



ISLAND HEIGHTS SCHOOL DISTRICT Student Registration Form

Anticipated start date for student: _____

Today's Date: _____

Please provide us with your child's original Birth Certificate for registration. *Only the natural parent or guardian may register a student.*

Student Name (as listed on Birth Certificate) - First, Middle, Last: _____

Physical Address: _____ PO Box: _____

Date of Birth: _____ City/State of Birth: _____

Gender: _____ (M/F/Non Binary)

Ethnicity: ☐ White ☐ Black ☐ Hispanic/Latino ☐ American Indian/Alaskan ☐ Asian ☐ Pacific Islander/Hawaiian

What Language is primarily spoken at home? _____

Who does the student currently live with (check one): ☐ Both Parents ☐ Mother ☐ Father ☐ Legal Guardian

Contact Information:

Mother's Name: _____

Father's Name: _____

Address: *If different from above*

Address: *If different from above*

Phone#: _____

Phone#: _____

Place of Employment: _____

Place of Employment: _____

Email address: _____

Email Address: _____

Emergency Contact for this household (other than listed above):

Name: _____ Phone#: _____

Relationship to student: _____

Additional Emergency Contacts along with persons you wish to have pick up your child from school, will be inputted by the registrant on our Parent Portal within 15 days of registration. Parent Portal Credentials will be emailed to the above email address:

☐ Acknowledged

Are there any custody issues: ☐ No ☐ Yes

If yes, do you have legal custody with supporting documents? ☐ No ☐ Yes

Is there a need for Restricted Release? (court documents must be provided) ☐ No ☐ Yes

Is there a need for Dual Notification of the other parent? ☐ No ☐ Yes **If yes**, please provide the following information:

Do you wish this parent to be contacted if Custodial Parent cannot be reached? ☐ No ☐ Yes **and/or**

Do you need copies of report cards sent to this parent? ☐ No ☐ Yes If yes, please complete the following:

Contact Name: _____ Relationship to student: _____

Contact Address (if different from any listed above): _____

It is the parent's responsibility to provide Settlement Agreements and/or Court Orders regarding parental rights/limitations due to divorce or separation. I have attached documentation to this form that has been signed by a Judge regarding unique circumstances concerning the legal guardianship/custody of my child. Please check the appropriate box:

☐ Yes ☐ No

Has child had (check all that apply): (please provide any necessary documentation, doctor's notes, evaluations etc.)

- ☐ Child Study Team (CST) evaluation/IEP ☐ 504 Plan ☐ ESL ☐ Speech ☐ Early Intervention
☐ Occupational Therapy ☐ Physical Therapy ☐ Basic Skills ☐ Free/Reduced Lunch

Physical Education Program:

Please be advised that I am aware that my child will participate in the physical education program at the Island Heights Grade School.

Please check one of the following:

- ☐ To the best of my knowledge, my child is in good physical health.
☐ To the best of my knowledge, my child is **not** in good physical health.

To the best of my knowledge, my child has the following abnormalities and/or health problems about which you should be aware of for the benefit of both you and my child. (Please list below.)

Parent/Guardian Signature: _____ Date: _____

ISLAND HEIGHTS SCHOOL DISTRICT

115 Summit Avenue, P.O. Box 32

Island Heights, NJ 08732

Tel. (732) 929-1222

Fax (732) 929-9563

www.islandheights.k12.nj.us



LISA A. ROYER
Superintendent/Principal

CRAIG LORENTZEN
Business Administrator

Residency Requirements Checklist

(Only the natural parent or guardian may register a student.)

Please choose one (1) of the following Three (3) Residency Options:

Option 1

I, (resident's name) _____, am providing the attached (4) documents as detailed below for verification of my residency in the Borough of Island Heights.

One (1) Document from the items listed below:

- ☐ Property Tax Bill
- ☐ Contract of Sale or Settlement Statement
- ☐ Deed
- ☐ Lease Signed by Landlord (registered with the Borough and RESIDENCY AFFIDAVIT/LANDLORD RENTAL Form (attached))
- ☐ Mortgage Statement (with physical address, name of registering party)

And **Three (3) Documents** from the items listed below, **Two (2)** of which must have been issued within the past 45 days. All items must contain the physical address.

