

LAUREL SPRINGS SCHOOL DISTRICT
LAUREL SPRINGS NJ 08021

KINDERGARTEN/PRESCHOOL REGISTRATION

DOCUMENTS NEEDED FOR REGISTRATION

When all the required documentation is gathered and all forms are complete, please contact Jane DiOrio at 856-783-1086 X110 to schedule an appointment to complete the registration process.

****Registration is not complete until all information is received****

- Student Registration Packet
- Birth Certificate (original with raised seal)
Your child must be five (5) years of age on or before October 1 for kindergarten and four (4) years of age on or before October 1 for preschool.
- Custody Documentation (if applicable)
- Health/Immunization Record
- Transfer Card – with report card, standardized test results, school health card
- IEP or 504 Plan (if applicable)

Proof of Residency

A pupil whose parents/guardians are currently domiciled in Laurel Springs will be admitted to the school district after the parents/guardians have produced proper proof of residency as follows:

A. Residency Documentation (one of the following):

- **Homeowners must provide:** Current Property Tax Bill, Mortgage Statement or Settlement papers (new Homeowners)
- **Apartment or Rental must provide:** Current signed Lease- with all occupants listed
- **Residing with someone who is a Homeowner:** Please call 856-783-1086 X110 to request a Sworn Statement Form that will need to be completed and notarized by the homeowner. Homeowner will also have to provide the following:
Current Property Tax Bill or Mortgage Statement and Current Utility Bill
Parent/Guardian: Three forms from the list below
- **Residing with Someone who is Renting:** Please call 856-783-1086 X110 to go over paperwork

B. Residency documentation as listed above, plus three (3) of the following:

Auto Insurance ID Card

Driver's License

Bank Statement

Utility Bill (gas/electric/water/sewer/cable/cell phone)

Voter Registration

LAUREL SPRINGS SCHOOL
KINDERGARTEN/PRESCHOOL STUDENT REGISTRATION FORM

Date: _____

Student Information: Age: _____ Grade: _____

Last Name: _____

First Name: _____ Middle Name: _____

Date of Birth: ____/____/____ Age: _____ Male Female

Birth City: _____ Birth State: _____ Birth Country: _____

Address: _____

Home#: (____)- ____ - _____

Phone Number to use for school closing announcements: _____

Ethnicity: Please check all that apply

Hispanic/Latino ___ Asian ___ Black ___ American Indian ___ White ___ Pacific ___

Previous School Information (This section does not apply to kindergarten registration)

Name of School _____

Address _____

Check off any services that the student was currently receiving at previous school:

Basic Skills ___ Speech ___ 504 Plan ___ Special Education ___ (please provide us with a copy of IEP)

ESL ___ English as Second Language

Is student a military dependent?

Active Duty ___ (Active Duty Forces, Full-time, in the Army, Navy, Air Force, Marine Corps or Coast Guard)

National Guard or Reserve ___ (Member of the National Guard or Reserve Forces: Army, Navy, Air Force, Marine Corps, or Coast Guard)

Not Military Connected ___

Laurel Springs School

Parent/Guardian Information:

Name: _____

Address: (if different than student) _____

Email: _____

Employer: _____ Occupation: _____

Work Phone: _____

Name: _____

Address: (if different than student) _____

Email: _____

Employer: _____ Occupation: _____

Work Phone: _____

Marital Status of Parents: Married ____ Separated ____ Divorced ____ Single ____ Civil Union ____

Mother Deceased ____ Father Deceased ____

Student Resides with: (Please Circle All That Apply)

Both Parents Mother Father Stepmother Grandparents Guardian

Are there any custody issues or restraining orders against family or others pertaining to this student?

Yes ____ No ____ if YES, please attach a copy to this form

Doctor Emergency Information

Physician's Name: _____ Phone Number: _____

Do you have health insurance? Yes ____ No ____

If yes what is the name of your provider? _____

Laurel Springs School

Siblings/Others in Household

Name

DOB

Grade

I certify that the information provided in this registration form is true and accurate. My signature verifies that I am in compliance with the District's residency requirements and that the district has the right to perform a residency investigation. If said investigation reveals that false information is contained in this registration, the student will be ineligible to attend school in the district and penalties may be assessed to collect tuition.

