HARRISON TOWNSHIP SCHOOL DISTRICT MULLICA HILL, NEW JERSEY

New Student Registration Checklist

The following information is needed when you schools:	ou register your child/children in the district
Completed district registration form	
Original Birth Certificate (school employe	ee will make photo-copy)
Proof of Residency	
Homeowner must provide ONE of 1) Copy of current mortgage state 2) Copy of utility bill with parent na	•
Renter must provide ONE of the form of t	ollowing: ame & address (electric, gas or water)
Living with a family member must1) Notarized letter from both the sparent/guardian2) Copy of utility bill with homeow (electric, gas or water)	family member/friend and the student's
Complete immunization records (or copy	of) and Physical form
Special Education services information	
Transfer card from previous school	
Custody Order	
The Main Office must have the completed forms the student's first day of attendance.	s / documents at least three (3) school days prior to
For any questions please contact the Principal's	Secretary at your child's school
Harrison Township School (Pre-K to 3 rd) 120 North Main Street Mullica Hill NJ 08062 Phone: 856-478-2016 ex 7126	Pleasant Valley School (4 th to 6 th) 401 Cedar Road Mullica Hill NJ 08062 856-223-5120 ex 7019

HARRISON TOWNSHIP SCHOOL DISTRICT STUDENT REGISTRATION FORM

Start Date:	<u> </u>		Grade:	
Student's Name:	Middle	Last	Generation (Code: e.g. Jr., III
				20 de. e.g. 31. , 111
Date of Birth:	Student Ge	ender: Male	☐ Female	
City of Birth:	State of Bi	rth:Cou	ntry of Birth:	
Home Address:				
Street		City	State	ZIP
Home Phone #:	Child resides v	with: ☐ Mother ☐	Father □ Guardia	\mathbf{n} (\checkmark all that apply)
Custody agreement in place for th	is child? Circle one - Yes	No (If Yes, pl	ease provide a copy	to Main Office.)
Language Spoken at Home:		_ Migrant Status:	Circle one - Yes	No
Siblings: Name	Age	Name		Age
Name	Age	Name		Age
Father's Name:		Occupation_		
Address (if different)				
Employer				
E-mail	Cell Phone #			
Mother's Name:		Occupation		
Address (if different)				
Employer		Work Phone	e#	
E-mail		Cell Phone	#	
Legal Guardian's Name:		Occupation		
	Work Phone #			
E-mail	Cell Phone #			
Telephone numbers you wish	to have called via <i>Global C</i>	onnect in event of e	emergency or bad v	veather closing:
#1 Emergency Phone Contact:	#3	B Emergency Phone	Contact:	
#2 Emergency Phone Contact			Contact:	
For Office Use Only:				
District Entry Date:		State ID		
Homeroom:		MAP Ma	ith:	
Race/Ethnicity: W AA I	1 A AI PI M			

Student Health History		
Physician's Name:		Phone #
Dentist's Name:		Phone #
Date of last Medical Examination:		
List past serious illnesses and dates:		
List surgeries and dates:		
Allergies:		
Chronic Conditions:		
Notable developmental delays:		
Special problems or concerns:		
Date of Polio Immunization:	Date of last Lead Test: _	Lead Level:
My child has health insurance coverage	(circle one): Yes No	
Name of health insurance company: (o	ptional)	
IMPORTANT NOTE: The State of New (list on file in Main Office) to have had		,
Please check those areas for which yo	our child has previously received	services:
☐ Basic Skills Instruction (BSI)	☐ Speech/Language	□ 504 Plan
☐ English Language Learner (ELL)	☐ Special Education / I.E.P.	☐ Early Intervention
Former School Attended:		
Address of Former School:		
School Phone #:	Fax =	#:

