

# West Deptford Township Public Schools

675 Grove Road, Suite 804 • West Deptford NJ 08066-1999

Phone (856) 848-4300 • Fax (856) 845-5743

[www.wdeptford.k12.nj.us](http://www.wdeptford.k12.nj.us)

**5<sup>TH</sup> - 12<sup>TH</sup>**

## REGISTRATION REQUIREMENTS

### Please read!

- The PARENT or LEGAL GUARDIAN **MUST BE PRESENT** during registration and must submit the documents listed below.
- **RETURNING STUDENTS / RE-ENROLLEES** must follow the same requirements and must submit **NEW DOCUMENTS**.
- We **DO NOT ACCEPT** dropped-off, mailed, e-mailed or faxed registrations.

1. **ORIGINAL** Birth Certificate of the student with the raised seal
2. **Driver's License / state-issued ID** of the parent or the legal guardian
3. Proof of Residency in West Deptford must show the parent/legal guardian's name

*For Property Owners* - **PROPERTY TAX BILL / MORTGAGE BILL / DEED** **plus** one (1) **UTILITY BILL**

*For Renters* - **LEASE CONTRACT** with current date and signatures **plus** one (1) **UTILITY BILL**

If none of the residency documents show the parent/legal guardian's name, you need to obtain **RESIDENCY AFFIDAVITS** from the Central Office. Affidavits must be completed by both: ❶ the West Deptford resident/owner providing housing and ❷ the parent/legal guardian enrolling the student. Both affidavits have to be NOTARIZED.

**If you are living with relatives or friends due to financial hardship, loss of home, eviction or health and could not afford housing, you may be entitled to the services under the McKinney-Vento Homeless Education Assistance Act. Please notify the registrar immediately to provide you information and assistance.**

4. **Transfer Card** (if transferring w/in NJ state) – **MUST** be submitted upon registration
5. **Immunization Record** (up-to-date) – **MUST** be submitted upon registration
6. **Physical Exam** (taken within 1 year)
7. **Transcript of Records / Report Card**
8. **IEP or 504 Plan**, if applicable
9. **For Legal Guardians/Non-Parents:** Must present court order, state or federal agency agreement or any legal document issued by the court. Other documents (e.g. notarized letter) will NOT be accepted.
10. Completely filled-out **REGISTRATION PACKET**

Registration takes place at the **Central Office** located at **675 Grove Rd., West Deptford NJ 08066** with the following schedule:

Regular Hours	Monday – Thursday	7:30 am - 4:00 pm
	Friday	7:30 am - 3:30 pm

**Summer hours may vary. Please call for the schedule.**

For more information or to make an appointment, please contact the District Registrar:

**Maureen Apat-Maningo**

[mmaningo@wdeptford.k12.nj.us](mailto:mmaningo@wdeptford.k12.nj.us)

Tel. No. (856) 848-4300 ext. **3209** • Fax No. (856) 845-5743



**DO NOT WRITE ON THIS FORM. FOR SCHOOL STAFF ONLY**



Student \_\_\_\_\_

Application Date \_\_\_\_\_

**Part A**

- PARENT** is registering the student
- LEGAL GUARDIAN** is registering the student. **Court order/legal guardianship** document is required.

***A person, who intends to enroll a student WITHOUT PROOF of custody or guardianship, CANNOT enroll the student unless a court order or a legal guardianship document is submitted.***

**Part B**

- \*Completed Registration Form**
- Original** Birth Certificate
- Driver's License or any state-issued ID (of the parent/guardian registering the student)
- \*Transfer Card** (required if transferring w/in NJ state)
- \*Immunization Record**
- Physical Record (must be less than 1 year)
- Transcript of Records / Report Card
- Custody / legal guardianship / court order, *if applicable*
- State Agency Letter, *if applicable*
- IEP or 504 Plan, *if applicable*

**Part C-1 Homeowners/Renters**

- \*Primary** proof of residency (**Tax Bill / Mortgage Bill / Deed / Lease Contract**)
- Secondary** proof of residency (most recent electric / water & sewer / gas / cable)

**Part C-2 Non-Homeowners/Non-Renters (Family living with a District Resident)**

The **DISTRICT RESIDENT** must provide the following:

- \*Notarized Residency Affidavit** (DISTRICT RESIDENT providing housing for the family)
- \*Primary** proof of residency (**Tax Bill / Mortgage Bill / Deed / Lease Contract**)
- Secondary** proof of residency (electric / water & sewer / gas / cable)

