

ORANGE TOWNSHIP PUBLIC SCHOOLS

Central Registration Department

Administration Building

451 Lincoln Avenue Orange, New Jersey 07050

Tel: (973) 677-4000 Ext. 6044 Fax: (973) 677-0486

Website: <http://www.orange.k12.nj.us>

Dr. Paula E. Howard

Deputy Superintendent of Schools

Lisa Spottswood Brown

District Registrar/Information Support Services Manager

To All Persons Registering a Child:

Only **PARENTS OR LEGAL GUARDIANS** may register a student in the Orange Township Public School District. The following items must be provided to process a student's registration packet. At the time of registration, please present **ALL** of the following items:

STUDENT'S INFORMATION

- Birth Certificate (must be copied and kept in DR file)
- New Jersey State ID (in-state transfers)
- Immunization Records
- Physical Examination dated with a year (not mandatory for enrollment)
- A Transfer Card
- Recent Report card and Test Scores
- Complete Transcript (high school students)
- Individual Educational Program (IEP) (if applicable)

PARENT/GUARDIAN PROOF OF IDENTITY

- Current Driver's License, State ID, or Passport

PROOF OF RESIDENCY

At the time of registration, you must present **ONE** of the following **primary** documents **PLUS TWO** of the following **secondary** documents. All documents must be **originals** dated within the last thirty (30) days:

Acceptable Primary Documents

- Contract of Purchase or Sale
- Tax bill
- Mortgage statement
- Current Lease
- Property Deed
- Water bill

Acceptable Secondary Documents

- Utility bill (must be in your legal name)
- Credit Card statement (must be current)
- Current Driver's license **or** Current Vehicle Insurance **or** Registration Card
- Current Paycheck stub
- State Benefit Statements or Public Assistance Documents
- Medical insurance bill
- Bank Statement
- Cable/Satellite bill

ALL PARENTS NEEDING AN OWNER/LANDLORD AFFIDAVIT MUST REPORT TO THE DISTRICT REGISTRAR'S OFFICE.

*****Please see special conditions that apply below*****

PROOF OF RESIDENCY SPECIAL CONDITIONS:

- If you **do not** have a lease and you and your child (ren) are residing with a friend or relative in a **private** home, the homeowner must provide proof of ownership. Additionally, the Owner/Landlord Affidavit Form must be completed by the homeowner. **Two (2)** additional proofs of residency from our secondary list of accepted documents must be provided by the parent/guardian of the child (ren) being registered.
- If you **do not** have a lease and you and your child (ren) are residing with a friend or relative in an apartment building, the Landlord or Managing Agency must complete the Owner/Landlord Affidavit Form **not the tenant renting the apartment.** **Two (2)** additional proofs of residency from our secondary list of accepted documents must be provided by the parent/guardian of the child(ren) being registered.

***** **NOTE** *****

For admission to kindergarten, a child must be five years of age **on or before** October 1st.

Registration for Guardian Affidavit, DYFS and Court Placements:

- DYFS Placement must submit court order or DYFS ID letter.
- For Guardianship and/or Legal Custody you must report to:

**Wilentz Justice Complex
212 Washington Street 13th Floor Room 1365 Newark
NJ 07102
(973) 693-5560
Hours of Operation 8AM – 4:30PM**

Incomplete Registration Packets Will Not Be Accepted and May Delay Student's Enrollment



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STUDENT RESIDENCY

THE DISTRICT RESERVES THE RIGHT TO CONDUCT RESIDENCY CHECKS

Students not legally domiciled in Orange Township are not entitled to a free education in the Orange Public School District.

Please be advised that enrollment in Orange Public Schools is permissible only for those children whose parent(s)/guardian(s) are residents of Orange. Pursuant to **N.J.A.C. 6A:22-4.1**, eligibility for admission to the Orange Public School District is subject to thorough review and evaluation and there is a potential for assessment of tuition in the event that an initially admitted student is later found ineligible for enrollment.

Furthermore, any resident who knowingly permits their name and/or address to be used in the registration of a non-resident student for the purpose of attending Orange Public Schools will be prosecuted to the fullest extent of the law and sued for the tuition for the period of ineligible attendance in the school district.

Residency checks are completed on students on a regular basis and may be conducted as early as 6:00am.

I attest to the best of my knowledge the residency information submitted is true and correct. I fully understand fraudulent statements, claims or documents will be prosecuted to the full extent of the law.