- | | | |
|---|--|---|
| <input type="checkbox"/> Utility Bills w/physical service address | <input type="checkbox"/> Employment Documents | <input type="checkbox"/> Permits |
| <input type="checkbox"/> Financial Account Information | <input type="checkbox"/> Unemployment Documents | <input type="checkbox"/> Medical Billing |
| <input type="checkbox"/> Driver's License | <input type="checkbox"/> Car Insurance Billing | <input type="checkbox"/> Vehicle Registration |
| <input type="checkbox"/> Benefits Statement | <input type="checkbox"/> State Agency/Court Orders | <input type="checkbox"/> Other Monthly billing (ie credit card) |

Questionable residency documentation may require a residency investigation and/or determination of ineligibility to attend the Island Heights Grade School.

I am aware that I am guilty of a Disorderly Persons Offense according to the N.J.A.C. 6A:22, specifically N.J.A.C. 18A:38-1(c), if I fraudulently allow my child to be registered to this address for school admission purposes, which is punishable under the New Jersey Criminal Code.

Resident Signature: _____ **Date:** _____

Option 2

If you are renting a home in the Borough of Island Heights, the RESIDENCY AFFIDAVIT/LANDLORD RENTAL Form must be filled out by your Landlord with a copy of the deed and rental agreement (below).

You, the parent/guardian (registrant), will need to provide two (2) proofs of residency (listed below).

Registrant - please provide two (2) proofs of residency (must have been issued within the past 45 days. All items must contain the physical address):

- | | | |
|---|--|--|
| <input type="checkbox"/> Utility Bills w/physical service address | <input type="checkbox"/> Employment Documents | <input type="checkbox"/> Permits |
| <input type="checkbox"/> Financial Account Information | <input type="checkbox"/> Unemployment Documents | <input type="checkbox"/> Medical Billing |
| <input type="checkbox"/> Driver's License | <input type="checkbox"/> Car Insurance Billing | <input type="checkbox"/> Vehicle Registration |
| <input type="checkbox"/> Benefits Statement | <input type="checkbox"/> State Agency/Court Orders | <input type="checkbox"/> Other Monthly billing
(ie credit card) |

All of the Residency Affidavit forms must be notarized by a Notary Public.

Questionable residency documentation may require a residency investigation and/or determination of ineligibility to attend the Island Heights Grade School.

I am aware that I am guilty of a Disorderly Persons Offense according to the N.J.A.C. 6A:22, specifically N.J.A.C. 18A:38-1(c), if I fraudulently allow my child to be registered to this address for school admission purposes, which is punishable under the New Jersey Criminal Code.

Resident Signature: _____ **Date:** _____

ISLAND HEIGHTS SCHOOL DISTRICT

115 Summit Avenue, P.O. Box 32

Island Heights, NJ 08732

Tel. (732) 929-1222

Fax (732) 929-9563



www.islandheights.k12.nj.us

LISA A. ROYER

Superintendent/Principal

CRAIG LORENTZEN

Business Administrator

RESIDENCY AFFIDAVIT

LANDLORD RENTAL

Must be filled out if OPTION 2 is selected on the Residency Requirements Checklist

I am _____,
(Print Name) (Print Name)

I am renting to _____
(Renter's Name)

(Owner's Address)

the property located at _____ on a **monthly**
or **yearly** basis from _____ to _____. (Circle to indicate the term of rental.)

Signature of Landlord

LANDLORD PROOF OF PROPERTY OWNERSHIP: _____ Copy of Mortgage/Deed/Tax Bill
(Landlord must provide both items.)

_____ Copy of Lease

Sworn and subscribed to before me this
_____ day of _____ 20____

NOTARY PUBLIC

Option 3

If you reside with someone who owns or rents a home within the Borough of Island Heights, the person who owns or rents the home must complete this checklist and provide their proof of residency as designated below. Additionally, that person must also complete the RESIDENCY AFFIDAVIT - NON-RENT PAYING BY HOMEOWNER form (below).