The **PARENT / GUARDIAN** living with the District Resident must provide:

- \*Notarized Residency Affidavit** (FAMILY living with the District Resident)

Received by \_\_\_\_\_

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*"Presenting a false record or falsifying records is an offense under Section 37.10, Penal Code and enrollment of the child under false documents subjects the person to liability for tuition and other costs. TEC Sec.25.002(3)(d)."*

Grade Level	LID#
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## STUDENT INFORMATION

<b>Student Full Legal Name (should match with Birth Certificate)</b>			
<i>Last Name</i>	<i>First Name</i>	<i>Middle Name</i>	<i>Suffix</i>
<b>Date of Birth</b> / / <i>Month Day Year</i>	<b>Place of Birth</b>  <i>City/State Country</i>	<b>Gender</b> <input type="checkbox"/> <b>Male</b> <input type="checkbox"/> <b>Female</b>	
<b>Home Address</b>			
<i>House#/Apt.#</i>	<i>Street</i>	<i>City</i>	<i>State</i> <i>Zip Code</i>
<b>Mailing Address (if different from Home Address)</b>			
<i>House#/Apt.#/PO Box#</i>	<i>Street</i>	<i>City</i>	<i>State</i> <i>Zip Code</i>
<b>Is the student an IMMIGRANT to the US?</b> (an "IMMIGRANT CHILD" is an individual aged 3 through 21; were not born in any State; and have not been attending one or more schools in any one or more States for more than three (3) full academic years. <input type="checkbox"/> <b>YES</b> <input type="checkbox"/> <b>NO</b>			
<b>Immigrant from</b>  <i>Country of Origin</i>	<b>U.S. Entry Date</b> / / <i>month day year</i>	<b>First Entry Date to US SCHOOL</b> / / <i>month day year</i>	<b>Home Language/Dialect Spoken</b>
<b>Is student a MIGRANT?</b> (a "MIGRATORY CHILD" who is or whose parent is a migratory agricultural worker, migratory dairy worker or a migratory fisher in order to obtain, or accompany such parent for temporary or seasonal employment in agricultural or fishing work) <input type="checkbox"/> <b>YES</b> <input type="checkbox"/> <b>NO</b>			
<b>Ethnicity / Race</b> <u><i>If a student is MULTI-RACIAL (2 or more races), please check all the races that apply</i></u>			
<input type="checkbox"/> <b>HISPANIC/LATINO</b> (Cuban/Mexican/Puerto Rican/ South or Central American or other Spanish culture or origin regardless of race)			
<input type="checkbox"/> <b>AMERICAN INDIAN/ALASKAN</b> (a person having origins in any of the original peoples of North and South America, including Central America and who maintains tribal affiliation or community attachments)			
<input type="checkbox"/> <b>ASIAN</b> (a person having origins in any of the original peoples of the Far East, Southeast Asia or the Indian subcontinent including Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, Philippine Islands, Thailand and Vietnam)			
<input type="checkbox"/> <b>BLACK/AFRICAN AMERICAN</b> (a person having origins in any of the Black racial groups of Africa)			
<input type="checkbox"/> <b>NATIVE HAWAIIAN/PACIFIC ISLANDER</b> (a person having origins in any of the original peoples of Hawaii, Guam, Samoa, other Pacific Islands)			
<input type="checkbox"/> <b>WHITE</b> (a person having origins in any of the original peoples of Europe, North Africa or the Middle East)			

## SPECIAL EDUCATION / 504 PLAN / RELATED AIDS OR SERVICES

<b>If student is receiving one of the following, please check the appropriate box:</b>
<input type="checkbox"/> <b>Special Education and/or related services</b>
<input type="checkbox"/> <b>Speech Services</b>
<input type="checkbox"/> <b>504 Plan</b> (physical or mental impairment which substantially limits one or more major life activity)
<input type="checkbox"/> <b>Copy of IEP or 504 Plan has been submitted to West Deptford Twp. School</b>
<b>If student is receiving one of the following, please check the appropriate box:</b>
<input type="checkbox"/> <b>ELL / ESL / Bilingual</b>
<input type="checkbox"/> <b>Remedial/Basic Skills/Supplemental Subject</b> _____

