- enroll in the local school or continue attending their school of origin.
- receive transportation to and from the school of origin, if you request this.
- receive educational services comparable to those provided to other students, according to your child's needs.

**Copies to:** School Liaison  
District Liaison



# Point Pleasant Borough Schools

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## HOME LANGUAGE SURVEY Parent/Guardian Questionnaire

This survey is the first of three steps to identify whether a student is eligible to be classified as an English language learner (ELL). Start with "Question 1" and continue until the HLS is complete. Check the answer for each question and follow the directions. When you arrive at a decision ("Proceed to Records Review Process" or "Do not proceed to Records Review Process"), the Home Language Survey is complete.

**Student Name:** \_\_\_\_\_ **Student Date of Birth:** \_\_\_\_\_  
(First -Middle-Last)

**Street Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Phone Number(s):** \_\_\_\_\_

### Question 1

What was the first language used by the student?

- ☐ A language other than English. Proceed to question 2a.
- ☐ English. Proceed to question 2b.

### Question 2a

At home, does the student hear or use a language other than English more than half of the time?

- ☐ Yes. Proceed to 7.
- ☐ No. Proceed to 4.

### Question 2b

At home, does the student hear or use a language other than English more than half of the time?

- ☐ Yes. Proceed to 4.
- ☐ No. Proceed to 3.

**Question 3**

Does the student understand a language other than English?

- ☐ Yes. Proceed to 4.
- ☐ No. Proceed to 9.

**Question 4**

When interacting with his/her parents or guardians, does the student use a language other than English more than half of the time?

- ☐ Yes. Proceed to 7.
- ☐ No. Proceed to 5.

**Question 5**

When interacting with caregivers other than their parents or guardians, does the student use a language other than English more than half of the time?

- ☐ Yes. Proceed to question 8.
- ☐ No. Proceed to 6.

**Question 6**

Has the student recently moved from another school district/charter school where he/she was identified as an English language learner?

- ☐ Yes. Proceed to question 8.
- ☐ No. Do not proceed to Step 2: Records Review Process. HLS is complete. Student is not an ELL.

**7. Home languages spoken.**

- ☐ Spanish
- ☐ French
- ☐ Portuguese
- ☐ German
- ☐ Other (Please list other languages spoken): \_\_\_\_\_

**8. Proceed to Step 2: Records Review Process.**

**Home Language Survey is complete.**

**9. Do not proceed to Step 2: Records Review Process.**

**Home Language Survey is complete. Student is not an English-Language Learner (ELL)**



# POINT PLEASANT BOROUGH PUBLIC SCHOOLS

## STUDENT REGISTRATION FORM

**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:			
Birth City, State & Country:			
U.S. Entry Date (if born outside the United States)		Ethnicity:	<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino
Race: <input type="checkbox"/> White <input type="checkbox"/> Black/African American <input type="checkbox"/> American Indian/Alaskan <input type="checkbox"/> Asian <input type="checkbox"/> Hawaiian Native/Other Pacific Islander			
Language Spoken at Home:		Primary Language Spoken:	
Child of a District Employee or Board of Education Member (Regardless of Town of Residence) <input type="checkbox"/> Yes <input type="checkbox"/> No		<b>Student is a</b> <input type="checkbox"/> a member of the full time, Active Duty Forces <b>dependent of:</b> <input type="checkbox"/> someone <b><u>NOT</u></b> in the full time, Active Duty Forces	

**Student Residential Address Information:**

Home Address:		Apartment/Unit #	
City/Zip Code:		Third Party Residence?	<input type="checkbox"/> Yes <input type="checkbox"/> No

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 issues 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:		Work Phone:	

*Email Address:*

Marital Status:			
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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			
Home Phone:		Cell Phone:		Work Phone:	

*Email Address:*

Marital Status:			
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**If dual notification of Progress Reports and Report Cards are needed, please complete below:** (Used for joint custody only)

Name:		Relationship to student:	
Mailing Address:		Contact Phone:	

