

WATERFORD TOWNSHIP SCHOOL DISTRICT ENROLLMENT REQUIREMENTS

ONLY the parent or legal guardian may enroll a student and
the student **MUST** reside in Waterford Township

DOCUMENTS REQUIRED

1. **Proof of Residence – (6 points needed)** [NJSA 18A:38(a)] [NJAC 6A:22-3.4]
 - a. Current Property Tax Bill (4 points), **OR**
 - b. Current Mortgage or Lease (4 points)
 - Leases **MUST** be **CURRENT** and signed by **BOTH** parties- (tenant & landlord)
 - c. Agreement of Sale within 30 days (4 points), **AND**
 - d. Current Utility Bill [Gas, Electric, Water, Sewer] (2 points each)
 - Bill **MUST** be current.
 - Bring **ENTIRE** bill along.
 - e. Other Current document with address (1 point each)
(Bank Statement, Car Insurance, Medical Bill or Cable) [2 point maximum]
 - f. **Affidavit** – If the parent/guardian is **NOT** the homeowner or lessor, the homeowner or lessor **MUST** complete a notarized affidavit [we will provide] & prove their residency by providing the documents listed above.

2. **Proof of Parent / Guardian Identity** [NJSA 18A:36-25]
 - a. Current Photo Drivers License **OR** Photo ID.
 - b. DCP&P placement **OR** Court Documents – if applicable
 - c. If parent & child have different names due to marriage **MUST** supply marriage certificate.

3. **Proof of Custody (if divorced or separated)**
 - a. Custody Agreement showing Joint or Residential Custody **OR**
 - b. Admission Form 3 [we will provide] parent agreement of School District.

4. **Proof of Student Identity** [NJSA 18A:36-25.1]
 - a. Birth Certificate (**Original**)

5. **Health Information** [NJAC 8:57-4]
 - a. Immunization record
 - b. Physical

6. **School Records (transfers only)**
 - a. Transfer Card
 - b. Report Cards
 - b. IEP – if applicable

MEDIA RELEASE

Periodically throughout the school year, photographs may be taken of our students and staff in various academic and non-academic activities. Since these images may be used in printed and online materials such as the school district newsletter and/or brochures, local/regional publications, district website, social media, video presentations, or be displayed at various seminars and/or workshops in which the district participates, we need to obtain permission to take them.

_____ I GIVE permission for my child to be photographed for school-related publications, website and presentations.

_____ I DO NOT give permission for my child to be photographed for school-related publications, website and presentations.

TECHNOLOGY ACCEPTABLE USE POLICY

I understand the conditions set forth in the district Technology Acceptable Use Policy (a copy of which is contained within the WTSD Parent Handbook). I further understand that any violation is unethical and may constitute a criminal offense. Should my child commit any violation, their access privileges may be revoked, disciplinary and/or appropriate legal action may be taken.

_____ I have reviewed and understand the AUP and WILL ALLOW my child to use the internet.

_____ I DO NOT give permission for my child to use the internet.

I CERTIFY THAT THE INFORMATION PROVIDED ON THIS FORM IS ACCURATE:

Signature: _____ Relationship: _____

Registration Form
Revised: Oct. 2015

OFFICE USE ONLY

STUDENT ID # _____ STATE ID # _____

Date of Registration _____ Preschool _____ Kindergarten _____ Transfer _____

Teacher _____ Grade _____ School _____

Permanent Records: Req. _____ Rec'd _____ CST Records: Req. _____ Rec'd _____

WATERFORD TOWNSHIP PUBLIC SCHOOL EMERGENCY FORM

STUDENT NAME _____ DATE OF BIRTH _____ GRADE _____

ADDRESS _____ TEACHER _____

_____ SCHOOL YEAR _____

EMAIL ADDRESS _____

STUDENT LIVES WITH: ___Mother ___Father ___Both Parents Other _____

CUSTODY ISSUES YES / NO
PLEASE SEE REVERSE FOR ADDITIONAL INFORMATION

Mother/Guardian First and Last Name	Relationship to Student	Address	Home Phone	Work Phone	Cell Phone	Does Student Live Here	School Mail Go Here	Allow to Pickup Student
						Y / N	Y / N	Y / N
Father/Guardian First and Last Name	Relationship to Student	Address	Home Phone	Work Phone	Cell Phone	Does Student Live Here	School Mail Go Here	Allow to Pickup Student
						Y / N	Y / N	Y / N

OTHER CONTACTS within 30 minutes of the school

First and Last Name	Relationship to Student	Address	Home Phone	Work Phone	Cell Phone	Is This a Medical Contact	School Mail Go Here	Allow to Pickup Student
						Y / N	Y / N	Y / N
						Y / N	Y / N	Y / N
						Y / N	Y / N	Y / N

Please check all that apply

In the event of a school emergency and/or closing I would like notification via email (listed above) or other _____
 text to _____
 phone call to _____

CUSTODY ISSUES (Please select one)

- There are no custody issues regarding my child. If at any time this status changes, I am responsible for providing a copy of the custody papers to the Waterford Twp. Public School Office. If I do not, I understand that my child may be released to either parent or any persons listed on the emergency form.
- I have given the Waterford Twp. Public School Office a copy of the latest custody papers for my child. I am also aware that it is my responsibility to furnish any updated custody papers. If I fail to do so, the latest papers on file will be enforced.