Please sign below:

Signature of Parent/Guardian

Date

Signature of Parent/Guardian

Date

STUDENT INFORMATION FORM

PLEASE COMPLETE ALL SECTIONS

(As it appears on the birth certificate)

Last Name	First Name	Middle Name
Home Address	City, State, & Zip Code	Date Moved In
Previous Address	City, State, & Zip Code	Current Home Telephone Number
Date of Birth	City <u>and</u> State of Birth	Country of Birth
State Identification# (SID)	Gender: Female <input type="checkbox"/> Male <input type="checkbox"/>	
Ethnicity: <input type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> Alaskan/Native <input type="checkbox"/> Amer. Indian <input type="checkbox"/> Pacific Islander		
Entering Grade: <input type="checkbox"/> KF <input type="checkbox"/> 1 st <input type="checkbox"/> 2 nd <input type="checkbox"/> 3 rd <input type="checkbox"/> 4 th <input type="checkbox"/> 5 th <input type="checkbox"/> 6 th <input type="checkbox"/> 7 th <input type="checkbox"/> 8 th <input type="checkbox"/> 9 th <input type="checkbox"/> 10 th <input type="checkbox"/> 11 th <input type="checkbox"/> 12 th		
Language Spoken at home? _____		
Student Is Living With: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Other		
School:		
<input type="checkbox"/> Rosa Parks Community School	<input type="checkbox"/> Heywood Avenue School	<input type="checkbox"/> Orange Preparatory Academy
<input type="checkbox"/> Cleveland Street School	<input type="checkbox"/> Lincoln Avenue School	<input type="checkbox"/> Park Avenue School
<input type="checkbox"/> Forest Street School	<input type="checkbox"/> Oakwood Avenue School	<input type="checkbox"/> Orange High School
Previous School Information:		
_____	_____	From: _____ To: _____
School Name	Location	Grade Dates of Attendance

HAS THE STUDENT BEEN CLASSIFIED OR ENROLLED IN SPECIAL EDUCATION CLASSES?

YES NO

HAS THE STUDENT BEEN RECEIVING ACCOMODATIONS THROUGH A 504 PLAN?

YES NO

IS THE STUDENT COVERED BY HEALTH INSURANCE? YES NO

PLEASE LIST THE INSURANCE PROVIDER _____

I attest to the best of my knowledge the information listed above is true and correct. Fraudulent statements or claims may lead to prosecution to the fullest extent of the law.

_____/_____/_____
Signature of Person Completing this Application **Relationship to the Student** **Date**

(FOR OFFICE USE ONLY) Entry Date ____/____/____	Student ID# _____
Staff Member Completing the Registration Packet _____	_____/_____/_____ Signature Date

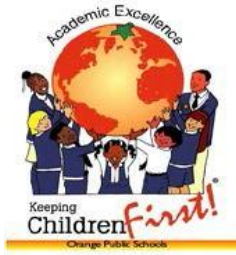
MOTHER/LEGAL GUARDIAN

PLEASE PRINT CLEARLY

Last Name	First Name	Relationship to Student
Home Address	City, State, & Zip Code	Date Moved In
Home Telephone Number	Cell Telephone Number	Email Address
Date of Birth	City <u>and</u> State of Birth	Country of Birth
Ethnicity: <input type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> Alaskan/Native <input type="checkbox"/> Amer. Indian <input type="checkbox"/> Pacific Islander		
Residency Information: <input type="checkbox"/> Homeowner <input type="checkbox"/> Renter	<input type="checkbox"/> Single Family House <input type="checkbox"/> Two Family House <input type="checkbox"/> Apartment Building	<input type="checkbox"/> Multi-Dwelling House <input type="checkbox"/> Apartment in a Private Home
Previous Address Information		
_____ Number and Street Name City State Zip Code		
Employer	Occupation	Work Telephone Number
Work Address		
_____ Number and Street Name City State Zip Code		

FATHER/LEGAL GUARDIAN

Last Name	First Name	Relationship to Student
Home Address	City, State, & Zip Code	Date Moved In
Home Telephone Number	Cell Telephone Number	Email Address
Date of Birth	City <u>and</u> State of Birth	Country of Birth
Ethnicity: <input type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> Alaskan/Native <input type="checkbox"/> Amer. Indian <input type="checkbox"/> Pacific Islander		
Residency Information: <input type="checkbox"/> Homeowner <input type="checkbox"/> Renter	<input type="checkbox"/> Single Family House <input type="checkbox"/> Two Family House <input type="checkbox"/> Apartment Building	<input type="checkbox"/> Multi-Dwelling House <input type="checkbox"/> Apartment in a Private Home
Previous Address Information		
_____ Number and Street Name City State Zip Code		
Employer	Occupation	Work Telephone Number
Work Address		
_____ Number and Street Name City State Zip Code		



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REQUEST FOR PUPIL RECORDS

Date Requested

Name of Previous School

Student's Name

Date of Birth

Grade

Pursuant to the authority of P.L.2002,c63(N.J.S.A.18A:36-25.1) and section 1 of P.L.1982,c.79(N.J.S.A. 2A:4A-60), the Orange Township Public School District request your assistance in providing any and all information and records you may have on the above named child. This request is being made pursuant to this student entering our school system.

