

**NEPTUNE CITY SCHOOL DISTRICT**  
**732-775-5319**  
**STUDENT ENROLLMENT AND RESIDENCY VERIFICATION FORM**  
**IMPORTANT NOTICE**  
**NEW STUDENT ENROLLMENT SY 2022-2023**

The information requested on this form will become part of your child's official school records and will be used for registration and educational planning. All information will be considered strictly confidential.

Residency information is used to assure that the outstanding educational and co-curricular opportunities offered by the district are provided only to Neptune City residents. Residency information is investigated, and falsification of this data may result in law enforcement action and tuition charges.

**STUDENT & RESIDENCY INFORMATION**

Name of Pupil being registered: \_\_\_\_\_

All of the following are **required** in order to enroll your child:

1. Birth Certificate \_\_\_\_\_
2. Immunization Record \_\_\_\_\_
3. Current Physical Exam \_\_\_\_\_
4. Legal Guardianship Papers (if applicable) \_\_\_\_\_
5. DYFS Foster Parent I.D. Document (if applicable) \_\_\_\_\_

In addition to the above you must provide – **in the parent/guardian's name** – at least two of the following showing a Neptune City address, for residency verification:

Utility Bills: Gas \_\_\_\_\_ Electric \_\_\_\_\_ Water \_\_\_\_\_ Sewer \_\_\_\_\_ Phone (not cell) \_\_\_\_\_  
Automobile: Driver's License \_\_\_\_\_ Auto Registration \_\_\_\_\_  
Home: Rental Agreement \_\_\_\_\_ Lease \_\_\_\_\_ Mortgage \_\_\_\_\_ (signed & dated)  
Other: Tax Bill \_\_\_\_\_ Certificate of Occupancy \_\_\_\_\_

If you are living with someone else and the utility bills are not in your name, you must present a notarized letter from the home owner confirming that fact and listing all individuals residing at that address, along with two utility bills sent to that address. You must also provide documents in the parent/guardian's name showing the same address, such as an insurance bill or bank statement.

Original documents must be presented for copying by district personnel. Originals will be returned immediately.

**DO NOT WRITE IN THIS BOX**

District ID: \_\_\_\_\_ State ID: \_\_\_\_\_ District Entry Date: \_\_\_\_\_  
School Entry Date: \_\_\_\_\_ Program Code: \_\_\_\_\_ Tuition Code: \_\_\_\_\_ Sending District: \_\_\_\_\_  
School: \_\_\_\_\_ Grade: \_\_\_\_\_ Homeroom: \_\_\_\_\_ Home School: \_\_\_\_\_

**List all other adults & children residing at this address.**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Does the family reside in Public Housing?      Y\_\_\_\_\_      N\_\_\_\_\_

What was your previous address?

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## PART A

### BASIC STUDENT INFORMATION

**STUDENT BEING ENROLLED**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender: Male \_\_\_\_\_ Female \_\_\_\_\_

City & State of Birth: \_\_\_\_\_

Country of Birth: \_\_\_\_\_

This child lives with (check one):      ☐ Parent                      ☐ Therapeutic Home

☐ Guardian                      ☐ Foster Family

**ETHNICITY / RACE – PLEASE CIRCLE- Y(yes) or N(no) for Each**

Hispanic/Latino	Y	N
American Indian / Alaskan	Y	N
Asian	Y	N
Black/African American	Y	N
White	Y	N
Native Hawaiian/Pacific Islander	Y	N

**PARENT INFORMATION**

*>> Please use the same phone numbers for all students in a single household! <<*

Father's Name (Last, First): \_\_\_\_\_

Father's Address: \_\_\_\_\_

Father's Home Phone: \_\_\_\_\_ Father's Cell Phone: \_\_\_\_\_

Father's Work Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Father's Employer: \_\_\_\_\_

Mother's Name (Last, First): \_\_\_\_\_

Mother's Address: \_\_\_\_\_

Mother's Home Phone: \_\_\_\_\_ Mother's Cell Phone: \_\_\_\_\_

Mother's Work Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Mother's Employer: \_\_\_\_\_

