



**KINDERGARTEN PRE-REGISTRATION  
FOR THE 2018-2019 SCHOOL YEAR**

Students entering Kindergarten must be five (5) years old by October 15, 2018.

Once you have completed the packet and have all of the necessary documents together, please call the Central Registration Office at 732-531-5600, ext 3116 to set up an appointment. **Appointments are required.**

Registration packets are available from the Central Registration Office or may be downloaded from our website: [www.oceanschools.org](http://www.oceanschools.org). Completed registration packets must be returned to the Central Registration Office at the time of registration.

In addition to the completed registration packet the following documents (must be originals) are requested at the time of registration. The Registrar will photocopy the documents for school records and will return the originals to the parent/guardian.

❖ **Proof of Residency\***

- Tax bill, deed, or mortgage statement for homeowners; a current lease for renters along with Sworn Statement of Tenancy (last page of the registration packet)  
**AND**
- Two of the following: Electric, gas, water, sewer, cable, phone bill

❖ **Birth Certificate for the Student** – Original must be provided within 30 days of initial enrollment pursuant to N.J.S.A. 18A:36-25.1

❖ **Health record** – Absence of student medical information will not affect a student's eligibility to enroll in school, although actual attendance at school may be deferred as necessary in compliance with rules regarding immunization of students, N.J.A.C. 8:57-4.1 et seq.

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*\*If you are unable to submit the proofs of residency noted above because you have recently moved into Ocean Township, are living with family or friends who are Ocean Township residents, the lease is not in your name or your child lives with an Ocean Township resident other than his/her parent or guardian, you must contact Mrs. Amato in the Superintendent's Office at (732) 531-5600, ext. 3000 prior to registration.*

**Final step in the registration process: Kindergarten Skills Check – May 30, 2018.**

- All children entering kindergarten are **required** to have a "Skills Check." Skills Checks will be held at your child's elementary school on May 30, 2018.
- Parent/Guardian: You are **required** to attend with your child.
- You will receive specific information in the mail from your elementary school with times and instructions.

An extended care program for kindergarten students will be available through Project Extend. Additional information is available at [www.oceantwp.org](http://www.oceantwp.org).

**SECTION I  
STUDENT/FAMILY INFORMATION**

<b>For Office Use Only</b> <b>Date of Application for</b> <b>Enrollment_____</b>
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**ENROLLING STUDENT:** Please **print** all Information

Student's Last Name: \_\_\_\_\_  
(As it appears on Birth certificate)

Student's First Name: \_\_\_\_\_  
(As it appears on Birth certificate)

Middle Name or Initial: \_\_\_\_\_  
(As it appears on Birth certificate)

Student's Nickname: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

City of Birth: \_\_\_\_\_

State of Birth: \_\_\_\_\_

Country of Birth: \_\_\_\_\_

Gender:  Male  Female

Grade Level: **Kindergarten 18-19**

Ethnicity (Check one):

- Alaskan Native/American Indian     Asian     Black/Not Hispanic     Hawaiian/Pacific Islander  
 Hispanic/Latino     White/Not Hispanic Origin

**CURRENT ADDRESS:**     Own     Lease/Date Lease Expires \_\_\_\_\_

Street: \_\_\_\_\_

Apt. Number: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

How long have you lived at this address? \_\_\_\_\_ years \_\_\_\_\_ months

Primary Phone: \_\_\_\_\_



**MAILING ADDRESS (if different from current address):**

Street: \_\_\_\_\_

Apt. Number: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

**PREVIOUS ADDRESS:**

Street: \_\_\_\_\_

Apt. Number: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

How long did you live at this address: \_\_\_\_\_ years \_\_\_\_\_ months

**PARENT/GUARDIAN INFORMATION:**

Name of Person Enrolling Student: \_\_\_\_\_

Relationship to Student if other than Parent: \_\_\_\_\_

- This child lives with (check one):
- Both Parents
  - Parent 1 only
  - Parent 2 only
  - CP&P Placement
  - Parent 1 and Step-parent
  - Parent 2 and Step-parent
  - Foster Home
  - Guardian

(The information below must be filled out for **both** parents. If student has a guardian, parent information **must also** be completed. Thank you)

Parent 1's Name: \_\_\_\_\_  
(Last) (First)

Parent 1's Address: \_\_\_\_\_  
\_\_\_\_\_

Parent 1's Day Phone (during school hours): \_\_\_\_\_

Parent 1's Home Phone: \_\_\_\_\_ Parent 1's Cell Phone: \_\_\_\_\_

Parent 1's E-mail address: \_\_\_\_\_

Parent 1's Employer: \_\_\_\_\_

Parent 1's Work Phone: \_\_\_\_\_

Parent 2's Name: \_\_\_\_\_  
(Last) (First)