Signature

Date

District Use Only

The following information has been received and verified. Copies of items noted below must be attached to this registration. Check appropriate

- | | |
|---|---|
| <input type="checkbox"/> Birth Certificate/Legal Proof of Birth | <input type="checkbox"/> Proof of Residency (4 forms) |
| <input type="checkbox"/> Immunization Records | <input type="checkbox"/> Custody Papers (if applicable) |
| <input type="checkbox"/> Signed Request for School Records | <input type="checkbox"/> Transfer Card |

Date registration completed: ____/____/____

Laurel Springs School

Who cares for your child when not in school? _____

Any pregnancy, labor, birth problems? _____

What responsibilities does your child have at home? _____

Was your child hard to care for as a baby? Yes ___ No ___

Has it been necessary for you to move frequently? Yes ___ No ___

Does your child have a regular bedtime? Yes ___ No ___
If yes, what time? _____

Does your child have nightmares? Yes ___ No ___

Does your child walk is his/her sleep? Yes ___ No ___

Are there neighborhood children his/her age to play with? Yes ___ No ___

Does your child prefer playing: Quietly inside ___ or Outdoors _____

Does your child have difficulty separating from you when left with a babysitter? Yes ___ No ___

Has your child attended a nursery school, church-related school, etc.? Yes ___ No ___
If yes, specify _____

Has your child required special services (speech, physical therapy etc.) Yes ___ No ___
If yes, specify _____

Does your child enjoy being read to? Yes ___ No ___

Is your child looking forward to going to school? Yes ___ No ___

Can your child follow simple instructions? Yes ___ No ___

Did your child sit up by himself/herself by 9 months? Yes ___ No ___
If no, please elaborate _____

Did your child walk by himself/herself by 15 months? Yes ___ No ___
If no, please elaborate _____

Is your child bothered by a noisy environment or loud noise? Yes ___ No ___

Does your child have difficulty understanding or speaking? Yes ___ No ___
If yes, describe _____

Does your child stutter or have any speech problems? Yes ___ No ___
At this time your child can do things as well as a _____-year old.

Is your child potty trained? Yes ___ No ___
If yes, at what age? _____
Bedwetting? Yes ___ No ___

Circle the words that describe your child

Large for age	Nervous/anxious	Clumsy	Generally happy
Small for age	High-strung	Loving	Cries easily
Easy to manage	Stubborn	Friendly	Daydreams
Hard to manage	Moody	Energetic	Quiet
Very particular	Shy	Has tantrums	Clingy
Short attention span	Irritable	Bossy	

Any additional information you feel would be of benefit to your child's teacher

Laurel Springs School

This information will remain confidential and is required for your child's health file

Student's Name _____ Date of Birth: ____/____/____ Sex: Male Female

Home Phone: (____) _____ - _____ Cell Phone: (____) _____ - _____

Health History (past or present- check all that apply)

- Epilepsy/Seizures Eczema/Dermatitis Sleep Problems
- Diabetes Chickenpox Tonsillectomy
- Asthma Meningitis Hearing Problems
- Kidney disorder ADHD/ADD Vision Problems
- Heart disease Mononucleosis Glasses/Contacts
- Arthritis Lyme disease Fractures
- Anxiety/Depression Constipation/Diarrhea Speech Problems
- Frequent Strep Infection Orthopedic problems Concussions/Head Injury
- Other _____

Food Allergies: Is your child allergic to any food? Yes No

Food & Reaction/ Explain: _____

Sting Allergies: Is your child allergic to any insect stings? Yes No

Insect & Reaction/Explain: _____

Drug/Medication Allergies: Is your child allergic to any medications? Yes No

Medication & Reaction/Explain; _____

Does your child keep an EPI-Pen in school? Yes No

Does your child take medication daily? Yes No

Name of Medication	Dose	Time(s)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Will your child require medication at school? Yes No

Parent/Guardian Signature: _____ Date: _____

**Laurel Springs School
Student Residency Questionnaire**

Student's Name: _____
Last name First name

Date of Birth: ____/____/____ Age: ____ Male Female

This questionnaire is intended to address the McKinney-Vento Act 42 U.S.C. 11435. The answers to this residency information help determine services the student may be eligible to receive.