**GUARDIAN INFORMATION (complete only if child does not reside with a parent)**

Guardian's Name (Last, First): \_\_\_\_\_

Guardian's Address: \_\_\_\_\_

Guardian's Home Phone: \_\_\_\_\_ Guardian's Cell Phone: \_\_\_\_\_

Guardian's Work Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Relationship: \_\_\_\_\_

Guardian's Employer: \_\_\_\_\_

Please complete the following if the child has been placed with the above Guardian by a State agency:

Agency Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Social Worker: \_\_\_\_\_

Phone: \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION**

Contact Name #1 (Last, First): \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Contact Name #2 (Last, First): \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Doctor Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Dentist Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**HEALTH RELATED INFORMATION**

Does this child have health insurance? Y\_\_\_\_\_ N\_\_\_\_\_

Insurance Company Name: \_\_\_\_\_

Is your child eligible for Medicaid? Y\_\_\_\_\_ N\_\_\_\_\_ Number: \_\_\_\_\_

Date of Last Medical Exam: \_\_\_\_\_

Date of First Polio Immunization: \_\_\_\_\_

Date of Last Lead Test: \_\_\_\_\_ Lead Test Level: \_\_\_\_\_

Is your child on any medications? Yes\_\_\_\_\_ No\_\_\_\_\_

Name of medication: \_\_\_\_\_

Name of medication: \_\_\_\_\_

Name of medication: \_\_\_\_\_

**PART B**  
**EDUCATIONAL INFORMATION**

Please provide complete answers to the following questions. The information will be used to provide the best possible instructional program for your child.

**OTHER PUBLIC OR PRIVATE SCHOOLS ATTENDED BY THIS STUDENT**

School / District: \_\_\_\_\_

Address: \_\_\_\_\_ Grade(s): \_\_\_\_\_

School / District: \_\_\_\_\_

Address: \_\_\_\_\_ Grade(s): \_\_\_\_\_

School / District: \_\_\_\_\_

Address: \_\_\_\_\_ Grade(s): \_\_\_\_\_

**EDUCATIONAL INFORMATION**

Was your child enrolled in preschool before entering Kindergarten? Yes \_\_\_\_\_ No \_\_\_\_\_

Was the program (if any)? Half Day \_\_\_\_\_ Full Day \_\_\_\_\_

Name of preschool program: \_\_\_\_\_

Was your child retained or did he/she repeat a grade? Yes \_\_\_\_\_ No \_\_\_\_\_

Has your child been evaluated by a Child Study Team? Yes \_\_\_\_\_ No \_\_\_\_\_

Does your child have learning difficulties? Yes \_\_\_\_\_ No \_\_\_\_\_

Was your child enrolled in a special education class or resource room? Yes \_\_\_\_\_ No \_\_\_\_\_

Explain: \_\_\_\_\_

How would you rate your child's past school attendance?

Excellent: \_\_\_\_\_ Good: \_\_\_\_\_ Poor: \_\_\_\_\_

Why? \_\_\_\_\_

Will your child live with a relative or friend while attending this school district?

Yes: \_\_\_\_\_ No: \_\_\_\_\_

Has your child ever been suspended from school? Yes \_\_\_\_\_ No \_\_\_\_\_

Is he / she on court ordered probation? Yes \_\_\_\_\_ No \_\_\_\_\_

Name of probation officer: \_\_\_\_\_

Will your child be employed after school? Yes \_\_\_\_\_ No \_\_\_\_\_

Where? \_\_\_\_\_

Has your child participated in high school athletics while a middle school student? Yes \_\_\_\_\_ No \_\_\_\_\_

### **PROGRAM INFORMATION**

Please (✓) any of the following programs in which your child participated.