**Registration Office Use Only!**

School to Attend:	<input type="checkbox"/> OR <input type="checkbox"/> NB	<input type="checkbox"/> MMS	<input type="checkbox"/> PPBHS	Year of Graduation:	
<input type="checkbox"/> Affidavit of Guardianship attached				Grade Level:	
Home School (if different)		Entry Code:		Free/Reduced Lunch	<input type="checkbox"/> Yes <input type="checkbox"/> No
Proof of Residency	1.	2.	3.	4.	
Custody Papers	<input type="checkbox"/> Yes <input type="checkbox"/> No	Tuition:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Tuition Code:	1 2 3 4 5 6 7 9
Student ID#:		SID#:		Family Code:	
Birth Certificate <input type="checkbox"/> No <input type="checkbox"/> Yes	Transfer Card <input type="checkbox"/> Yes <input type="checkbox"/> No	Health Records <input type="checkbox"/> Yes <input type="checkbox"/> No	Report Card <input type="checkbox"/> Yes <input type="checkbox"/> No	Locker:	
Registration Date:		Enrollment Date:		Registrar:	

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

Name:		Phone:		Relationship to student:	
Name:		Phone:		Relationship to student:	
Name:		Phone:		Relationship to student:	

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

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

**District Curricular Information:**

Was the student previously enrolled in a Point Pleasant Borough School?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If YES, which school?		
Last school attended:		City, State		Grade
My child was receiving the following assistance in his/her previous school:				
<input type="checkbox"/> Student seen by the CST	<input type="checkbox"/> Speech Therapy	<input type="checkbox"/> Basic Skills	<input type="checkbox"/> 504 Plan	
<input type="checkbox"/> Student referred to the CST	<input type="checkbox"/> ELL/Bilingual Education	<input type="checkbox"/> Math <input type="checkbox"/> Reading		
<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	

**Health Insurance 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		
Date of your child's last medical examination		

NJ Family Care provides free or low cost health insurance for uninsured children and certain low income parents. For more information call 800-701-0710 or visit [www.njfamilycare.org](http://www.njfamilycare.org) to apply on line.

**Point Pleasant Borough Schools may release my name and address to NJ Family Care Program to contact me about health insurance.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of Parent/Legal Guardian (Please Print)

\_\_\_\_\_  
Signature of Parent/Legal Guardian

\_\_\_\_\_  
Date



## POINT PLEASANT BOROUGH SCHOOLS

### CONSENT TO EMERGENCY STUDENT TREATMENT

I \_\_\_\_\_, parent/legal guardian of the student named below, do hereby CONSENT (in advance) to any emergency treatment and/or hospital care rendered to the student at a Medical Center of Ocean County facility in the event that any situation should arise during school hours or during any school activities that would require emergency treatment or care rendered to the named student.

This consent is given at the request of the Point Pleasant Board of Education and the Medical Center of Ocean County so that prompt emergency treatment of the student may be rendered. This consent extends to the Hospital and its affiliated physicians, nurses, employees and administrative officer.

I understand that this consent will be lodged with the school that is attended by the student so that it will be immediately available for delivery to a Medical Center of Ocean County facility in the event that emergency treatment of the student is required.

I further understand that in the event of the rendering of any emergency treatment to the student by the Hospital that the Hospital will promptly communicate with me at the telephone number listed below in order to advise me of the emergency situation and treatment rendered to the student.

I further understand that any costs incurred as a result of Hospital treatment will be my responsibility and not that of the Point Pleasant Borough Public School District.

AS TO THE STUDENT: \_\_\_\_\_  
(NAME) (AGE)

\_\_\_\_\_  
(Street Address – Town – State – Zip Code) (Date of Birth)

\_\_\_\_\_  
**ALLERGIES** that the hospital and/ or emergency care provider would need to be aware of

AS TO THE PERSON SIGNING THE CONSENT: \_\_\_\_\_  
(Name)

\_\_\_\_\_  
(Relationship to Student) (Street Address – Town – State – Zip Code) (Phone Number)

\_\_\_\_\_  
(Signature of Person Giving Consent – Parent/Legal Guardian) Date

Copies: School Nurse – Athletic Office

## HEALTH OFFICE/NEW ENTRANT QUESTIONNAIRE

Student's Name \_\_\_\_\_ ID# \_\_\_\_\_ D.O.B. \_\_\_\_\_

Birthplace \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_ Grade \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

***Please check the following questions and explain any "Yes" answer on the space provided.***

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### MEDICATIONS:

Does your child take any daily medications? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please list daily medications and doses: \_\_\_\_\_