HARRISON TOWNSHIP SCHOOL DISTRICT MULLICA HILL, NEW JERSEY

Start Date:	e: Grade:		Grade:	
Student's Name: _	First	Middle	Last	Generation Code: e.g. Jr., III
	1.1121	winddie	Last	Generation Code. e.g. Jr., III
Completion of this area is required by the State of New Jersey. Check <u>all</u> categories that apply to your child. See chart below for definitions of race/ethnicity:				
□ White	□ Black/Af	☐ Black/African-American		☐ Hispanic or Latino
□ Asian	□ Americai	n Indian/Alask	an Native	☐ Hawaiian/Pacific Islander

NJDHSS Data Collection Standard for Race and Ethnicity Categories		
Ethnicity	Definition	
Hispanic or Latino ("Spanish origin")	Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin	
Not Hispanic or Latino ("Not of Spanish origin")		
Race	Definition	
	Origins in any of the original people of North and	
American Indian or Alaska Native	South America (including Central America) and tribal	
	affiliation or community attachment.	
	Original peoples of the Far East, Southeast Asia, or the	
Asian	Indian subcontinent, including, for example,	
	Cambodia, China, India, Japan, Korea, Malaysia,	
	Pakistan, the Philippine Islands.	
Black or African-American	Origins in any of the black racial groups of Africa	
Native Hawaiian or Other Pacific Islander	Origins in any of the original peoples of Hawaii,	
	Guam, Samoa, or other Pacific Islands.	
White	Origins in any of the original peoples of Europe, the	
	Middle East, or North Africa.	

Parent/Guardian's Military Status Check ONE of the following:		
☐ Not Military Connected Student is not Military Connected	☐ Active Duty Student is a dependent of a member of the Active Duty Forces (full-time) Army, Navy, Air Force, Marine Corps, or Coast Guard.	
☐ National Guard or Reserve Student is a dependent of a member of the National Guard or Reserve	☐ Unknown It is unknown whether or not the student is military-connected	

HARRISON TOWNSHIP SCHOOL DISTRICT MULLICA HILL, JEW JERSEY STUDENT ENROLLMENT/ RESIDENCY QUESTIONNAIRE

Student Name:			School Building:	HTS	PVS
		rsey state law (N.J.S.A. 18A:3 ng the school district.	38-1 and 18A: 7B-12)	, it is nece	ssary to determine the
Please indicate	if the studer	nt being enrolled resides in the	e family's own home	within Ha	rrison Township.
		YES	NO		
If NO :					
Please indicate	if the studer	nt being enrolled resides in an	y of the following cor	ditions or	circumstances:
		out of necessity ent, aunt, uncle, brother, sister, cousi	n, etc.)		
Circle or	ne:	short term /temporarily	per	manently	
		ut of necessity			
Circle o	one:	short term /temporarily	per	manently	
Is the ch	nild's family	being added to the lease, or h	nave they signed a least	se?	
		er or renter have a legal right t	o force the family to	leave with	out cause if they
Homeles	ss – without	residence			
Hotel / N	Motel				
Transiti	onal housir	ng facility or shelter			
Migrant	family hou	ising			
Other (p	olease descr	ribe / explain):			
Parent / Guard	lian Signat	ure:		Date:	

HARRISON TOWNSHIP SCHOOL DISTRICT MULLICA HILL, JEW JERSEY

	Date:
TO THE PRINCIPAL:	
	nce in our school district. We would like to request that you records, test results, health and if applicable special
STUDENT NAME:	GRADE LEVEL
Please forward the records to the attention of(check	one):
Harrison Township School (Pre-K -3) 120 North Main Street Mullica Hill, NJ 08062 Attn: New Student Registration	Pleasant Valley School (4-6) 401 Cedar Road Mullica Hill, NJ 08062 Attn: New Student Registration
PARENT/GUARDIA Please provide the complete name, mailing addre	AN PERMISSION ess, and phone number of the former school below:
I hereby give permission for(Name of	of Former School)
located at(Street, City, Zip	Code of Former School)
to release the academic, health, and confidential	
to release the academic, meanin, and comfidential	(Student Name)
to Harrison Township School.	
(Phone of Former School)	(Fax of Former School)
Parent/Guardian Signature	Date