One (1) Document from the items listed below:

- ☐ Property Tax Bill
- ☐ Deed
- ☐ Contract of Sale or Settlement Statement
- ☐ Lease Signed by Landlord (registered with the Borough and RESIDENCY AFFIDAVIT/LANDLORD RENTAL Form (below)
- ☐ Mortgage Statement (with physical address, name of registering party)

And **Three (3)** Documents from the items listed below, **Two (2)** of which must have been issued within the past 45 days. All items must contain the physical address.

- ☐ Utility Bills w/physical service address
- ☐ Financial Account Information
- ☐ Driver's License
- ☐ Benefits Statement
- ☐ Employment Documents
- ☐ Unemployment Documents
- ☐ Car Insurance Billing
- ☐ State Agency/Court Orders
- ☐ Permits
- ☐ Medical Billing
- ☐ Vehicle Registration
- ☐ Other Monthly billing (ie credit card)

You, the parent/guardian (registrant), will need to provide two (2) proofs of residency (listed below) and complete the RESIDENCY AFFIDAVIT - NON-RENT PAYING BY PARENT/GUARDIAN form (below).

Registrant - please provide two (2) proofs of residency (must have been issued within the past 45 days. All items must contain the physical address):

- ☐ Utility Bills w/physical service address
- ☐ Financial Account Information
- ☐ Driver's License
- ☐ Benefits Statement
- ☐ Employment Documents
- ☐ Unemployment Documents
- ☐ Car Insurance Billing
- ☐ State Agency/Court Orders
- ☐ Permits
- ☐ Medical Billing
- ☐ Vehicle Registration
- ☐ Other Monthly billing (ie credit card)

All of the Residency Affidavit forms must be notarized by a Notary Public.

Questionable residency documentation may require a residency investigation and/or determination of ineligibility to attend the Island Heights Grade School.

I am aware that I am guilty of a Disorderly Persons Offense according to the N.J.A.C. 6A:22, specifically N.J.A.C. 18A:38-1(c), if I fraudulently allow my child to be registered to this address for school admission purposes, which is punishable under the New Jersey Criminal Code.

Resident Signature: _____ **Date:** _____

ISLAND HEIGHTS SCHOOL DISTRICT

115 Summit Avenue, P.O. Box 32

Island Heights, NJ 08732

Tel. (732) 929-1222

Fax (732) 929-9563

www.islandheights.k12.nj.us



LISA A. ROYER

Superintendent/Principal

CRAIG LORENTZEN

Business Administrator

RESIDENCY AFFIDAVIT

NON-RENT PAYING BY HOMEOWNER

Must be filled out if OPTION 3 is selected on the Residency Requirements Checklist

I, _____, of full age, being duly sworn according to law, upon my oath depose and say:

1. I am the Homeowner/Lease Holder of the following property/address:

2. _____ temporarily/permanently (cross out the term that does not apply) reside at _____ in the Borough of Island Heights, County of Ocean, State of New Jersey. This has been my place of residence since _____.

3. If _____'s residency is temporary, they plan to reside here until _____.

4. _____ does not pay rent to live in the home in which I reside. I have attached hereto the required proofs of my residence (please see the attached Residency Requirements Checklist). If such proof is not available, explain the reasons why:

5. I am aware that I have the obligation to immediately notify the Island Heights School District in the event the family ceases to be residents at the Island Heights address listed above.

6. I state that the information contained in this Affidavit is true and accurate and acknowledge that the Island Heights School District will rely upon the truthfulness and accuracy of this information. If any of the statements contained in the Affidavit are willfully false, I am aware that I am subject to the criminal penalties provided by law for perjury and/or false swearing and will remain subject to all other obligations and /or liabilities which I have assumed elsewhere in this Affidavit and are imposed by applicable law.

Signature of Homeowner

Sworn and subscribed to before me this

_____ day of _____ 20__

NOTARY PUBLIC

ISLAND HEIGHTS SCHOOL DISTRICT

115 Summit Avenue, P.O. Box 32

Island Heights, NJ 08732

Tel. (732) 929-1222

Fax (732) 929-9563

www.islandheights.k12.nj.us



LISA A. ROYER

Superintendent/Principal

CRAIG LORENTZEN

Business Administrator

RESIDENCY AFFIDAVIT

NON-RENT PAYING BY PARENT/GUARDIAN

Must be filled out if OPTION 3 is selected on the Residency Requirements Checklist