Parent 2's Address: \_\_\_\_\_  
\_\_\_\_\_

Parent 2's Day Phone (during school hours): \_\_\_\_\_

Parent 2's Home Phone: \_\_\_\_\_ Parent 2's Cell Phone \_\_\_\_\_

Parent 2's E-mail address \_\_\_\_\_

Parent 2's Employer: \_\_\_\_\_

Parent 2's Work Phone: \_\_\_\_\_

Step-Parent's Name (if applicable): \_\_\_\_\_  
(Last) (First)

Step-Parent's Cell Phone: \_\_\_\_\_

Step-Parent's Employer: \_\_\_\_\_

Step-Parent's Work Phone: \_\_\_\_\_

**If the student's parents are domiciled in different districts, regardless of which parent has custody, please answer the following questions:**

Is there a court order or written agreement between the parents designating the district for school attendance and if so, where does it require the student to attend school? (You will be required to provide a copy of this document.)  No  Yes/district for school attendance \_\_\_\_\_

Does the student reside with one parent for the entire year? If so, with which parent and at what address? \_\_\_\_\_

If not, for what portion of time does the student reside with each parent and at what addresses? \_\_\_\_\_  
\_\_\_\_\_

If the student lives with both parents on an equal-time, alternating week/month or other similar basis, with which parent did the student reside on the last school day prior to October 16 preceding the date of this application? \_\_\_\_\_

**Please note:** If Ocean Township is the district of domicile for school attendance purposes, the district is not legally obligated to provide transportation to any student residing outside the district, even on a part-time basis. The district will only provide transportation during those times during which the student is residing at an address in Ocean Township.

**GUARDIAN INFORMATION (complete only if child does not reside with a parent)**

Guardian's Name: \_\_\_\_\_  
(Last) (First)

Guardian's Relationship to student: \_\_\_\_\_

Guardian's Address: \_\_\_\_\_  
\_\_\_\_\_

Guardian's Day Phone (during school hours): \_\_\_\_\_

Guardian's Home Phone: \_\_\_\_\_ Guardian's Cell Phone \_\_\_\_\_

Guardian's E-mail address: \_\_\_\_\_

Guardian's Employer: \_\_\_\_\_

Guardian's Work Phone: \_\_\_\_\_

Please complete the following if the child has been placed with the above named Guardian by a State agency:

Agency Name: \_\_\_\_\_

Have parental rights been terminated in favor of the Guardian? Y \_\_\_\_\_ N \_\_\_\_\_

If "yes" on what date? \_\_\_\_\_

**BROTHERS AND SISTERS ENROLLED IN OUR DISTRICT:**

Name \_\_\_\_\_ Birthdate \_\_\_\_\_ School \_\_\_\_\_

Name \_\_\_\_\_ Birthdate \_\_\_\_\_ School \_\_\_\_\_

Name \_\_\_\_\_ Birthdate \_\_\_\_\_ School \_\_\_\_\_

Name \_\_\_\_\_ Birthdate \_\_\_\_\_ School \_\_\_\_\_

**OTHER INFORMATION**

Primary Language of Child: \_\_\_\_\_

Native Language Spoken by Parent/Guardian: \_\_\_\_\_

Language Spoken in the Home: \_\_\_\_\_

**EMERGENCY CONTACTS/HEALTH INFORMATION**

**Name of Contact #1**

**Other than parent:** \_\_\_\_\_  
(Last) (First)

Relationship to Student \_\_\_\_\_

Phone Number (during school hours): \_\_\_\_\_

**Name of Contact #2**

**Other than parent:** \_\_\_\_\_  
(Last) (First)

Relationship to Student \_\_\_\_\_

Phone Number (during school hours): \_\_\_\_\_

**Is there any individual NOT permitted to have contact with your child?**

Name: \_\_\_\_\_

Why? \_\_\_\_\_

Is there a restraining order in place against any individual? \_\_\_\_\_ [if yes, please attach a copy of the restraining order].

Are there other Court documents, relating to who can and cannot have contact with the student? \_\_\_\_\_ [if yes, please attach copies of applicable Court documents].

**HEALTH INFORMATION**

Name of Student's Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Student's Dentist: \_\_\_\_\_ Phone: \_\_\_\_\_

Does this child have health insurance? Y \_\_\_\_\_ N \_\_\_\_\_

If "Yes" what is the name of the insurance company? \_\_\_\_\_

If "No" would you like information about NJ Family Care? Y \_\_\_\_\_ N \_\_\_\_\_

**RESTRICTIONS:**

Does your child have any health or social restrictions? Y \_\_\_\_\_ N \_\_\_\_\_

If yes – please explain:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SECTION II**  
**EDUCATIONAL INFORMATION**

**PREVIOUS SCHOOL DISTRICT ATTENDED BY THE STUDENT: (Please Print)**

School/District: \_\_\_\_\_

Address: \_\_\_\_\_ Grade(s): \_\_\_\_\_

\_\_\_\_\_

Phone Number: \_\_\_\_\_

**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 \_\_\_\_\_

If "Yes" what grade? \_\_\_\_\_

Has your child been evaluated by a Child Study Team? Yes \_\_\_\_\_ No \_\_\_\_\_