**PARENT INFORMATION (LIVING WITH ONE OR BOTH PARENTS)**

<p><b>Does student live with BOTH parents in the SAME house?</b></p> <p><input type="checkbox"/> YES    <input type="checkbox"/> NO</p> <p><b>if "NO", answer questions 1, 2 &amp; 3 on the right</b></p>	<p><b>1. If you answered "NO" which parent has PHYSICAL CUSTODY of the student?</b></p> <p><input type="checkbox"/> MOTHER    <input type="checkbox"/> FATHER</p> <p><input type="checkbox"/> JOINT PHYSICAL CUSTODY</p>	<p><b>2. Do you have a COURT ORDER/LEGAL DOCUMENT to prove custody?</b></p> <p><input type="checkbox"/> YES    <input type="checkbox"/> NO</p>	<p><b>3. Have you submitted copy of COURT ORDER/LEGAL DOCUMENT to our school?</b></p> <p><input type="checkbox"/> YES    <input type="checkbox"/> NO</p>
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<b>Mother's Full Name</b>	<b>Father's Full Name</b>
<i>Last Name</i> <i>First Name</i>	<i>Last Name</i> <i>First Name</i> <i>Suffix</i>
<b>Mother's Home Address (if different from student's address)</b>	<b>Father's Home Address (if different from student's address)</b>
<b>Mother's Employer</b>	<b>Father's Employer</b>
<b>Mother's Work Tel#</b>	<b>Father's Work Tel#</b>
<b>Mother's Home Tel#</b>	<b>Father's Home Tel#</b>
<b>Mother's Cellphone#</b>	<b>Father's Cellphone#</b>
<b>Mother's Email</b>	<b>Father's Email</b>

**GUARDIAN/NON-PARENT INFORMATION (NOT LIVING WITH PARENTS)**

*Non-Parent / Legal Guardian will be required to submit LEGAL documents issued by the court of law or state agency.*

<b>Relationship to the student:</b>	<b>Have you submitted copy of CUSTODY to our school?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO	<b>Relationship to the student:</b>	<b>Have you submitted copy of CUSTODY to our school?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO
<b>Guardian 1 Full Name</b>	<b>Guardian 2 Full Name</b>		
<i>Last Name</i> <i>First Name</i>	<i>Last Name</i> <i>First Name</i> <i>Suffix</i>		
<b>Guardian 1 Employer</b>	<b>Guardian 2 Employer</b>		
<b>Guardian 1 Work Tel#</b>	<b>Guardian 2 Work Tel#</b>		
<b>Guardian 1 Home Tel#</b>	<b>Guardian 2 Home Tel#</b>		
<b>Guardian 1 Cellphone#</b>	<b>Guardian 2 Cellphone#</b>		
<b>Guardian 1 Email</b>	<b>Guardian 2 Email</b>		

**SIBLINGS / OTHER CHILDREN IN THE FAMILY**

<i>Child 1</i>	<i>Birthdate</i>	<i>Grade</i>
<i>Child 2</i>	<i>Birthdate</i>	<i>Grade</i>
<i>Child 3</i>	<i>Birthdate</i>	<i>Grade</i>
<i>Child 4</i>	<i>Birthdate</i>	<i>Grade</i>
<i>Child 5</i>	<i>Birthdate</i>	<i>Grade</i>

## PARENT / GUARDIAN SERVING IN THE U.S. MILITARY

Student's parent/guardian is on Active Duty, in the National Guard or in the Reserve components of the US Military services.

- 1 - NOT MILITARY CONNECTED (student is not military-connected)
- 2 - ACTIVE DUTY (student is a dependent of a member of the (full-time) Active Duty Forces - Army, Navy, Air Force, Marine Corps or Coast Guard)
- 3 - NATIONAL GUARD or RESERVE (student is a dependent of a member of the National Guard or Reserve Forces - Army, Navy, Air Force, Marine Corps or Coast Guard)
- 4 - UNKNOWN (it is unknown whether or not the student is military-connected)

## LAST SCHOOL DISTRICT & LAST HOME ADDRESS

Last School Attended	City/Town	State
Last Home Address	City/Town	State
Reason for leaving		

## HEALTH INSURANCE & MEDICAL INFORMATION

Does student have Health Insurance?		
<input type="checkbox"/> YES Name of Health Insurance _____		
<input type="checkbox"/> NO Do you want MEDICAID or NJ FAMILY HEALTH CARE to contact you about FREE or LOW COST HEALTH INSURANCE?		
<input type="checkbox"/> YES <input type="checkbox"/> NO		
Date of Last Medical Exam:	Date of Last Polio Immunization:	
Date of Last Lead Test:	Lead Level:	Never Had Lead Test <input type="checkbox"/>