I, _____, of full age, being duly sworn according to law, upon my oath depose and say:

1. I am the parent/guardian of a child/children by the name(s) of _____ (hereinafter referred to as my child)
2. I temporarily/permanently (cross out the term that does not apply) reside at _____ in the Borough of Island Heights, County of Ocean, State of New Jersey. This has been my place of residence since _____. If my residence in the premises is temporary, I plan to reside here until _____.
3. I do not pay rent or own the home for the premises in which I reside. I have attached hereto two (2) proofs of my residence from the Residency Requirements Checklist. If such proof is not available, explain the reasons why:

4. I desire to register or continue to enroll my child in the Island Heights School District.
5. I am aware that I have the obligation to immediately notify the Island Heights School District in the event I cease to be a resident at the Island Heights address listed above.
6. I hereby assume liability for any tuition assessed if my child is determined to have been ineligible for a "tuitionfree" education in the Island Heights School District during any period which he/she was allowed to attend school based on the facts contained in this Affidavit.
7. This Affidavit is submitted for the purpose of inducing the Island Heights Board of Education to accept or continue to enroll my child as a student in the Island Heights School District on a tuition free basis. I state that the information contained in this Affidavit is true and accurate and

acknowledge that the Island Heights School District will rely upon the truthfulness and accuracy of this information. If any of the statements contained in the Affidavit are willfully false, I am aware that I am subject to the criminal penalties provided by law for perjury and/or false swearing and will remain subject to all other obligations and /or liabilities which I have assumed elsewhere in this Affidavit and are imposed by applicable law.

Signature of Parent/Guardian

Sworn and subscribed to before me this
_____ day of _____ 20__

NOTARY PUBLIC



ISLAND HEIGHTS SCHOOL DISTRICT
Home Language Survey
Parent/Guardian Language Questionnaire

Name: _____ Date of Birth: _____
[first] [middle] [last]

Date of school entrance _____

Person completing the survey: ☐ Mother ☐ Father ☐ Legal Guardian ☐ Other _____

Please tell us about your child:

What language did the child learn when he/she first began to talk? _____

What language does the family speak at home most of the time? _____

What language(s) does the primary caregiver(s) speak to the child most of the time? _____

What language(s) does the child speak to his/her primary caregiver(s) most of the time? _____

What language(s) does the child speak to her/her brothers and sisters most of the time? _____

What language does the child speak to his/her friends most of the time? _____

Please list any preschool program(s) your child attended before coming to our Program:

In which language do you wish to receive information from the school? _____

What name do you use for your child (if different from above)? _____

Sources:

Questions 1-8 are based on the *NJ DOE Home Language Survey* that was adapted from the sample survey in *A Manual for Community Representatives of the Title VI Steering Committee*, published 9/76 by the Institute for Cultural Pluralism, Lau General Assistance Center, San Diego University, San Diego, CA 92182.

Question 9 was adapted from the Parent Questionnaire in *One Child, Two Languages 2nd Edition Published 2/2008* by Patton O. Tabors, Paul H. Brookes Publishing.

ISLAND HEIGHTS SCHOOL DISTRICT

115 Summit Avenue, P.O. Box 32

Island Heights, NJ 08732

Tel. (732) 929-1222

Fax (732) 929-9563

www.islandheights.k12.nj.us



LISA A. ROYER

Superintendent/Principal

CRAIG LORENTZEN

Business Administrator

School Name (transferring from): _____

To Whom It May Concern,

The following pupil has been enrolled in the Island Heights Grade School for the _____ school year.

Student Name: _____ DOB: _____

Age: _____ Current/Expected Grade: _____

Date of Registration: _____

Please forward the following information and records along with a copy of this letter to the Island Heights Grade School as soon as possible, so that proper placement can be made for this pupil.

_____ Cumulative Records

_____ Latest Report Card

_____ Basic Skills/Chapter I Records

_____ Transfer Card

_____ Medical Records/Health Card

_____ Confidential Records/Child Study Team Reports

_____ Other Records of Importance

Thank you for your prompt attention to our request.

Sincerely,

Lisa A. Royer

Superintendent/Principal

Parent Signature: _____ Date: _____

Parent Name: _____ (Please print.)