<b><u>PROGRAM</u></b>	<b><u>GRADE LEVEL</u></b>
_____ Basic Skills Improvement Program or Small Group Instruction	_____
_____ English As a Second Language / Bilingual	_____
_____ Gifted and Talented	_____
_____ County Vocational School	_____
_____ Special Education Services (check all of the following that apply)	
_____ Early Intervention	
_____ In-class support	
_____ Resource center replacement	
_____ Self-contained class	
_____ Speech Therapy	
_____ Occupational / Physical Therapy	
_____ Other _____	
_____ Attached is a copy of my child's IEP	

Is your child in an "out-of-district" placement? Y \_\_\_\_\_ N \_\_\_\_\_

Name of School: \_\_\_\_\_

**PART C**  
**SOCIAL INFORMATION**

**LANGUAGES SPOKEN**

What language did your child first learn to speak? \_\_\_\_\_

What language does your child speak most often? \_\_\_\_\_

What is the primary language spoken in your home? \_\_\_\_\_

Has your child attended school in any other countries? **If yes, what is the first entry date into a U.S. School?**

**Date Entered U.S.** \_\_\_\_\_ **First date entered U. S. School** \_\_\_\_\_

Country \_\_\_\_\_ City \_\_\_\_\_ Grades \_\_\_\_\_

Country \_\_\_\_\_ City \_\_\_\_\_ Grades \_\_\_\_\_

What ESL/Bilingual programs has your child been enrolled in? \_\_\_\_\_

**SOCIAL RESTRICTIONS**

Is there any member of the family or any individual **not** permitted to have contact with your child?

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

Why? \_\_\_\_\_

Have You Submitted Related Court Documents? \_\_\_\_\_

**PART D**  
**OTHER INFORMATION**

**ADDITIONAL INFORMATION**

Please provide any additional information not already requested about your child and his / her educational, social or emotional needs.

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**SPECIAL NOTE**

The Student Health Physical form must be completed by a physician in order for enrollment to be completed. Until this form is submitted and approved by our nursing staff your child will not be allowed to participate in Physical Education or Athletics.



**PART E**  
**REQUIRED SIGNATURES & CERTIFICATIONS**

**INTERNET ACCESS**

Student's Agreement

I have read the district's Regulations for Internet Access (attached). I understand and agree to abide by the principles and guidelines it contains.

Signature of Student: \_\_\_\_\_ Date: \_\_\_\_\_

Parent's Agreement  
**(Required for All Parents)**

As the parent or guardian of this student, I certify that I have read the district's Regulations for Internet Access (attached). I understand that the school district provides internet access solely for educational purposes, but that it may not be possible to restrict access to all controversial materials on the internet. I agree to hold the Neptune City School District, its employees, and its contractors harmless with respect to the internet content accessed by my child using district facilities and equipment. I also understand that the school district has no responsibility for my child's use of the internet outside of the school setting. I hereby give my permission to the Neptune City School District to permit my child to access the internet.

Signature of Parent or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

**MEDIA PERMISSION**

Please check ONE of the following:

\_\_\_\_\_ My son/daughter may appear in all media/internet coverage events at school  
(pictures, articles, etc.)

\_\_\_\_\_ I **do not** wish my son/daughter to appear in any media/internet coverage events at school.

**REGISTRATION CERTIFICATION**

As the parent or guardian of this student, I hereby request enrollment of the named child in the Neptune City School District. I certify that my child is eligible for a free public education in the Neptune City School District either by virtue of legal residency within the district or a formal arrangement between the Neptune City School District and another New Jersey school district. I also understand that my child's right to attend school in this district will be investigated, and that falsified residency information may result in the child's removal and the assessment of tuition charges.

Signature of Parent or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

**NEPTUNE CITY SCHOOL DISTRICT**  
210 WEST SYLVANIA AVENUE  
NEPTUNE CITY, NEW JERSEY 07753

**CONSENT TO RECOVER FUNDS  
FROM THE FEDERAL GOVERNMENT**

The Neptune City School District participates in the federal Special Education Medicaid Initiative (SEMI) program. This program reimburses local school districts for a portion of the costs of special education services provided to Medicaid-eligible students.

SEMI brings federal government money into Neptune City to help pay for a wide range of student services, without impacting your family's eligibility for Medicaid benefits or services.

You must sign this consent form as part of the student registration process even if your child is not currently enrolled in a Medicaid program.

This form must be completed, signed, and returned with the enrollment package in order for your child to be enrolled in school. A separate form is required for each child being enrolled.

