

**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

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### 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

### Step 1: Home Language Survey (Parent/Family Version)

**Purpose:** The home language survey is used solely to offer appropriate educational services ([U.S. ED EL Toolkit](#), Chapter 1). This survey is the first of three steps to identify whether or not a student is eligible to be identified as an English language learner (ELL). "Home" is defined as a student's current place of residence.

#### Student Information:

Student Name: \_\_\_\_\_ Date of Birth (YYYYMMDD): \_\_\_\_\_

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

#### Survey Questions:

1.) List all languages used in the student's home.

\_\_\_\_\_

2.) Was the first language used by the student a language other than English?

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

3.) Does the student speak or understand a language other than English?

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

4.) When interacting with others at home (example: parents, guardians, siblings), does the student understand or use a language other than English **most of the time**?

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

5.) When interacting with others outside the home (example: friends, caregivers), does the student understand or use a language other than English **most of the time**?

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