

NEPTUNE CITY SCHOOL DISTRICT
732-775-5319
STUDENT ENROLLMENT AND RESIDENCY VERIFICATION FORM
IMPORTANT NOTICE
KINDERGARTEN ENROLLMENT PACKET SY 2025-2026

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 _____
Home: Rental Agreement _____ Lease _____ Mortgage _____ (signed & dated)
Other: Tax Bill _____ Certificate of Occupancy _____ Notarized Affidavit _____ (available in the
main office)

If you are living with someone else and the utility bills are not in your name, you must present a notarized affidavit from the home owner confirming that fact and listing all individuals residing at that address, along with two utility bills sent to that address in the home owner/leasee's name. 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 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.

<u>PROGRAM</u>	<u>GRADE LEVEL</u>
_____ 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.

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 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"/> Abdomen (hernia/liver/spleen) _____
<input type="checkbox"/> Throat _____	<input type="checkbox"/> Genito/urinary _____
<input type="checkbox"/> Glands _____	<input type="checkbox"/> General Health/Nutrition _____
<input type="checkbox"/> Mouth/Teeth _____	<input type="checkbox"/> Skin _____
	<input type="checkbox"/> Spine _____
	<input type="checkbox"/> Upper extremities _____
	<input type="checkbox"/> Lower extremities _____
	<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