

**SCOTCH PLAINS-FANWOOD PUBLIC SCHOOLS REGISTRATION FORM**

Principal's Review \_\_\_\_\_

**STUDENT INFORMATION (Please print)**

Last Name _____	First Name _____	M.I. _____	Preferred Name _____
Street Address _____	Town _____	State _____	Zip Code _____

*If moving within Scotch Plains-Fanwood, indicate your new address: \_\_\_\_\_ Date of move: \_\_\_\_\_*

Name of previous school: \_\_\_\_\_

Street Address _____	Town _____	State _____	Zip _____	Phone Number _____
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Student resides with (indicate relationship): \_\_\_\_\_

Do parents/guardians: Own home  Rent  Have lease  Lease expiration date \_\_\_\_\_ Reside with resident

Date of Birth: (M)\_\_\_\_\_(D)\_\_\_\_\_(Y)\_\_\_\_\_ Age:\_\_\_\_\_ Gender: Male  Female

Birthplace (City/State):\_\_\_\_\_ Country:\_\_\_\_\_ If not born in US, entry date into a US school: \_\_\_\_\_

\*Racial Code(s): \_\_\_\_\_ \*Ethnic Identity Code:\_\_\_\_\_ \*Native Language Code:\_\_\_\_\_ (\*see Registration Codes)

Home language:\_\_\_\_\_ If English is not the native language, please check here

Other language(s) spoken at home: \_\_\_\_\_

If English is spoken and understood by the parent/guardian/person enrolling student, please check here

Number of children in family:\_\_\_\_\_ List the names and birthdates of siblings:

1. Name:\_\_\_\_\_ Birth date:\_\_\_\_\_ 3. Name:\_\_\_\_\_ Birth date:\_\_\_\_\_

2. Name:\_\_\_\_\_ Birth date:\_\_\_\_\_ 4. Name:\_\_\_\_\_ Birth date:\_\_\_\_\_

Name of child's physician:\_\_\_\_\_ Phone: \_\_\_\_\_

Does your child have health insurance:  Yes  No If yes, provide name of insurance company: \_\_\_\_\_

If no, NJ Family Care provides free or low cost health insurance for uninsured children and certain low income families; call 1 (800) 701-0710.

**PARENT'S INFORMATION** Father / Mother / Guardian / Other

Please circle: Mr. Mrs. Ms. Dr.

Married / Single / Divorced / Civil Partnership: \_\_\_\_\_

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

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

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

Phone (primary):\_\_\_\_\_ Phone (secondary): \_\_\_\_\_

Business Phone:\_\_\_\_\_ Occupation: \_\_\_\_\_

Employer's Name: \_\_\_\_\_

Employer's Address: \_\_\_\_\_

Email (primary): \_\_\_\_\_

Email (secondary): \_\_\_\_\_

**PATGPV'4 INFORMATION** Father / Mother / Guardian / Other

Please circle: Mr. Mrs. Ms. Dr.

Married / Single / Divorced / Civil Partnership: \_\_\_\_\_

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

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

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

Phone (primary):\_\_\_\_\_ Phone (secondary): \_\_\_\_\_

Business Phone:\_\_\_\_\_ Occupation: \_\_\_\_\_

Employer's Name: \_\_\_\_\_

Employer's Address: \_\_\_\_\_

Email (primary): \_\_\_\_\_

Email (secondary): \_\_\_\_\_

By my signature I affirm that my child meets the entrance age and residency requirement for the Scotch Plains-Fanwood Public Schools, pursuant to Board Policies (5111-Eligibility of Resident/Nonresident Pupils and 5112-Entrance Age) and further that all the information provided herein is accurate and true.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

**FOR OFFICE USE ONLY (Please print)**

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

Home school: \_\_\_\_\_ Placement school: \_\_\_\_\_ Grade: \_\_\_\_\_

Registration:  Date starting SPF schools: \_\_\_\_\_ Student No: \_\_\_\_\_ NJ State ID No: \_\_\_\_\_

Transfer:  To: \_\_\_\_\_ Grade: \_\_\_\_\_ Change  Withdrawal

Reason for transfer: \_\_\_\_\_

Instruction Setting Code: \_\_\_\_\_ Test for ESL: Yes  No  Placed in ESL: Yes  No

Resident: Yes  No  Birth Certificate: Yes  No  Medical Records: Yes  No  Academic Records: Yes  No