Child's Name: \_\_\_\_\_

Child's Date of Birth: \_\_\_\_\_

*As the parent or guardian of the child named above, I give my permission to disclose information from my child's educational records to local, state, and federal agency representatives for the sole purpose of claiming Medicaid reimbursement of related services described in my child's Individual Education Program (IEP). Signing this form **will not reduce** any Medicaid benefit I or my child might be entitled to.*

Parent/Guardian: \_\_\_\_\_ (print)

Address: \_\_\_\_\_ (print)

Date: \_\_\_\_\_ (print)

Signature: \_\_\_\_\_

**REGULATIONS FOR INTERNET ACCESS**  
**NEPTUNE CITY SCHOOL DISTRICT**  
**Regulation 6142.10**

Neptune City Public School will provide access to the Internet for all students, faculty, and staff. Students must have permission from at least one of their parents or guardians to access the Internet at school.

The use of an Internet account is a privilege, not a right, and inappropriate use will result in disciplinary action by school officials and/or the cancellation of those privileges. A student's activities while using the Internet in this school must be in support of education and research, and consistent with the educational objectives of the Neptune City Public Schools. In addition, a student accessing the Internet from a school site is responsible for all online activities that take place through the use of his or her behavior. When accessing another organization's networks or computing resources, students must comply with the rules appropriate for that network.

The following actions (which are not exhaustive) constitute unacceptable use of the Internet, whether that use is initiated from school or any other site:

- using impolite, abusive, or otherwise objectionable language in either public or private messages;
- placing unlawful information on the Internet;
- using the Internet illegally in ways that violate federal, state, or local laws or statutes;
- using the Internet at school for non-school related activities;
- sending messages that are likely to result in the loss of the recipient's work or systems;
- sending chain letters or pyramid schemes to lists of individuals, and any other types of use that would cause congestion of the Internet or otherwise interfere with the work of others;
- using the Internet for commercial purposes;
- using the Internet for political lobbying;
- changing any computer file that does not belong to the user;
- sending or receiving copyrighted materials without permission;
- knowingly giving one's password to others;
- using another person's password;
- using Internet access for sending or retrieving pornographic material, inappropriate text files, or files dangerous to the integrity of the network;
- circumventing security measures on school or remote computers or networks;
- attempting to gain access to another's resources, programs, or data;
- vandalizing, which is any malicious attempt to harm or destroy data of another user on the Internet, and includes the uploading or creation of computer viruses;
- falsifying one's identity to others while using the Internet;
- changing any computer files that do not belong to the user.

**NEPTUNE CITY SCHOOL DISTRICT  
STUDENT HEALTH SURVEY**

**(Completed by Parent / Guardian)**

Dear Parents/Guardians;

Please provide the following health information so that our school nurse can provide appropriate services for your child. This form will be placed in your child's school health file and will be treated *confidentially*.

Please indicate below if the following applies to your child: (use back of form if you need more space)

\_\_\_\_\_ Asthma

\_\_\_\_\_ Chicken Pox      Date: \_\_\_\_\_

\_\_\_\_\_ Allergies  
Type: \_\_\_\_\_

\_\_\_\_\_ Hospitalizations  
Reason: \_\_\_\_\_

\_\_\_\_\_ Serious Injury  
Type: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_ Frequent Ear Infections

\_\_\_\_\_ Any other health conditions we should be aware of: \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ Current Over-the-Counter or Prescription Medications  
Type: \_\_\_\_\_

\_\_\_\_\_ Wears Glasses or Contact Lenses      Date Obtained: \_\_\_\_\_

\_\_\_\_\_ None of the above

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Grade/Teacher: \_\_\_\_\_

I give my permission for the school nurse to share information concerning my child's health with those faculty/staff members who may need to know. I recognize that sharing this information is important to my child's well being while attending school.