Please include the following:

- _____ Official transcripts
- _____ Test results
- _____ Key to the district grading system
- _____ Health/Immunization records or medical reports
- _____ Attendance records/data
- _____ Disciplinary records including infractions imposed by your school district
- _____ Notification that the district has obtained information pursuant to N.J.S.A. 2A:4A-60 (i.e., charges of juvenile delinquency)
- _____ Special Education testing results and/or reports (IEP's, psychological reports, etc.)
- _____ Guardianship Papers if applicable

Staff Member Requesting Records

Signature of Parent/Guardian



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HOME LANGUAGE SURVEY

Student's Name: _____ School: _____

Date of Entry into the U.S.: _____ Place of Birth: _____

Was your child in an ESL/Bi-Lingual Program in another district? Yes No

If yes, Where: _____ For How Long? _____

What languages are spoken in the child's home? _____

How many people in the home speak this language? _____

Please circle the correct answer to the following six (6) questions and return this form with your child's registration packet. We need this information in order to provide the most appropriate instructional program for your child.

1. What language did your child first learn to speak?
A. Native Language B. English
2. What language do you use most often when speaking to your child at home?
A. Native Language B. English
3. What language does your child use most often when speaking to you at home?
A. Native Language B. English
4. What language does your child use most often when speaking to her brothers and sisters?
A. Native Language B. English
5. What language does your child use most often when speaking to other relatives?
A. Native Language B. English
6. What language does your child use most often when speaking to friends?
A. Native Language B. English

Name of the person completing this form: _____



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Student Health History

 Student's Name Female Male

 Student's Home Address _____ / ____ / ____
 Date of Birth _____
 Home Telephone # _____

Student Lives with:
 _____ Parent/Guardian (circle one)
 _____ Address (omit if same as above)
 _____ Phone Number

 _____ Parent/Guardian (circle one)
 _____ Address (omit if same as above)
 _____ Phone Number

 Student's Physician _____ Physician's Phone Number _____ Physician's City & State _____

Normal Pregnancy Yes No **Normal Infancy and Childhood** Yes No

Place of Birth: _____
 Birth Weight: _____
 Length of Pregnancy: _____

- | | | |
|--|---|---|
| <input type="checkbox"/> Allergies | <input type="checkbox"/> Lead Poisoning | <input type="checkbox"/> Urinary Tract Infections |
| <input type="checkbox"/> Food Allergies | <input type="checkbox"/> Anemia | <input type="checkbox"/> Kidney Problems |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Speech Impairment | <input type="checkbox"/> Bladder Problems |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Tuberculosis | <input type="checkbox"/> Speech Problems |
| <input type="checkbox"/> Heart Murmurs | <input type="checkbox"/> Measles | <input type="checkbox"/> Hearing Problems |
| <input type="checkbox"/> Seizures | <input type="checkbox"/> Mumps | <input type="checkbox"/> Rheumatic Fever |
| <input type="checkbox"/> Sickle Cell Disease | <input type="checkbox"/> Whooping Cough | <input type="checkbox"/> Chicken Pox |
| <input type="checkbox"/> Sickle Cell Trait | <input type="checkbox"/> Developmental Delays | <input type="checkbox"/> Heart Problems |

Please give more information about anything that was checked off:

Please answer all of the following questions:

Has your child ever been hospitalized? Yes No

If yes, when and why? _____

Does your child have any eye problems? Yes No

Does your child need/wear glasses? Yes No

Does your child see a dentist at least every six months? Yes No

Does your child have any dental problems? Yes No

Has your child ever had seizures? Yes No

Is your child taking medication regularly? Yes No

If so, what medication? _____ Yes No

Does your child have frequent ear infections? Yes No

Is your child in good physical shape to participate in all school activities? Yes No

Any medical or dental concerns that may affect your child's educational experience? Yes No

History of concussion or serious head injury? Yes No

History of broken bones? Yes No

Has your child ever had any surgery? Yes No

If so, what was done? _____

Has your child ever had a hernia? Yes No

If so, what type? _____

Does your child have any physical impairment? Yes No

Please inform us of any medical, emotional, or dental concerns you would like to discuss: _____

Family History

Does either parent have any health problems? Yes No

If so, explain: _____

Students are expected to have a physical exam completed (within the last 12 months) and given to the school nurse upon entrance to Orange Township Public Schools. Failure to comply within 30 days may result in your child being excluded by the building principal.

Parent/Guardian Signature

Date

MUST BE COMPLETED BY THE SCHOOL NURSE ONLY:

Grade: _____ Previous School: _____ State or Country: _____ Language: _____

PE Done: _____ Immunization UTD: _____ Provisional Status: _____ A45 Done: _____

PE Due: _____ Immunization Needed: _____ Medical Authorization Given: _____ VSP Given: _____ Date: _____

School Nurse Signature: _____

Date: _____