Proof of Residency: Yes  No  Circle No: 1 2 3 4 Immunization Records: Yes  No

Assigned to: Homeroom No. \_\_\_\_\_ Teacher: \_\_\_\_\_

TRANSPORTATION: Will student take the bus: Yes  No  Will student walk to school? Yes  No

## REGISTRATION CODES

### STATE-MANDATED INFORMATION

<b>Racial Codes:</b>  A Asian W White B Black I American Indian or Alaska Native P Native Hawaiian or Other Pacific Islander	A	Asian: <i>A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.</i>
	W	White: <i>A person having origins of the original peoples of Europe, the Middle East or North Africa.</i>
	B	Black: <i>A person having origins in any of the black racial groups of Africa.</i>
	I	American Indian or Alaska Native: <i>A person having origins in any of the original people of North and South America (including Central America) and who maintains a tribal affiliation or community attachment.</i>
	P	Native Hawaiian or Other Pacific Islander: <i>A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.</i>

<b>Ethnic Identity Codes:</b> Y Hispanic or Latino N Not Hispanic or Latino	Y	Hispanic or Latino: <i>A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.</i>
	N	Not Hispanic or Latino: <i>A person NOT of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.</i>

<b>Birthplace Information:</b>	City of birth
	State of birth
	Country of birth

<b>Native Language Codes:</b>	Albanian	ALB	Gujarati	GUJ	Marathi	MAR	Spanish	SPA
	Arabic	ARA	Hebrew	HEB	Philippine	PHI	Telugu	TEL
	Chinese	CHI	Hindi	HIN	Polish	POL	Thai	THA
	English	ENG	Italian	ITA	Portuguese	POR	Vietnamese	VIE
	French	FRE	Japanese	JPN	Romanian	RUM	Yoruba	YOR
	German	GER	Korean	KOR	Russian	RUS	Other	_____
	Greek	GRE	Latvian	LAT	Sinhalese	SIN		

**SCOTCH PLAINS-FANWOOD PUBLIC SCHOOLS**  
**CERTIFICATION OF RESIDENCY – Section A, Domicile**

**TO THE PERSON ENROLLING THE STUDENT:** If the student is living with a parent or guardian whose permanent home is located in Scotch Plains or Fanwood, please complete Section A.

If you are the student's guardian, or will be the guardian of a student from out of state following expiration of the required 6-month waiting period, you will be asked to provide official papers proving guardianship.

(Sections relating to other circumstances must be completed at the Office of Special Services.)

How long have you lived at the address given on the student's registration form? \_\_\_\_\_

Do you have any present intention of moving from this home? If so, when and to where?  
\_\_\_\_\_

Do you have residence(s) elsewhere and, if so, where are they and when do you live there?  
\_\_\_\_\_

If you own your home or rent, please provide one of the following forms of proof of residency:

Property tax bill \_\_\_\_\_ Deed \_\_\_\_\_ Homeowners Ins. Policy \_\_\_\_\_

Mortgage Statement \_\_\_\_\_ Contract of Sale \_\_\_\_\_ Lease \_\_\_\_\_

Please list three other forms of proof (see Supporting Documentation list) you will provide to demonstrate that the address given on the registration form is your permanent home:

1. \_\_\_\_\_ 2. \_\_\_\_\_

3. \_\_\_\_\_

All Documentation presented as proof of residency must be original documents and currently dated.

If the student's parents are domiciled in different districts, regardless of which parent has legal custody, please answer the following questions:

Is there a court order or written agreement between the parents designating the district for school attendance and, if so, where does it require the student to attend school? (You will be asked to provide a copy of this document.)  
\_\_\_\_\_  
\_\_\_\_\_

Does the student reside with one parent for the entire year? Yes [ ] No [ ]

If so, with which parent and at what address: \_\_\_\_\_

If not, for what portion of time does student reside with each parent and at what addresses:

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

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

If the student lives with both parents on an equal-time, alternating week/month, or other similar basis, with which parent did the student reside on the last school day prior to October 16 preceding the date of this application? \_\_\_\_\_

If you are claiming to be an emancipated student, are you living independently in your own permanent home in Scotch Plains or Fanwood? Yes [ ] No [ ]

If yes, please list the proofs you will provide, in addition to those demonstrating domicile, to demonstrate that you are not in the care and custody of a parent or legal guardian.  
\_\_\_\_\_  
\_\_\_\_\_

## **Eligibility for Enrollment – Supporting Documentation**

The following forms of documentation may demonstrate a student's eligibility for enrollment in the Scotch Plains-Fanwood Public Schools. Particular documentation necessary to demonstrate eligibility under specific provisions in law will be indicated in the appropriate section of the registration form.

