



**Neptune City School District Board of Education  
210 West Sylvania Avenue  
Neptune City, NJ 07753**

**PreK Registration Packet 2025-2026**

Student's name - \_\_\_\_\_

Student's date of birth - \_\_\_\_\_

**Admission**

Thank you for your interest in our PreK program for the 2025-2026 school year.

1. Enrollment in the PreK class will be limited and will be determined on a “first come, first serve” basis through a two-step process: receiving the registration packet and verifying that the packet is complete.
2. PreK registration will open on Wednesday, February 26, 2025, from 9:00-12:00 pm., in person. Registration packets and documents will be accepted at this time. All documentation must be received at registration. Failure to have a completed packet and documentation will result in your child being placed on our waiting list and will risk securing a placement in our program. Registration will conclude when all "seats" are filled.

The PreK registration location will be:

Neptune City School District  
Woodrow Wilson School  
210 West Sylvania Avenue  
Neptune City, NJ 07753

3. Questions about the registration packet may be directed to the Confidential Secretary, Ms. Tracy Brand at [tbrand@neptunecityschool.org](mailto:tbrand@neptunecityschool.org) or 732-775-5319 (ext. 5001).

Sincerely,

*Pedro Garrido*

Mr. Pedro Garrido

Interim Chief School Administrator, Principal

**NEPTUNE CITY SCHOOL DISTRICT**

732-775-5319

**STUDENT ENROLLMENT AND RESIDENCY VERIFICATION FORM**

**IMPORTANT NOTICE**

**NEW STUDENT ENROLLMENT SY 2025-2026 PRE-KINDERGARTEN PROGRAM**

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? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**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 another preschool before entering preschool in Neptune City? Yes \_\_\_\_\_ No \_\_\_\_\_

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

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

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 an early intervention program? 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: \_\_\_\_\_

**PROGRAM INFORMATION**

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

**PROGRAM**

\_\_\_\_\_ English As a Second Language / Bilingual

\_\_\_\_\_ Special Education Services (check all of the following that apply)

\_\_\_\_\_ Early Intervention

\_\_\_\_\_ Speech Therapy

\_\_\_\_\_ Occupational Therapy

\_\_\_\_\_ Physical Therapy

\_\_\_\_\_ Direct Instruction

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

**LANGUAGES SPOKEN**

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

What language does you 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 PHYSICAL

Student's Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
Name of Parent/Guardian: \_\_\_\_\_ Telephone No. \_\_\_\_\_

**IMMUNIZATIONS**

IMMUNIZATION RECORD, MEDICAL EXEMPTION, OR RELIGIOUS EXEMPTION ATTACHED **(REQUIRED)**

**TUBERCULOSIS (TB) TEST\***

Date of TB test: \_\_\_\_\_  
Result of TB test: \_\_\_\_\_ mm OR \_\_\_\_\_ IGRA  
Chest X-ray Date: \_\_\_\_\_ INH Therapy: \_\_\_\_\_

*\*Required if born or transferring from a high incidence country. Exceptions: Religious Exemption OR Repeat TB testing is not required, if the student has valid documentation of a tuberculosis test regardless of when this test was done.*

**PHYSICIAN'S EXAMINATION**

Date of most recent physical exam: \_\_\_\_\_

Height (inches): \_\_\_\_\_ Weight(lbs): \_\_\_\_\_ BP: \_\_\_\_\_ / \_\_\_\_\_ Pulse: \_\_\_\_\_

**CODE TO BE USED BY PHYSICIANS:** N - No abnormalities XX- Abnormality

- |   |  |
|---|--|
| <input type="checkbox"/> Heart (murmur/rate/rhythm) _____ | <input type="checkbox"/> Orthopedic/Posture _____            |
| <input type="checkbox"/> *Eyes/Ears _____                 | <input type="checkbox"/> Lungs _____                         |
| <input type="checkbox"/> Nose _____                       | <input type="checkbox"/> Spine _____                         |
| <input type="checkbox"/> Throat _____                     | <input type="checkbox"/> Abdomen (hernia/liver/spleen) _____ |
| <input type="checkbox"/> Glands _____                     | <input type="checkbox"/> Upper extremities _____             |
| <input type="checkbox"/> Mouth/Teeth _____                | <input type="checkbox"/> Genito/urinary _____                |
| <input type="checkbox"/> Skin _____                       | <input type="checkbox"/> Lower extremities _____             |
|   | <input type="checkbox"/> General Health/Nutrition _____      |
|   | <input type="checkbox"/> Neuro _____                         |

\*Vision screening date: \_\_\_\_\_ Vision acuity: R 20/\_\_\_\_ L 20/\_\_\_\_ BOTH \_\_\_\_ Corrected? Y -or- N

\*Hearing screening date: \_\_\_\_\_ Audiometric results: R \_\_\_\_ L \_\_\_\_

**HEALTH HISTORY/GENERAL CONDITION**

**DIRECTIONS FOR PHYSICIANS:** Please list and explain.

Allergies/Sensitivities: \_\_\_\_\_

Chronic Medical Conditions: \_\_\_\_\_

Medications/Supplements/Treatments: \_\_\_\_\_

Surgical history: \_\_\_\_\_

Hospitalization: \_\_\_\_\_

Has the child ever been referred to Early Intervention (EI) for any services (e.g. physical, occupational speech therapies)? Please include the report of services. \_\_\_\_\_

Physical Education: Full activity: \_\_\_\_\_ -or- Limitations/Restrictions: \_\_\_\_\_

Plans/recommendations for school or further comments/referrals: \_\_\_\_\_

*Physician's Stamp*

Date: \_\_\_\_\_  
Examining Physician (print): \_\_\_\_\_

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