Signature of  
Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

NEPTUNE CITY SCHOOL  
STUDENT HEALTH PHYSICAL

Student's Name \_\_\_\_\_ Grade/Homeroom \_\_\_\_\_  
 Address \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 NEPTUNE CITY, NJ 07753 Telephone No. \_\_\_\_\_

Name of Parent or Guardian: \_\_\_\_\_

**IMMUNIZATION DATES**

**PAST DISEASE HISTORY** (circle)

DPT _____ TDAP _____ Polio _____ MMR _____ MMR Titer Results _____ Disease _____ HIB _____ Varicella _____ MMR _____ Meningococcal vaccine _____ Flu Vaccine** _____ Pneumoccal (PCV) _____ Hepatitis B _____	Allergies(type): _____ Hepatitis _____ Fainting/Syncope _____ Asthma _____ Lyme _____ Bronchitis _____ Chicken Pox:date _____ Convulsive Dis. _____ Diabetes _____ Frequent Colds _____ Other _____ Orthopedic Injuries _____ Otitis Media _____ Pneumonia _____ Strap Inf/Scarlet fever _____ Shortness of Breath _____ Heart Disease _____ Surgery: reason _____
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T.B. \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_ BP \_\_\_\_\_  
 Result of TB Test \_\_\_\_\_ mm \_\_\_\_\_; Chest Xray Date \_\_\_\_\_; INH Therapy \_\_\_\_\_

\*\*The annual flu vaccine is intended for Pre-School students only and must be given between September and December.

**PHYSICIAN'S EXAMINATION**

Code to be used by physicians: **N** - No Abnormality **XX** - Abnormality

Eyes _____	Posture _____	Murmur _____
Visual Acuity: R20/____ L 20/____	Feet _____	Rhythm _____
Ears _____	Spine _____	Rate _____
Nose _____	Hernia _____	Lungs _____
Throat _____	Genitalia _____	Urine _____
Glands _____	Abdomen _____	Skin _____
Nutrition _____	Heart _____	

**General Condition:**

Fitness for Physical Education: Full Activity: \_\_\_\_\_ Limitations or Restrictions: \_\_\_\_\_

Recommendations for school: \_\_\_\_\_

Date: \_\_\_\_\_ 20\_\_\_\_ Examining Physician \_\_\_\_\_  
(print or type name)  
 Examining Physician \_\_\_\_\_  
(Signature)

## Enrollment Residency Questionnaire

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

DOB: \_\_\_\_\_

In accordance with the McKinney-Vento Act 42 U.S.C. 11435 and New Jersey state law( N.J.S.A. 18A38-1 and 18A:7B-12), it is necessary to determine the residence of students entering the school district.

1. Is your current address a temporary living arrangement? \_\_\_\_Yes \_\_\_\_No

2. Is this temporary living arrangement due to loss of housing or economic hardship? \_\_\_\_Yes \_\_\_\_No

If you answered YES to the above questions, please complete the remainder of this form.

Please indicate where the student is presently living:

\_\_\_\_ In a motel/hotel

\_\_\_\_ In a shelter

\_\_\_\_ Transitional housing facility

\_\_\_\_ Family/friend's home out of necessity

\_\_\_\_ Moving from place to place

\_\_\_\_ In a place not designed for ordinary sleeping accommodations such as a car, park or campsite

Name of Parent(s)/Legal Guardian(s): \_\_\_\_\_

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

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

Current Telephone Number: \_\_\_\_\_

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

\_\_\_\_\_  
Date

NEPTUNE CITY SCHOOL DISTRICT  
210 W. SYLVANIA AVENUE  
NEPTUNE CITY, NJ 07753  
732-775-5319  
fax: 732-775-4335

**Authorization for Release of Records**

This form is required for all students transferring from other districts.

**STUDENT INFORMATION**

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

Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_ State ID#: \_\_\_\_\_

**RECORDS TO BE RELEASED**

- |   |   |
|---|---|
| <input type="checkbox"/> Cumulative Record Folder | <input type="checkbox"/> Transcript of Grades |
| <input type="checkbox"/> Standardized Test Scores | <input type="checkbox"/> Health Records       |
| <input type="checkbox"/> Attendance Information   | <input type="checkbox"/> CST Records          |
| <input type="checkbox"/> Discipline Records       | <input type="checkbox"/> ALL RECORDS          |

**RECORDS RELEASED FROM (previous school of attendance)**

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

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

**RECORDS RELEASED TO**

Neptune City Elementary School  
210 West Sylvania Ave  
Neptune City, NJ 07753

**PARENT/GUARDIAN PERMISSION**

I hereby grant permission for release of the above records.

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

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