Will your child require medication given in school? Yes \_\_\_\_\_ No \_\_\_\_\_

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### ALLERGIES: Is your child allergic to any of the following:

Medications: Yes \_\_\_\_\_ No \_\_\_\_\_

If Yes, please list: \_\_\_\_\_

Seasonal Allergies: Yes \_\_\_\_\_ No \_\_\_\_\_

If Yes, please explain: \_\_\_\_\_

Bee Sting/Insect Bites: Yes \_\_\_\_\_ No \_\_\_\_\_

If Yes, list medication needed for allergic reaction: \_\_\_\_\_

Food Allergies: Yes \_\_\_\_\_ No \_\_\_\_\_

If Yes, which foods? \_\_\_\_\_

Type of reaction? \_\_\_\_\_

Type of medication needed for reaction? \_\_\_\_\_

Asthma: Yes \_\_\_\_\_ No \_\_\_\_\_

If Yes, frequency of attacks? \_\_\_\_\_

Known triggers? \_\_\_\_\_

Current daily asthma medications? \_\_\_\_\_

Normal Peak Flow \_\_\_\_\_

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### HEART DISEASE/HEART MURMUR: Yes \_\_\_\_\_ No \_\_\_\_\_

If Yes, any limitations in activity? \_\_\_\_\_

***Please note: A doctor's note is required stating there is no limitation of activity to participate in gym, sports, or recess.***

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KIDNEY DISEASE: Yes \_\_\_\_\_ No \_\_\_\_\_

If Yes, please list: \_\_\_\_\_

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DIABETES: Yes \_\_\_\_\_ No \_\_\_\_\_

If Yes, we will discuss and formulate care plan for the school year.

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Student's Name: \_\_\_\_\_

SEIZURES: Yes \_\_\_\_\_ No \_\_\_\_\_

Medications/Limitations: \_\_\_\_\_

Date of last seizure: \_\_\_\_\_ Type of seizure: \_\_\_\_\_

If current seizure disorder, we will meet and formulate care plan for the school year.

LYME DISEASE: Yes \_\_\_\_\_ No \_\_\_\_\_

If Yes, date of diagnosis: \_\_\_\_\_ Current medications/limitations? \_\_\_\_\_

GLASSES: Yes \_\_\_\_\_ No \_\_\_\_\_

If Yes, when are they to be worn? \_\_\_\_\_

HEARING DIFFICULTIES: Yes \_\_\_\_\_ No \_\_\_\_\_

If Yes, please explain: \_\_\_\_\_

FREQUENT EAR INFECTIONS: Yes \_\_\_\_\_ No \_\_\_\_\_

If Yes, approximately how many infections and what age(s)? \_\_\_\_\_

FREQUENT STREP INFECTIONS: Yes \_\_\_\_\_ No \_\_\_\_\_

History of any of the following:

HEAD INJURIES: Yes \_\_\_\_\_ No \_\_\_\_\_

BROKEN BONES: Yes \_\_\_\_\_ No \_\_\_\_\_

HOSPITALIZATIONS: Yes \_\_\_\_\_ No \_\_\_\_\_

SURGERIES: Yes \_\_\_\_\_ No \_\_\_\_\_

If you answered **yes** to any of the above, please give dates and explain: \_\_\_\_\_

Please list any other disabilities, limitations, or health concerns: \_\_\_\_\_

Previous School Attended: \_\_\_\_\_ Phone: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# Point Pleasant Borough Public Schools

[ ] Point Pleasant Borough High School	830 Laura Herbert Drive, Point Pleasant, NJ 08742	732-701-1900 ext. 2251
[ ] Memorial Middle School	808 Laura Herbert Drive, Point Pleasant, NJ 08742	732-701-1900 ext. 2312
[ ] Nellie F. Bennett Elementary School	2000 Riviera Parkway, Point Pleasant, NJ 08742	732-701-1900 ext. 5204
[ ] Ocean Road Elementary School	1210 Benedict Street, Point Pleasant, NJ 08742	732-701-1900 ext. 4111

## AUTHORIZATION FOR RELEASE OF CUMULATIVE RECORDS

Name of Student: \_\_\_\_\_

Previous Home Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_

The above student has enrolled in Point Pleasant Borough School District. Please forward the following student information to the school indicated above:

- **Immunization/Health Records** (originals if coming from within New Jersey required)
- **Transcript of Academic Records** (including grades to date of withdrawal)
- **Standardized Test Records** (including New Jersey HSPA if applicable)
- **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)
- **Confidential Records to Include:**
  - **All Special Education** components which include psychological, sociological, educational and medical/audiovisual evaluations
  - Up-to-date individualized educational program (IEP) with handicapping conditions specified

Previous School: \_\_\_\_\_

Address: \_\_\_\_\_

School Phone # \_\_\_\_\_ School Fax # \_\_\_\_\_

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

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Student 18 or older: \_\_\_\_\_ Date: \_\_\_\_\_

**POINT PLEASANT BOROUGH SCHOOLS**  
**Genesis Parent/Guardian Student Access Security Form**

Please complete the following form to receive a login and password to access the Genesis Parent Portal. **PLEASE NOTE:** Blended families may only receive access to those students for whom they are parent/guardian. You will receive an email with the necessary login information when your ID has been assigned.

☐ **Check here if you already have a Parent Portal for another student(s) in the district.**

<b><i>Parent/Guardian Information: (Please Print all information)</i></b>	
Parent/Guardian (Last Name, First Name)	Daytime phone # to reach you:
Cell phone #:	Cell phone provider: (to receive Message Alerts)
Valid Email address: <b>PLEASE PRINT LEGIBLY</b>  @	Parent/Guardian Signature:  X _____

<b><i>Student Information: (No nicknames, please)</i></b>		
Student (Last Name, First Name):	Current School & Grade Level:	Birthdate:
Student (Last Name, First Name):	Current School & Grade Level:	Birthdate:
Student (Last Name, First Name):	Current School & Grade Level:	Birthdate:
Student (Last Name, First Name):	Current School & Grade Level:	Birthdate:
<b><i>PLEASE LIST ADDITIONAL CHILDREN ON THE BACK OF THIS FORM</i></b>		

<b><i>District/School Use Only:</i></b>	
Parent Guardian authorized to access students: <div style="text-align: right;"><input type="checkbox"/> Yes      <input type="checkbox"/> No</div>	
Principal (or designee) Signature:	Date:
Date Account Created:	Date Notification Emailed to Parent:
Notes:	

# NEW JERSEY STATE INTERSCHOLASTIC ATHLETIC ASSOCIATION

1161 Route 130 North, Robbinsville, NJ 08691-1104

## STUDENT-ATHLETE RESIDENCY AFFIDAVIT

\_\_\_\_\_  
Print Student's Full Name

\_\_\_\_\_  
School

\_\_\_\_\_  
Date

I, \_\_\_\_\_, of full age, being duly sworn to law, upon my oath  
depone and say:

1. I am the parent/legal guardian of the above listed student. (circle)
2. I currently reside at: \_\_\_\_\_  
I have resided at the above address since: \_\_\_\_\_
3. The above-named student moved with me at my new address on: \_\_\_\_\_
4. Prior to moving to the new residence address listed above, I resided at the following address:  
\_\_\_\_\_
5. Prior to moving to the new address listed in #2 above, the student resided at the following address:  
\_\_\_\_\_  
with named parent/legal guardian \_\_\_\_\_
6. I hereby authorize the New Jersey State Interscholastic Athletic Association ("NJSIAA") to investigate and confirm any and all Statements made by me in this affidavit. I agree to provide any additional information that may be requested by the NJSIAA.
7. I will notify the present school immediately, in writing, if any of the conditions recited herein are changed.
8. This residence may not be associated with, leased, or provided by anyone associated with the school or acting at the direction of the school, including but not limited to administration, staff, coaches, students, parents, booster clubs, or any organization having a connection with the school.

I hereby certify that the forgoing statements are true, and I am aware that if any of the foregoing statements are willfully false, I am subject to punishment.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Print Parent/Guardian Full Name

STATE OF NEW JERSEY, COUNTY OF \_\_\_\_\_. The above-named affiant appeared before me, a  
notary public of the State of New Jersey, on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ and I made known to  
him/her the contents of the above affidavit which was then sworn and subscribed to by said affiant before me on this date.

Notary Public: \_\_\_\_\_

***Copies of this Affidavit must be sent to the New Jersey State Interscholastic Athletic Association upon request***