- Property tax bills, deeds, contracts of sale, leases, mortgages, signed letters from landlords and other evidence of property ownership, tenancy or residency;
- Voter registrations, licenses, permits, financial account information, utility bills, delivery receipts, and other evidence of personal attachment to a particular location;
- Court orders, state agency agreements, and other evidence of court or agency placements or directives;
- Receipts, bills, cancelled checks, and other evidence of expenditures demonstrating personal attachment to a particular location, or, where applicable, to support the student;
- Medical reports, counselor or social worker assessments, employment documents, benefit statements, and other evidence of circumstances demonstrating, where applicable, family or economic hardship or temporary residency;
- Affidavits, certifications and sworn attestations pertaining to statutory criteria for school attendance, from the parent, legal guardian, person keeping an "affidavit student," adult student, person(s) with whom a family is living, or others, as appropriate;
- Documents pertaining to military status and assignment;
- Any business record or document issued by a governmental entity;
- Any other form of documentation relevant to demonstrating entitlement to attend the Scotch Plains-Fanwood Public Schools.

The totality of information and documentation you offer will be considered in evaluating an application, and, unless expressly required by law, the student will not be denied enrollment based on your inability to provide certain form(s) of documentation where other acceptable evidence is presented.

You will NOT be asked for any information or documents protected from disclosure by law, or pertaining to criteria that are not legitimate bases for determining eligibility to attend school. You may voluntarily disclose any document or information you believe will help establish that the student meets the requirements of law for entitlement to attend school in the district, but we may not, directly or indirectly, require or request:

- Income tax returns;
- Documentation or information relating to citizenship or immigration/visa status, unless the student holds or is applying for an F-1 visa;
- Documentation or information relating to compliance with local housing ordinances or conditions of tenancy;
- Social security numbers.

# SCOTCH PLAINS-FANWOOD PUBLIC SCHOOLS

## Home Language Survey \*

### Parent/Guardian Language Questionnaire

Student's Name \_\_\_\_\_ Age \_\_\_\_\_  
First Middle Last

School \_\_\_\_\_ Grade \_\_\_\_\_ Date of Entrance \_\_\_\_\_

Person completing survey (circle one): Parent Guardian Grandparent Other \_\_\_\_\_

**Directions:** Check or write in the correct response for each of the following questions about your child.

1. **What language did the child learn when he/she first began to talk?**

English \_\_\_\_\_ Other (specify) \_\_\_\_\_

2. **What language does the family speak at home most of the time?**

English \_\_\_\_\_ Other (specify) \_\_\_\_\_

3. **What language does the parent [guardian] speak to the child most of the time?**

English \_\_\_\_\_ Other (specify) \_\_\_\_\_

4. **What language does the child speak to his/her parent/guardian most of the time?**

English \_\_\_\_\_ Other (specify) \_\_\_\_\_

5. **What language does the child speak to her/his brothers and sisters most of the time?**

English \_\_\_\_\_ Other (specify) \_\_\_\_\_

6. **What language does the child speak to his/her friends most of the time?**

English \_\_\_\_\_ Other (specify) \_\_\_\_\_

7. **In which language do you wish to receive school communication?**

English \_\_\_\_\_ Other (specify country & dialect) \_\_\_\_\_

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

\* Definition of native language from the New Jersey Department of Education: The language first used by student, or the language most often spoken at home regardless of the language spoken by the student. Survey 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