## PARENT / GUARDIAN CERTIFICATION

*I/We certify that I/we am/are the **parent** or the **legal guardian authorized by law** to enroll the student and that all information I/we have provided in these documents are true and accurate and understand that school officials may verify information and acknowledge West Deptford Board of Education's reliance upon the truthfulness and accuracy of this information.*

*I/We am/are aware that I/we have the obligation to notify West Deptford Board of Education immediately if any of the information or circumstances change.*

*I/We am/are aware that if any of the statements contained in these documents are willfully false, I/we am/are subject to the criminal penalties provided by law for perjury and/or false swearing, and I/we will be personally liable for the payment of tuition for the child retroactive for the period ineligible attendance of said child in the District's schools as well as any related costs and/or fees, including attorneys' fees, incurred as a result of such ineligible attendance.*

\_\_\_\_\_  
Parent/Guardian1 (Print name then sign)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian2 (Print name then sign)

\_\_\_\_\_  
Date

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## STUDENT RESIDENCY STATUS

*This questionnaire is in compliance with the McKinney-Vento Act, U.S.C. 42§ 11431 et seq. Your answers will help determine if the student meets eligibility requirements for services under the McKinney-Vento Act.*

STUDENT NAME \_\_\_\_\_ GRADE \_\_\_\_\_

School \_\_\_ Oakview Elementary School \_\_\_ Red Bank Elementary School \_\_\_ Green-Fields Elem. School  
\_\_\_ West Deptford Middle School \_\_\_ West Deptford High School

**Property Owner** (Parents'/Guardian's name appears on the attached **Property Tax or Mortgage bill / Deed**)

**Renters** (Parents'/Guardian's name appears on the attached **Lease Contract**)

**Shared Housing** (The student and the family lives with a West Deptford resident). **Check all that applies:**

\_\_\_ Temporarily waiting for a house or apartment

\_\_\_ Provide care for a family member

\_\_\_ Living with a boyfriend / girlfriend

\_\_\_ Parent/Guardian is deployed and is expected to return from active military duty on \_\_\_\_\_

\_\_\_ Loss of housing (sharing housing with relatives or others due to lack or loss of housing)\*

\_\_\_ Loss of employment\*

\_\_\_ Economic situation\*

\_\_\_ Other (please explain) \_\_\_\_\_

Living in a **Motel, Hotel, Park, Campground, Car, RV** or in a public place due to lack of adequate housing\*

Living in a **Shelter or other temporary housing**\*

**Unaccompanied Youth** (Student is not in the physical custody of a parent/legal guardian due to hardship or loss of housing)\*

*Students without fixed, regular or adequate living situations have the following rights:*

- 1. Immediate enrollment in the school they last attended or the local school where they are currently staying even if they do not have all the documents normally required at the time of enrollment without fear of being separated or treated differently due to their housing situations;*
- 2. Transportation to the school of origin for the regular school day;*
- 3. Access to **FREE MEALS, TITLE 1** and other educational programs, and transportation to extra-curricular activities to the same extent that is offered to other students.*

**Presenting a false record or falsifying records is an offense under Section 37.10, Penal Code and enrollment of the child under false documents subjects the person to liability for tuition and other costs. TEC Sec.25.002(3)(d).**

\_\_\_\_\_  
Parent/Guardian (Print name then sign)

\_\_\_\_\_  
Date



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## HEALTH HISTORY UPDATE

Student Name \_\_\_\_\_

Grade \_\_\_\_\_

Date of Birth \_\_\_\_\_

Age \_\_\_\_\_

Sex  MALE  FEMALE

### A. Medical History (check all that applies to your child)

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Allergies (see below) | <input type="checkbox"/> Eczema           | <input type="checkbox"/> Physical Handicap |
| <input type="checkbox"/> Asthma                | <input type="checkbox"/> Fainting Spells  | <input type="checkbox"/> Seizures          |
| <input type="checkbox"/> Color Deficiency      | <input type="checkbox"/> Headaches        | <input type="checkbox"/> Speech Difficulty |
| <input type="checkbox"/> Dental Problems       | <input type="checkbox"/> Hearing Problems | <input type="checkbox"/> Stomachaches      |
| <input type="checkbox"/> Diabetes              | <input type="checkbox"/> Heart Disease    | <input type="checkbox"/> Tubes In Ears     |
| <input type="checkbox"/> Earaches              | <input type="checkbox"/> Nosebleeds       | <input type="checkbox"/> Vision Problems   |

