



# HAZLET TOWNSHIP PUBLIC SCHOOLS

## Registration Requirements

- For Pre-K & Kindergarten call: 732.264.2180 to make a registration appointment.
- For registration of grades 1-12 call 732.264.8402 to make a registration appointment
- Only a parent or guardian may enroll a student.
- Student must live in Hazlet with a Parent or Legal Guardian.

### **All of the following documents must be presented at the time of enrollment**

- **ORIGINAL BIRTH CERTIFICATE:** Proof of Student's date of birth
- **IMMUNIZATION RECORD:** Showing MONTH/DAY/YEAR of each vaccine your child has received to date. The documents must indicate the student's name, the name of the doctor, or clinic, and the signature and/or stamp of the doctor. Failure to provide appropriate information regarding immunization may result in your child not being able to enroll in school. Any questions, please contact the school nurse.
- **PHYSICAL FORM:** A copy of your child's last physical from the doctor's office. If your doctor does not use a form, you may use the one posted on our website. Must be within the last 365 days.
- **CUSTODY PAPERS, COURT ORDERS, PROOF OF LEGAL GUARDIANSHIP, FOSTER PARENT PAPERS:** This requirement only applies in situations regarding parental rights, limitations due to divorce or separation or other legal decisions. \*\* Please fill out Custodial Affidavit if necessary
- **MANTOUX TB TEST:** Student relocating from another country may need a TB test as mandated by law. This will be determined by the school nurse. If it is required, it must be provided to the school within 60 days.
- **TRANSFER CARD:** Applies to students who are transferring only.

### **Proof of Residency: Four documents are required in total**

- **AT LEAST 1 PROOF:** Property tax bills, deeds, contract of sale, leases, mortgages, signed letters from landlords (see Statement of Tenancy), and other evidence of property ownership, tenancy or residency (at least 1).
- **AT LEAST 3 PROOFS:** Voter registration, license, permits, financial account information, utility bills, delivery receipts and other evidence of personal attachment to a particular location (at least 3).

\*\*\*Additional possible documentation demonstrating residency can be found in the Preliminary Information distributed with this packet and is subject to approval by the school and district administration.

### **Living with another family in Hazlet: Please read carefully**

Owner of the home needs to accompany you to registration and bring four proofs of residency (see Proof of Residency above). Parent/Guardian will be required to submit three documents demonstrating the listed address is his/her primary residence or a driver's license.

An Affidavit of Domicile (A) will be provided. It must be notarized and returned before registration can be completed. (\*\*\*)Note: Non-traditional residency issues (such as student living with a Hazlet resident other than the Parent/Guardian) will be addressed through an Affidavit of Domicile (B)).

# 2020-2021 Registration Checklist- Completed by Parent

\*Please note a registration packet is not complete unless all items are attached. Initial next to each item and write "N/A" if not applicable.

- \_\_\_\_\_ Completed Registration Form
- \_\_\_\_\_ Completed Health History — Filled out by parent
- \_\_\_\_\_ Home Language Survey (available in multiple languages)
- \_\_\_\_\_ Immunization Records- From Doctor's Office or from transferring school
- \_\_\_\_\_ Physical Form- From Doctor's Office or from transferring school
- \_\_\_\_\_ Copy of Original Birth Certificate
- \_\_\_\_\_ Custody Paperwork (If applicable) \_\_\_\_\_ not applicable
- \_\_\_\_\_ Custodial Affidavit (If applicable)
- \_\_\_\_\_ Affidavit of Domicile (If applicable) (Living with another family in Hazlet)

## Proofs of Residency 4 Total (From Parent)

- \_\_\_\_\_ 1 from the 1st category (ownership/lease/property tax contract of sale, etc.)
- \_\_\_\_\_ 3 from the 2nd category (Utility bills, court orders, driver's license, etc.)

## Living with another family in Hazlet

### Proofs of Residency 4 Total (From Home Owner, if applicable)

- \_\_\_\_\_ 1 from the 1st category \_\_\_\_\_
- \_\_\_\_\_ 3 from the 2nd category \_\_\_\_\_

I \_\_\_\_\_, am providing the attached documentation as verification of my residency in the community of Hazlet/Hazlet Township. I am aware that any person who makes a false statement or permits false statements to be made concerning residence for the purpose of allowing non-resident students to attend Hazlet Township Public Schools, commits a disorderly persons offense pursuant to N.J. 18A:38-1.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Notes: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_



# HAZLET TOWNSHIP PUBLIC SCHOOLS

## REGISTRATION FORM

PRESCHOOL

KINDERGARTEN

GRADES 1-12

### STUDENT INFORMATION

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle: \_\_\_\_\_

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

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ City of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_ Grade: \_\_\_\_\_