Does your child have any learning difficulties? Yes \_\_\_\_\_ No \_\_\_\_\_

Was your child enrolled in a special education class or resource room? Yes \_\_\_\_\_ No \_\_\_\_\_

Explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**ADDITIONAL INFORMATION**

Please provide any additional information not already requested about your child and his/her education, social or emotional needs.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



**EDUCATIONAL PROGRAM INFORMATION**

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

<b><u>PROGRAM</u></b>	<b><u>GRADE LEVEL</u></b>
____ Basic Skills Improvement Program or Small Group Instruction	_____
____ English As a Second Language/Bilingual	_____
____ Gifted and Talented	_____
____ County Vocational School	_____
____ Special Education Services (Check only the ones that apply)	_____
____ Early Intervention	_____
____ In-Class Support	_____
____ Resource center replacement	_____
____ Self-contained class	_____
____ 504 Plan	_____
____ Speech Therapy	_____
____ Other _____	_____
____ Attached is a copy of my child's IEP	_____

Is your child currently in an "out-of-district" placement? Y\_\_\_\_ N\_\_\_\_

Name of School: \_\_\_\_\_

**TOWNSHIP OF OCEAN SCHOOL DISTRICT**  
**Office of World Cultures**  
 500 West Park Avenue  
 Oakhurst, New Jersey 07755  
 Phone: 732-531-5650 x 1048

**JOHN BOSMANS**  
 Supervisor of World Cultures

**HOME LANGUAGE SURVEY**

Dear Parents/Guardians:

It is required by New Jersey Administrative Code (N.J.A.C. 6A:15-1.3) that each school district will collect a Home Language Survey form to identify students who may need to be assessed for English Language Proficiency. In order to meet this state requirement, your cooperation in completing this form is greatly appreciated.

Sincerely,  
 JOHN BOSMANS  
 Supervisor of World Cultures

**PLEASE PRINT CLEARLY AND FILL IN FORM COMPLETELY.**

Student's Name:		Grade: <b>KDG-18-19</b>
Student's Place of Birth	[City] [State] [Country]	
Year of Entry into the U.S.:	[Month] [Year]	
First Date of Entry in a U.S. School	[Month] [Year]	
Relationship of Person Completing Survey <input type="checkbox"/> Parent 1 <input type="checkbox"/> Parent 2 <input type="checkbox"/> Guardian <input type="checkbox"/> Other <i>Specify</i>		

**Directions:** Check the correct response for each of the following questions

- |  | English | Other |
|--|---------|-------|
| 1. What language did the child learn when he/she first began to talk?                      | [ ]     | [ ]   |
| 2. What language does the family speak at home most of the time?                           | [ ]     | [ ]   |
| 3. What language does the parent (guardian) speak to the child most of the time?           | [ ]     | [ ]   |
| 4. What language does the child speak to his/her parent (guardian) most of the time?       | [ ]     | [ ]   |
| 5. What language does the child speak to his/her brothers and/or sisters most of the time? | [ ]     | [ ]   |
| 6. What language does the child speak to his/her friends most of the time?                 | [ ]     | [ ]   |

Your answers to the above questions will help us begin the process of determining the best program of instruction for your child. Please write the name of the "Other" language in which you indicated above:

Other Language: \_\_\_\_\_

SIGNATURE	
Signature of Person Completing Survey	Date Signed

**SECTION III**  
**REQUIRED SIGNATURES & CERTIFICATIONS**  
**(PLEASE SIGN IN FRONT OF REGISTRAR)**

**Electronic Devices & Internet Access**

As the parent/guardian of this student you will receive a copy of the school district's current Student and Parent Handbook and Technology Agreement from your student's Principal's office. Please review the following important information and sign the line provided below:

- I understand that Electronic devices such as CD/DVD players, recording devices, radios, beepers, and laser pointers are not permitted in school. Students in possession of these items will have them confiscated and they will be returned only to a parent/guardian.
- I understand that the school district provides internet access solely for education purposes, but that it may not be possible to restrict access to all controversial materials on the internet. I agree to hold the Ocean Township School District, its employees, and its contractors unaccountable 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 Ocean Township School District to permit my child to access the internet.
- I have received a complete copy of Ocean Township Policy No. 5512, Harassment, Intimidation & Bullying. I will review this Policy and I understand that all of the protections and obligations in that Policy will apply to my student.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

**REGISTRATION CERTIFICATION**

As the parent or guardian of this student, I hereby request enrollment of the named child in the Ocean Township School District, Monmouth County, New Jersey. I certify that my child is eligible for a free public education in the Ocean Township School District either by virtue of legal residency within the district or a formal arrangement between the Ocean Township 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.

I further give my permission to disclose information from my child's education records to local, state, and federal agency representative for the sole purpose of Medicaid reimbursement of related services described in my child's Individual Education Plan (IEP) if applicable.

I further understand that the School Health Examination form is required for enrollment, and that until this form is submitted and approved by our nursing staff my child will not be allowed to participate in district athletic programs.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

