

Registration Requirements

To officially register a child in Rockaway Borough Public Schools, a parent must submit the following. **All residency documentation and immunization records must be attached to your registration forms**

CHECK LIST

- ☐ Rockaway Borough School District Student enrollment form
- ☐ Child's original birth certificate along with a photocopy. (*original birth certificate will be returned to you*)
- ☐ PARENT/GUARDIAN – PHOTO I.D. REQUIRED
- ☐ Proof of residency: **MUST** provide (along with a photocopy) **one** document from Category A and **two** documents from Category B.

Category A: One of the following are required

- ☐ The most recent real estate tax bill showing you as the taxpayer
- ☐ A signed lease or deed for your residence
- ☐ A closing statement for the purchase of residence
- ☐ A notarized affidavit from the owner of the residence and yourself stating that you reside at that residence on a full time basis.(forms available from school)

Category B: Two of the following are required

- ☐ Driver's license or Non-driver Photo Identification Card from NJ Division of Motor Vehicles
- ☐ Gas, electric or water bill dated within the past 3 months
- ☐ Cable bill, Paycheck stub, phone bill, credit card statement
- ☐ Home/apartment insurance certificate
- ☐ First class mail/letter from state or federal agency dated within the past 3 months
- ☐ Bank statement dated within the past 60 days.

- ☐ **Please be sure to have all medical records and immunization records:**

_____ **Updated medical physical completed by a doctor**

_____ DPT series

_____ Polio series

_____ Rubella vaccine

_____ Measles vaccine plus booster (on or after 4th birthday)

_____ Mumps vaccine

_____ Hepatitis B vaccine series

_____ Varicella vaccine

_____ Other immunizations



Rockaway Borough Schools

103 East Main Street Rockaway, NJ 07866

Tel: 973-625-8601 | Fax: 973-625-7355

Mr. Anthony Greico, Superintendent

PERMISSION FOR RELEASE OF INFORMATION OF STUDENT RECORDS

I, _____, hereby authorize
(Name/Nombre of Parent/Guardian)

(Previous School/Nombre de Escuela)

(Street Address or P.O. Box/Direccion)

(City, State and Zip Code/ Ciudad, Estado y Código Postal)

to release all records regarding my child _____ who has enrolled in:
(Student's Name/Nombre de Estudiante)

THOMAS JEFFERSON SCHOOL
95 East Main Street
Rockaway, NJ 07866

Which may include:

- ✓ Academic, Testing, and ELL Records
- ✓ Health and Immunization Records
- ✓ Child Study Team Records
- ✓ Disciplinary Records as required by the NCLB Act of 2001, Section 4155

To be sent to:

Mr. Leon Samuels, Principal
THOMAS JEFFERSON SCHOOL
95 East Main Street
Rockaway, NJ 07866

Authorized Signature/ Firma

Relationship/Relacion

New Forwarding Address/Direccion de Hogar

Telephone Number

ROCKAWAY BOROUGH SCHOOL DISTRICT**STUDENT ENROLLMENT FORM - GRADES PRE-K-8**

Date Completed: _____

Entry Date: _____

STUDENT INFORMATION			
Last Name	First Name	Middle Name	Generation Suffix (Jr. Sr. III. etc.)
Residence Address		Telephone #	Gender (Circle One) Male Female
Date of Birth (original birth certificate must be presented)		Place of Birth (City State or City Country)	If child was not born in the US, date of entry into US:
Race: Please check all that apply <input type="checkbox"/> American Indian <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> Pacific Islander			
Language Information Does your child speak English <input type="checkbox"/> yes <input type="checkbox"/> no If no, what language and dialect _____ Is language other than English spoken in home? <input type="checkbox"/> yes <input type="checkbox"/> no If yes, what language and dialect _____ Does child speak above language at home with parents? _____ with siblings? _____			

PARENT / GUARDIAN INFORMATION	
Child lives with (check one) <input type="checkbox"/> Both Parents <input type="checkbox"/> Mother Only <input type="checkbox"/> Father Only <input type="checkbox"/> Mother and Step-father <input type="checkbox"/> Father and Step-mother <input type="checkbox"/> Other, please specify _____	
Custodial Parent/Guardian Information Mother/ Step-mother / Guardian (Circle One) Last Name: _____ First Name: _____ Maiden Name (optional): _____ Email: _____ Home Phone # _____ Work # _____ Cell # _____ Custodial Parent/Guardian Address: _____	
Father/ Step-father / Guardian (Circle One) Last Name: _____ First Name: _____ Home Phone # _____ Work # _____ Cell # _____ Custodial Parent/Guardian Address _____ Email: _____ City: _____ State _____ Zip _____	
Non-Custodial Parent/Guardian Information Is the non-custodial parent legally prohibited from picking up/visiting the child? (check one) <input type="checkbox"/> *Yes <input type="checkbox"/> No Is the non-custodial parent legally prohibited from receiving mailings? (check one) <input type="checkbox"/> *Yes <input type="checkbox"/> No *If yes, please attach a copy of the court order. Last Name: _____ First Name: _____ Home Phone # _____ Work # _____ Cell # _____ Address: _____	