MAIN Contact#: \_\_\_\_\_ Home#: \_\_\_\_\_ Cell#: \_\_\_\_\_

**Ethnicity/Race:** (This information is being requested solely for the purposes of data gathering as required by state law)

➤ Do you consider yourself: \_\_\_\_\_ White \_\_\_\_\_ Black/African America \_\_\_\_\_ Hispanic \_\_\_\_\_ Asian  
\_\_\_\_\_ Native Hawaiian/Pacific Islander \_\_\_\_\_ American Indian/Alaska Native \_\_\_\_\_ Multi (Check all that apply)

➤ If child was born outside USA, what is the USA Entry Date: \_\_\_\_\_

➤ Date of 1<sup>st</sup> Entry in US School: \_\_\_\_\_

### PARENT/GUARDIAN INFORMATION

Are Parents: \_\_\_\_\_ Married \_\_\_\_\_ Separated \_\_\_\_\_ Divorced \_\_\_\_\_ Other

Student living with: \_\_\_\_\_ Mother \_\_\_\_\_ Father \_\_\_\_\_ Step-Mother \_\_\_\_\_ Step-Father \_\_\_\_\_ Guardian(s)

Who has Legal Custody: \_\_\_\_\_ Who has "Physical Residential Custody": \_\_\_\_\_

Custody Agreement: \_\_\_\_\_ Yes \_\_\_\_\_ No \*\*Please fill out custodial affidavit if applicable.

#### PLEASE NOTE:

- Proof of guardianship/custody must be presented prior to the student's admission into the district.
- If parents are divorced, the district requires a copy of the divorce decree citing the residential custodial parent.

Father/ Guardian Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Work #: \_\_\_\_\_ Cell #: \_\_\_\_\_ E-mail: \_\_\_\_\_

Address (if different than student): \_\_\_\_\_

Mother/Guardian Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Mother's Maiden Name \_\_\_\_\_

Work #: \_\_\_\_\_ Cell #: \_\_\_\_\_ E-mail: \_\_\_\_\_

Address (if different than student): \_\_\_\_\_

Residential Step Parent: \_\_\_\_\_ Occupation: \_\_\_\_\_

Work #: \_\_\_\_\_ Cell #: \_\_\_\_\_ E-mail: \_\_\_\_\_

# MISCELLANEOUS INFORMATION

## Please list names and dates of birth

### Brothers/Step-brothers

Name: \_\_\_\_\_ D.O.B. \_\_\_\_\_

Name: \_\_\_\_\_ D.O.B. \_\_\_\_\_

Name: \_\_\_\_\_ D.O.B. \_\_\_\_\_

### Sisters/Step-sisters

Name: \_\_\_\_\_ D.O.B. \_\_\_\_\_

Name: \_\_\_\_\_ D.O.B. \_\_\_\_\_

Name: \_\_\_\_\_ D.O.B. \_\_\_\_\_

Military Connected Status: \_\_\_\_\_

Not Military Connected

# ADDITIONAL INFORMATION

Has the student been evaluated by Early Intervention Services?	Yes ___	No ___
Has the student been evaluated by the Child Study Team?	Yes ___	No ___
Was the student found eligible for services?	Yes ___	No ___
Has the student participated in Special Education classes?	Yes ___	No ___
Does the student have a 504 Plan?	Yes ___	No ___
Does the student require any special medical accommodations?	Yes ___	No ___
Does student attend an academic assistance program?	Yes ___	No ___
Is student working with a Speech Therapist, OT or PT?	Yes ___	No ___

If yes please specify: \_\_\_\_\_

# TRANSFER INFORMATION

Name and address of the last school attended:

Name: \_\_\_\_\_

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

Phone: \_\_\_\_\_

Was student enrolled in any programs listed below:

Free or Reduced lunch \_\_\_\_\_ Yes \_\_\_\_\_ No

English as Second Language (ESL) \_\_\_\_\_ Yes \_\_\_\_\_ No



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## Custodial Affidavit

Parents do not reside together, no custody agreement.

Parents do not reside together, custody agreement attached.

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

I, \_\_\_\_\_ am the birth parent who is registering my child(ren):

We reside at:

1. Name of **other** parent on Birth Certificate: \_\_\_\_\_

Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

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

2. Please check below:

\_\_\_\_ There is **no legal custody agreement** and both parents are permitted to pick child(ren) up from school, schedule parent teacher conferences, receive calls from school personnel and attend school events.