1. Is your current address a temporary living arrangement? Yes No
2. Is this a temporary living arrangement due to the loss of housing or economic hardship?
 Yes No

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

If you answered NO, you may stop here.

Where is the student presently living? (Check only one box)

- 1= Shelters, transitional housing, awaiting foster care
- 2= Doubled up; sharing the housing of other persons due to economic hardship, loss of housing, or other reasons (such as domestic violence)
- 3= Unsheltered; includes cars, parks, campgrounds, temporary trailers including FEMA trailers or abandoned buildings
- 4= Hotel or Motel

I certify that the information provided here is true and correct. I understand that 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/or other costs TEC Sec 25.002(3)(d).

Signature of Parent/Legal Guardian Date: ____/____/____

District Use Only

I certify the above named student qualifies for the Child Nutrition Program under the provisions of the McKinney-Vento Act.

Signature of McKinney-Vento Liaison Date: ____/____/____

**LAUREL SPRINGS SCHOOL
MEDICAL EXAMINATION**

Student's Name: _____ Date of Birth: _____

Student's Address: _____

Physical Findings

Height: _____	Weight: _____
B.P.: _____	Ears: _____
Nose: _____	Throat: _____
Tonsils: _____	Teeth: _____
Glands: _____	Heart: _____
Lungs: _____	Abdomen: _____
Skin: _____	Posture: _____
Feet: _____	Genitalia: _____

Any serious or chronic illness(es) or allergy treated by a physician?

Remarks:

Date

Signature of Physician

Phone Number of Physician

Home Language Survey Form: Step 1

Introduction

This survey is the first of three steps to identify whether or not a student is eligible to be an English language learner (ELL).

Instructions

Start with “Question 1” and continue until the HLS is complete. Select the answer for each question and follow the instructions. When you arrive at a decision (“Proceed to Records Review Process” or “Do not proceed to Records Review Process”), the Home-Language Survey is complete.

Student Information

Student name: Student birth date:

Street Address:

City:

State:

Zip Code:

Phone number:

Survey Questions

Question 1

What was the first language used by the student?

A language other than English. Proceed to question 2a.

English. Proceed to question 2b.

Question 2a

At home, does the student hear or use a language other than English more than half of the time?

Yes. Proceed to question 7.

No. Proceed to question 4.

Question 2b

At home, does the student hear or use a language other than English more than half of the time?

Yes. Proceed to question 4.

No. Proceed to question 3.

Question 3

Does the student understand a language other than English?

Yes. Proceed to question 4.

No. Proceed to 9.

Question 4

When interacting with his/her parents or guardians, does the student use a language other than English more than half of the time?

Yes. Proceed to question 7.

No. Proceed to question 5.

Question 5

When interacting with caregivers other than their parents or guardians, does the student use a language other than English more than half of the time?

Yes. Proceed to 8.

No. Proceed to question 6.

Question 6

Has the student recently moved from another school district/charter school where he/she was identified as an English language learner?

Yes. Proceed to 8.

No. Proceed to 9.

Question 7

What are the home languages spoken? List below and proceed to 8.

8. Proceed to Step 2: Records Review Process (To be completed by

NJ Certified Staff only – Reference [ESSA ELL Entry and Exit Guidance](#), p. 4).

Home Language Survey is complete.

**9. Do not proceed to Step 2: Records Review Process.
Home Language Survey is complete. Student is not an English-
Language Learner (ELL).**