### B. Is your child currently taking any daily medication? YES NO

- If YES, name and dosage of medication \_\_\_\_\_  
\_\_\_\_\_
- Will your child require the medication during school hours?  YES  NO

### C. Allergies on foods, medications, insect bites, bees, seasonal, etc.

<i>Type of Allergy</i>	<i>Allergic Reaction</i>	<i>Treatment/Medical Care</i>
_____	_____	_____
_____	_____	_____
_____	_____	_____

### D. Was there a health problem and/or handicap present at birth? YES NO

- At what age diagnosis was made \_\_\_\_\_ Diagnosis \_\_\_\_\_

### E. List any operations, injuries or hospitalizations and dates:

<i>Operations/Injuries/Hospitalizations</i>	<i>Date</i>
_____	_____
_____	_____
_____	_____

- Do any of the conditions still affect your child?  YES  NO
- If YES, please list \_\_\_\_\_
- Physical Ed Activity: Does your student's condition restrict his/her activities?  YES  NO

### F. Does your student wear glasses? YES NO Contact Lenses? YES NO

### G. Do you have any concerns about your child's health? If so, please describe \_\_\_\_\_

\_\_\_\_\_

Parent/Guardian (Print name then sign)

Date



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## HEALTH HISTORY UPDATE

Student Name \_\_\_\_\_

Grade \_\_\_\_\_

Name of Family Doctor \_\_\_\_\_

Phone \_\_\_\_\_

Please list any significant illnesses, accidents or medical problems that you want us to know:

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### AUTHORIZATION FOR MEDICAL TREATMENT

*I/We, the undersigned, do hereby authorize officials of West Deptford Township School District to contact directly the persons named on the "EMERGENCY CONTACT INFORMATION" and do authorize the appropriate school personnel to render first aid as may be deemed necessary in an emergency, for the health of the said child. Pertinent medical information may be shared with school personnel as needed.*

*In the event that parents or other persons named on the "EMERGENCY CONTACT INFORMATION" cannot be contacted, the school officials are hereby authorized to take whatever action necessary in their judgment, for the health of aforesaid child, including transportation to the nearest medical emergency facility.*

*I will not hold West Deptford Township School District financially responsible for the emergency care and/or transportation for said child.*

### EMERGENCY CONTACT INFO

**NEARBY RELATIVES / FRIENDS / NEIGHBORS** who will assume temporary care of your child **IF the Parents/Legal Guardian** cannot be reached.

Name of Relative/Friend/Neighbor	Contact Nos.	Relationship to Student
1		
2		
3		

\_\_\_\_\_  
Parent/Guardian (Print name then sign)

\_\_\_\_\_  
Date

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## MEDICAL HISTORY & PHYSICAL EXAMINATION FORM

**To be completed by the PHYSICIAN only & must be returned to school within 30 days upon admission.**

- Student **CANNOT** begin school without proof of IMMUNIZATION, in accordance with *N.J.A.C. 8:57-4.1 et seq.*
- The physical exam must have been conducted within one (1) year since the last physical exam.

**STUDENT:** \_\_\_\_\_ **BIRTHDATE:** \_\_\_\_/\_\_\_\_/\_\_\_\_  
mm dd yyyy

Significant Health History: \_\_\_\_\_

Current Medications (if any): \_\_\_\_\_

### VISION

### HEARING

Height \_\_\_\_\_

Right Eye 20 / \_\_\_\_\_

Right Ear \_\_\_\_\_

Weight \_\_\_\_\_

Left Eye 20 / \_\_\_\_\_

Left Ear \_\_\_\_\_

Blood Pressure \_\_\_\_\_

Correction: \_\_\_Yes \_\_\_No

REVIEW OF SYSTEMS	FINDINGS	COMMENTS / CONCERNS
	✓ =	Within Normal Limits
General Appearance		
Skin		
Ears		
Eyes		
Lymph Glands		
Thyroid		
Nose		
Throat		
Teeth-Mouth		
Heart (Rate & Rhythm)		
Lungs		
Abdomen		
Genito-Urinary		
Hernia		
Nutrition		
Nervous System		
Speech		
Orthopedic (Structure & Posture)		
Other		

**Important! Up-to-date IMMUNIZATION record must be attached to this form.**

Physician's Name : \_\_\_\_\_ Physician's Signature \_\_\_\_\_

Physician's Address : \_\_\_\_\_

Physician's Phone : \_\_\_\_\_ Date of Examination: \_\_\_\_/\_\_\_\_/\_\_\_\_