\_\_\_\_ There is a **legal custody agreement attached. Other birth parent has limited custody.**

\_\_\_\_ There is a **legal custody arrangement attached. Other birth parent has NO CUSTODY, RESTRICTED PICKUP.**

Parent Signatures

Parent Signatures

\_\_\_\_\_

\_\_\_\_\_

Hazlet Township Public Schools  
Home Language Survey (page 1 of 2)  
ENGLISH

Directions for Staff: The survey is to be completed as part of the registration process for every student, regardless of language spoken at home. If multiple children in one family are registering, a separate survey must be completed for each child and should be kept in the child's cumulative folder. When survey is complete, please fill out the "For School District Staff Use Only" portion at the end of page 2. This survey is the first of three steps to identify whether or not a student is eligible to be an English Language Learner (ELL).

**Directions for Parent/Guardian:**

**Please complete student information below. Then, check one response for each question beginning with Question 1. Follow the directions to proceed with additional questions or provide information if needed.**

Student Information:	
Name: _____	Birth Date: _____
[first]                      [middle]                      [last]	
Person completing the survey (check one): [ <input type="checkbox"/> ]Parent [ <input type="checkbox"/> ]Guardian [ <input type="checkbox"/> ]Other: _____	
Date of survey completion: _____	

<p><b>Question 1)</b> What was the first language used by the student? Please check one response:</p> <p>_____ language other than English (proceed to Question 2a)</p> <p>_____ English (proceed to Question 2b)</p>
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<p><b>Question 2a)</b> At home, does the student hear or use a language other than English more than half of the time? Please check one response:</p> <p>_____ NO (proceed to Question 4 on page 2)</p> <p>_____ YES. What are the home languages spoken? List below:</p> <p>_____</p> <p>_____</p> <p><b><u>Survey is complete. No additional questions should be answered.</u></b> Student is eligible for Step 2 of ELL identification (Records Review Process) to be completed by NJ certified school district staff.</p>
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<p><b>Question 2b)</b> At home, does the student hear or use a language other than English more than half of the time? Please check one response:</p> <p>_____ NO (proceed to Question 3)</p> <p>_____ YES (proceed to Question 4 on page 2)</p>
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<p><b>Question 3)</b> Does the student understand a language other than English? Please check one response:</p> <p>_____ NO. <b><u>Survey is complete. No additional questions should be answered.</u></b> Student is not an ELL.</p> <p>_____ YES (proceed to Question 4 on page 2)</p>
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# HAZLET TOWNSHIP PUBLIC SCHOOLS

## Health History Completed by Parent/Guardian

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

### I. Health History- Preschool & Kindergarten Only

1. Did you have any problems during your pregnancy with this child?  
If yes, explain \_\_\_\_\_
2. During labor and delivery, were there any complications? Birth Weight? \_\_\_\_\_  
If yes, explain \_\_\_\_\_
3. After birth, or during the 1<sup>st</sup> year, did your child have any problems?  
If yes, explain \_\_\_\_\_
4. Were there any problems with your child's developmental milestones? (i.e. walking, talking, toilet training, etc.)  
If yes, explain \_\_\_\_\_
5. Restrictions on physical activity?  
If yes, explain \_\_\_\_\_
6. Medications: \_\_\_\_\_
7. Does your child have health /dental insurance? \_\_\_\_\_ Yes \_\_\_\_\_ No
8. Did your child attend Preschool? If yes, where? \_\_\_\_\_

### II. Medical History – Please check those that apply with an explanation and date:

Asthma		Lyme Disease	
Chicken Pox		Meningitis	
Dental problems		Mononucleosis	
Drug Sensitivity		Neuromuscular problems	
Fractures/Injuries		Orthopedic (bone) problems	
Frequent ear infections		Pneumonia	
Frequent nose bleeds		Seizures	
Frequent strep throat		Speech problems	
Hearing problems		Surgery	
Heart problems/murmur		Unusual weight loss or gain	
Hepatitis		Vision problems	
Hospitalizations			
Diabetes (Family History of)			

### III. Allergies

1. Allergy: \_\_\_\_\_  
Explain Reaction: \_\_\_\_\_  
Allergy Action Plan: \_\_\_\_\_  
If Epi-Pen is required, provide physician's order and speak with nurse.
2. Allergy: \_\_\_\_\_  
Explain Reaction: \_\_\_\_\_  
Allergy Action Plan: \_\_\_\_\_  
If Epi-Pen is required, provide physician's order and speak with nurse.