# SCOTCH PLAINS-FANWOOD PUBLIC SCHOOLS

## Encuesta del Idioma usado en el Hogar\*

Idioma de Padres/Guardianes

**Nombre** \_\_\_\_\_ **Edad** \_\_\_\_\_  
Nombre Inicial Apellido

**Escuela** \_\_\_\_\_ **Año** \_\_\_\_\_ **Fecha de entrada** \_\_\_\_\_

**Persona que completa la Encuesta (seleccione uno):** Padre Guardián Abuelo(a) Otro \_\_\_\_\_

**Direcciones:** Seleccione o escriba la respuesta correcta para cada una de las siguientes preguntas acerca de su hijo.

**1. ¿Qué idioma aprendió su hijo(a) cuando empezó a hablar por primera vez?**

Inglés: [ ] Español: [ ] Otro (Especifique cual): \_\_\_\_\_

**2. ¿Qué idioma se habla en su hogar la mayoría del tiempo?**

Inglés: [ ] Español: [ ] Otro (Especifique cual): \_\_\_\_\_

**3. ¿Qué idioma le habla usted al niño(a) la mayoría del tiempo?**

Inglés: [ ] Español: [ ] Otro (Especifique cual): \_\_\_\_\_

**4. ¿Qué idioma habla el niño(a) con usted la mayoría del tiempo?**

Inglés: [ ] Español: [ ] Otro (Especifique cual): \_\_\_\_\_

**5. ¿Qué idioma le habla el niño(a) a sus hermanos(as) la mayoría del tiempo?**

Inglés: [ ] Español: [ ] Otro (Especifique cual): \_\_\_\_\_

**6. ¿Qué idioma le habla el niño(a) a sus amigos la mayoría del tiempo?**

Inglés: [ ] Español: [ ] Otro (Especifique cual): \_\_\_\_\_

**7. ¿En qué idioma desea recibir comunicados de la escuela?**

Inglés: [ ] Español: [ ] Otro (Especifique cual): \_\_\_\_\_

**Firma:** \_\_\_\_\_ **Fecha:** \_\_\_\_\_

\* Definición de idioma nativa del Departamento de Educación de Nueva Jersey: El primer idioma usado por un estudiante o el idioma usado más en su hogar. Encuesta adaptada de la encuesta ejemplar en A Manual for Community Representatives of the Title VI Steering Committee, publicado en 9/76, por el Instituto de Pluralismo Cultural, Lau General Assistance Center, San Diego University, San Diego, CA 92182.

**SCOTCH PLAINS-FANWOOD PUBLIC SCHOOLS**  
**PUBLICITY RELEASE FORM**

Throughout the school year the Scotch Plains-Fanwood Public Schools are proud to share news of our students' activities and achievements with the community. Sometimes this news includes photos of students in school settings, and the captions include the names of students in the photo but no other identifying information except the name of the school and grade. These photos may be used in newspaper articles, district reports, newsletters, video presentations, on school or district web sites, and on the district cable TV channel. It is also important to note that some local newspapers that receive publicity articles from the district also place their latest issue on their web sites.

For your child to be included in these photos, you must give written permission below and return this form to the principal's office. Your permission will be included in a database and will hold for the duration of your child's enrollment **in their present school**. If you wish to change your mind, you may do so at any time by sending a request in writing to your child's school principal. Your request will be honored immediately.

**Please read the following options carefully and *check only one*:**

I grant permission for identified school-related photographs of my child to be included in publicity information such as news releases, videos, newsletters, reports and district web site postings.

**OR**

I deny permission for photographs of my child to be used for any of the above listed publicity uses.

\_\_\_\_\_  
Student's Name (please print)

\_\_\_\_\_  
Grade

\_\_\_\_\_  
School / Teacher

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student's Signature \* (if 18 years old or older)

\_\_\_\_\_  
Date

\* If 18 or older, a student may sign the form without parent consent.

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**SCOTCH PLAINS-FANWOOD PUBLIC SCHOOLS**  
**ACCEPTABLE USE**  
**POLICY AGREEMENT**

**PART 1: STUDENT AGREEMENT**

I have reviewed the *Acceptable Use of Computer Network / Computers and Resources Policy* (2361) and agree to adhere to the guidelines.

School \_\_\_\_\_

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

Student's Signature \_\_\_\_\_ Date \_\_\_\_\_

**PART 2: PARENT / GUARDIAN AUTHORIZATION (mandatory)**

I have reviewed the Scotch Plains – Fanwood Public Schools *Acceptable Use of Computer Network / Computers and Resources Policy* (2361) with my child indicated above.

Parent/Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_

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**SCOTCH PLAINS-FANWOOD PUBLIC SCHOOLS  
SCOTCH PLAINS, NEW JERSEY**

**REQUEST FOR RELEASE OF STUDENT RECORDS**

Name of Student \_\_\_\_\_ Date of Request \_\_\_\_\_  
(Please Print)

Name of Parents \_\_\_\_\_

School in which student was last enrolled \_\_\_\_\_

Address of School \_\_\_\_\_  
(Street) (Town) (State) (Zip)

*I hereby request and give consent that all information and reports concerning my child be sent to:*

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

- Permanent Record
- Child Study Team Records
- Discipline Records
- Health / Medical Records
- Other \_\_\_\_\_

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**NOTIFICATION OF RELEASE OF STUDENT RECORDS**

Dear \_\_\_\_\_:

On \_\_\_\_\_, student records for your son/daughter were released as requested above.

\_\_\_\_\_  
Signature of School Administrator

\_\_\_\_\_  
Date