

**LAUREL SPRINGS SCHOOL DISTRICT
LAUREL SPRINGS NJ 08021**

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)
- 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
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

☐

Birth Certificate/Legal Proof of Birth

☐

Proof of Residency (4 forms)

☐

Immunization Records

☐

Custody Papers (if applicable)

☐

Signed Request for School Records

☐

Transfer Card

Date registration completed: ____/____/____

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
623 Grand Avenue
Laurel Springs NJ 08021
856.783.1086
856.784.0474 fax

Date: _____

Name of School: _____

Fax#: _____

To Whom it May Concern:

Laurel Springs has recently enrolled the following student(s):

Name	Grade
_____	_____
_____	_____
_____	_____
_____	_____

Please forward the scholastic, health, and any Basic Skills, ESL and/or Child Study Team (IEP) records of the above listed student(s) to the address above

Thank you for your cooperation in responding to this request.

AUTHORIZATION TO RELEASE PUPIL RECORDS

I have enrolled my child(ren) in the Laurel Springs School District and authorize the release of scholastic, health, and other pertinent records.

Parent/Guardian Name (please print)

Parent/Guardian Signature

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