PRIOR EDUCATION INFORMATION

Previous School Attended: _____ Phone # _____
School Address: _____ City _____ State _____ Zip _____
Current Grade: _____
Services Received at Previous School: (please check all that apply)
☐ Gifted ☐ ELS/ESL ☐ BSI ☐ 504 Plan ☐ Other _____
Special Education (If applicable) ☐ IEP ☐ Speech IEP ☐ Evaluation Pending

EMERGENCY CONTACT/HEALTH INFORMATION**Emergency Contact Information:**

If we are unable to contact parents/guardians in case of illness, injury or emergency, please list at least two additional contacts to whom we may release your child. Please note if phone number is a Cell, Home or Work number.

Name: _____ Relationship: _____ Phone 1 _____
Phone 2 _____

Name: _____ Relationship: _____ Phone 1 _____
Phone 2 _____

Name: _____ Relationship: _____ Phone 1 _____
Phone 2 _____

Health Information:

Doctor's Name _____ Phone # _____

Chronic Medical Condition(s) and/or medication(s) _____

Please indicate if child has any physical and/or medical problems in the following areas:

Wears glasses? ☐ Yes ☐ No Has received speech therapy? ☐ Yes ☐ No

Wears hearing aid? ☐ Yes ☐ No

Your signature certifies that all information is correct and accurate to the best of your knowledge. If you move during the school year, please notify the school immediately of your expected last day.

This form was completed by: _____ Date _____

Relationship to student: _____

FOR OFFICE USE ONLY

☐ Birth Certificate ☐ Affidavit of Residency ☐ Transfer Card ☐ Emergency Card ☐ Free & Reduced Lunch Forms
☐ Release of Records

RECEIVED FROM PARENTS FOR PRE-K / K REGISTRATION:

Immunization records ☐ Yes ☐ No Pre-school Physical ☐ Yes ☐ No

Step 1: Home Language Survey (Parent/Family Version)

Purpose: The home language survey is used solely to offer appropriate educational services (U.S. ED EL Toolkit, Chapter 1). This survey is the first of three steps to identify whether or not a student is eligible to be identified as an English language learner (ELL). "Home" is defined as a student's current place of residence.

Student Information:

Student Name: _____ Date of Birth (YYYYMMDD): _____

Current Address: _____

Survey Questions:

1.) List all languages used in the student's home.

2.) Was the first language used by the student a language other than English?

_____ No

_____ Yes

3.) Does the student speak or understand a language other than English?

_____ No

_____ Yes

4.) When interacting with others at home (example: parents, guardians, siblings), does the student understand or use a language other than English **most of the time**?

_____ No

_____ Yes

5.) When interacting with others outside the home (example: friends, caregivers), does the student understand or use a language other than English **most of the time**?

_____ No

_____ Yes

Encuesta estatal sobre el idioma en el hogar

La encuesta sobre el idioma en el hogar (home language survey, HLS) se utiliza únicamente para ofrecer servicios educativos adecuados (U.S. ED EL Toolkit, Capítulo 1). Esta encuesta obligatoria es el primero de tres¹ pasos para identificar si un estudiante es un estudiante multilingüe. La encuesta deberá ser completada por escrito o mediante entrevista verbal por cualquier persona con conocimiento del estudiante, como padre(s), personal capacitado del distrito escolar o un maestro bilingüe o ESL (N.J.A.C. 6A:15-1.3). "Hogar" se define como el lugar de residencia actual de un estudiante.

Información del estudiante

Nombre: _____

Fecha de nacimiento (MM/DD/AAAA): _____

Dirección actual: _____

Ciudad: _____ Estado: NJ Código postal: _____

Preguntas de la encuesta

1. Enumere todos los idiomas utilizados en el hogar del estudiante. _____
2. ¿El primer idioma utilizado por el estudiante era un idioma distinto del inglés? ☐ Sí ☐ No
3. ¿El estudiante habla o entiende un idioma que no sea el inglés? ☐ Sí ☐ No
4. Al interactuar con otras personas en casa (p. ej., padres, tutores, hermanos), ¿el estudiante entiende o utiliza un idioma que no sea el inglés la mayor parte del tiempo? ☐ Sí ☐ No
5. Al interactuar con otras personas fuera de casa (p. ej., amigos, cuidadores), ¿el estudiante entiende o utiliza un idioma que no sea el inglés la mayor parte del tiempo? ☐ Sí ☐ No

¹ Para la identificación de estudiantes de preescolar, solo hay dos pasos que completar para la identificación de estudiantes multilingües: la encuesta sobre el idioma en el hogar (HLS) y la revisión de registros.