My child is not permitted to be released to: _____ (as noted by legal documentation)

Family Physician _____

Telephone # _____

Family Dentist _____

Telephone # _____

Does your child have health insurance? Yes/No If yes, name of insurance company _____

For more information call 800-701-0710 or visit www.nifamilycare.org to apply online. You may release my name and address to the NJ FamilyCare Program to contact me about health insurance. Signature: _____ Printed Name: _____
 Date: _____ Written consent required to 20 U.S.C. & 1232 (b)(1) and 34 C.F.R. 99.30(b)

Please check if the student has any of the following conditions:

- | | | | |
|------------------------|----------------------|----------------------------------|---|
| _____ diabetes | _____ asthma | _____ vision or hearing problems | _____ heart conditions with restrictions |
| _____ seizure disorder | _____ wears glasses | _____ on medication(s) | _____ heart conditions without restrictions |
| _____ severe allergies | _____ wears contacts | _____ G.I. Issues | _____ other |

Please explain items above that are checked _____

My child is on the following medication(s):

Please list any and all allergies:

List brothers/sisters attending school in this district: Name: _____ Grade: _____ School: Atco / TR / WES

Name: _____ Grade: _____ School: Atco / TR / WES Name: _____ Grade: _____ School: Atco / TR / WES

INFORMATION ON THIS CARD MAY BE SHARED WITH OTHER STAFF MEMBERS. IN CASE OF EMERGENCY, YOUR CHILD WILL BE TAKEN TO THE NEAREST HOSPITAL ONLY WHEN YOU CANNOT BE REACHED. I GIVE MY SON/DAUGHTER PERMISSION TO RECEIVE EMERGENCY HOSPITAL TREATMENT IF NECESSARY.

Date _____ Mother/Guardian Signature: _____ Father /Guardian Signature _____

PLEASE RETURN THIS FORM TO:

Name of Child: _____ Birth date: _____
 School: _____ Grade: _____

FORM TO BE COMPLETED BY PHYSICIAN DATE OF EXAMINATION: _____

VACCINE TYPE	Disease Date	1 st Dose Mo/Day/Yr	2 nd Dose Mo/Day/Yr	3 rd Dose Mo/Day/Yr	4 th Dose Mo/Day/Yr	5 th Dose Mo/Day/Yr	6 th Dose Mo/Day/Yr
Diphtheria, Tetanus, Pertussis-DTP *(If DT or Td, indicate in corner box)							
Tdap							
Oral Polio Vaccine (OPV) *(If Salk Vaccine, indicate IPV in corner box)							
MMR (Measles, Mumps & Rubella)							
Measles					or Measles Serology	Date	Titer
Rubella					or Rubella Serology	Date	Titer
Mumps					or Mumps Serology	Date	Titer
Haemophilus B (HIB) Required for Day/Child Care Enrollees (2 mos. - 5 th birthday only)							
Hepatitis B							
Varicella							
Pneumococcal (PCV)							
Influenza							
Meningitis							

Provisional admission attached-Date Granted: _____ Medical exemption attached _____ Religious exemption attached _____

CHILDHOOD DISEASES [GIVE DATES]

Chickenpox _____ Rheumatic Fever _____
 German Measles _____ Scarlet Fever _____
 Measles _____ Whooping Cough _____
 Mumps _____

OPERATIONS

Tonsillectomy _____ Hernia _____
 Appendectomy _____ Other _____

MEDICAL HISTORY

Convulsive Disorders _____ Fracture _____
 Diabetes _____ Other Injuries _____
 Kidney Disorders _____ Speech Defect _____
 Cardiac Disorders _____ Asthma _____
 Other Serious Illnesses _____ Allergies _____

PHYSICAL EXAMINATION

Height _____ Weight _____ Blood Pressure _____
 Ears _____ Abdomen _____
 Nose _____ Hernia _____
 Throat _____ Genitalia _____
 Teeth _____ Feet _____
 Gums _____ Skin _____
 Thyroid _____ Nutrition _____
 Heart _____ Posture _____
 Lungs _____ Nervous Symptoms _____
 Vision R _____ L _____ Hearing R _____ L _____

General Condition _____

Current Health Problems _____

Medications Being Taken _____

 PRINT NAME OF PHYSICIAN

 SIGNATURE OF PHYSICIAN

THIS INFORMATION IS VITAL TO THE WELFARE OF THE CHILD. CONFIDENTIAL INFORMATION MAY BE DISCUSSED WITH THE SCHOOL NURSE.