# HAZLET TOWNSHIP PUBLIC SCHOOLS

## PHYSICAL FORM

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_ Gr: \_\_\_\_\_

**Any student entering this school district must submit documentation of having had a physical examination as required by New Jersey Statute NJAC 6A:16-2.2 and NJSA 18A:40-4**  
**Please have you child's physician complete this form or the Universal Child Health Record and return it to the school nurse AS SOON AS POSSIBLE.**

### Complete Physical Examination

Date of examination: \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_ B.P. \_\_\_\_\_ Pulse \_\_\_\_\_

Eyes	_____	Skin	_____	Hearing (R)	_____
Ears	_____	Lungs	_____	(L)	_____
Nose	_____	Heart	_____	Vision (R)	_____
Gums/Teeth	_____	Scoliosis	_____	(L)	_____
Mouth	_____	Orthopedic	_____		
Lymph Nodes	_____	Nutrition	_____		

Summary of significant medical history and information:

\_\_\_\_\_

Does the child have any food, medication, or environmental allergies? If yes, Please explain:

\_\_\_\_\_

Is the child under treatment for any medical condition? If yes, please explain:

\_\_\_\_\_

Is this child receiving any regular medication? If yes, please give name, dosage and reason

\_\_\_\_\_

Can this child participate in physical education and sports?

\_\_\_\_\_

Restrictions:

\_\_\_\_\_

Please comment on any pertinent health problems or physical findings that might adversely influence this child's ability to learn or engage in school.

\_\_\_\_\_

Date: \_\_\_\_\_

Physician's Signature \_\_\_\_\_

Phone: \_\_\_\_\_

Name (Print) \_\_\_\_\_

Address \_\_\_\_\_



# HAZLET TOWNSHIP PUBLIC SCHOOLS

## IMMUNIZATION REQUIREMENTS **Pre-K – 5<sup>th</sup> Grade**

Dear Parent/Guardian:

In order to allow a child to enter school, the student must meet the New Jersey Immunization Requirements for Preschool to Grade 12 as per Hazlet School District policy and New Jersey State Statute 8:57-4: Immunizations of Pupils in School. Each child attending/enrolling **must** present documentation of immunizations or valid/dated medical or religious exemption to vaccines. In order to allow a child to enter school, he/she must have at least one dose of each age-appropriate required vaccine. Please compare your child's health record with the requirements listed on the chart below. **All students are required to have a current physical, dated within in 12 months of the 1<sup>st</sup> day of school**

PRESCHOOL IMMUNIZATION REQUIREMENTS				
Vaccine Type	1st	2nd	3rd	4th
DTaP				
Polio				
MMR *MUST BE AFTER 1 <sup>ST</sup> BIRTHDAY				
HIB *MUST BE AFTER 1 <sup>ST</sup> BIRTHDAY				
VARICELLA *MUST BE AFTER 1 <sup>ST</sup> BIRTHDAY				
PCV *MUST BE AFTER 1 <sup>ST</sup> BIRTHDAY				
FLU VACCINE- ADMINISTERED BETWEEN SEPT 1-DEC 31 OF EACH SCHOOL YEAR				

GRADES K-5 IMMUNIZATION REQUIREMENTS					
Vaccine Type	1st	2nd	3rd	4th	5TH
DTaP					
Polio					
MMR					
Hepatitis B					
VARICELLA *MUST BE AFTER 1 <sup>ST</sup> BIRTHDAY					

**\*All students are required to have a current physical, dated within in 12 months of the 1<sup>st</sup> day of school.**



# HAZLET TOWNSHIP PUBLIC SCHOOLS

## IMMUNIZATION REQUIREMENTS **Grades 6 -12**

Dear Parent/Guardian:

In order to allow a child to enter school, the student must meet the New Jersey Immunization Requirements for Preschool to Grade 12 as per Hazlet School District policy and New Jersey State Statute 8:57-4: Immunizations of Pupils in School. Each child attending/enrolling **must** present documentation of immunizations or valid/dated medical or religious exemption to vaccines. In order to allow a child to enter school, he/she must have at least one dose of each age-appropriate required vaccine. Please compare your child's health record with the requirements listed on the chart below. **All students are required to have a current physical, dated within in 12 months of the 1<sup>st</sup> day of school**

6 <sup>th</sup> GRADE AND HIGHER IMMUNIZATION REQUIREMENTS					
Vaccine Type	1st	2nd	3rd	4th	5th
DTaP					
Tdap (Tetanus, diphtheria, acellular pertussis) * 1 DOSE REQUIRED FOR CHILDREN BORN ON OR AFTER 1/1/97**					
Polio 3 <sup>rd</sup> dose given on or after 4 <sup>th</sup> BD or any 4 doses					
MMR					
Hepatitis B					
VARICELLA *MUST BE AFTER 1 <sup>ST</sup> BIRTHDAY					
Meningococcal *1 doses required for children born on or after 1/1/97 <u>given no earlier than 10 years of age</u> **					

\*All students are required to have a current physical, dated within in 12 months of the 1<sup>st</sup> day of school.

\*\*Tdap and Meningococcal vaccines are required for all entering 6<sup>th</sup> graders who are 11 years of age or older; 6<sup>th</sup> graders <11 years must receive Tdap and meningococcal vaccines once age 11 is reached.