

Student's Name

Date of Registration

Checked by

I  Registration form completed in its entirety and signed.

Proof of age presented, verified, and copy attached.

II  Emergency form completed in its entirety and signed.

III  Residency statement completed in its entirety.

Copies of the following three (3) proofs of residency are attached.

<input type="text"/>	1. <input type="text"/>	2. <input type="text"/>
<input type="text"/>	3. <input type="text"/>	

IV  Landlord statement completed in its entirety, signed, and notarized (renters only).

V  Health history form completed and signed.

VI  Medical Examination form completed in its entirety and signed by physician.

VII  Proof of immunizations signed by physician and verified by nurse.

Transfer  
students  
only

Transfer card received

Date records sent for:

Grade & homeroom assignment:

H.S.  C.P.H.S. tuition letter issued.

## LEGAL NOTICE

The policies of the Fairview Board of Education require that certain documentation regarding the residency of students' parents and/or guardians be submitted as part of the registration process. This documentation consists of such sworn statements as an affidavit by the Fairview resident parent/guardian who supports the student and by the Landlord of the resident parent/guardian. *Please note that additional information may be required.*

**TAKE NOTICE THAT** under New Jersey Statutes Annotated (N.J.S.A. 18A) the Board of Education may choose to contest this documentation before the New Jersey Commissioner of Education. If so, you will be required to prove that your child is legally eligible to attend the local public schools. *If your child is enrolled in the local schools and your evidence is found to be insufficient, the Commissioner may assess you a portion or all of a year's annual tuition, currently set at \$8,500 per year.*

**TAKE FURTHER NOTICE THAT** *any person or persons, including a landlord, who fraudulently allows a child of another person to use his or her residence or address and is not the primary financial supporter of that child and/or any person who fraudulently claims to have given up custody of his or her child to a person in another district commits a CRIMINAL OFFENSE which is punishable under the law.*

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**PRELIMINARY INFORMATION: PLEASE READ CAREFULLY BEFORE PROCEEDING**

The questions asked in the following pages will enable us to determine your child's eligibility to attend school in this district in accordance with New Jersey law. *Please be aware that N.J.S.A. 18A:38-1 and N.J.A.C. 6A:28-2 specify that a free public education will be provided to any student between the ages of 5 and 20 who is:*

- Ⓢ Domiciled in the district, i.e., living with a parent or guardian whose permanent home is located within the district. A home is permanent when the parent or guardian intends to return to it when absent and has no present intent of moving from it, notwithstanding the existence of homes or residences elsewhere.
- Ⓢ Living with a person, other than the parent or guardian, who is domiciled in the district and is supporting the student without compensation, as if the student were his or her own child, because the parent cannot support the child due to family or economic hardship.
- Ⓢ Placed in the home of a district resident by court order pursuant to *N.J.S.A. 18A:38-2*.

The following forms of documentation may demonstrate a student's eligibility for enrollment in the district. Please provide three (3) forms of identification, from the list below, which state the name of the person registering the student and your current address.

- Ⓢ Property tax bills, deeds, contracts of sale, leases, mortgages, notarized statement from landlords and other evidence of property ownership, tenancy or residency.
- Ⓢ Voter registrations, licenses, permits, financial account information, utility bills, delivery receipts, and other evidence of personal attachment to a particular location.
- Ⓢ Court orders, state agency agreements and other evidence of court or agency placements or directives.
- Ⓢ Receipts, bills, cancelled checks and other evidence of expenditures demonstrating personal attachment to a particular location, or, where applicable, to support of the student.
- Ⓢ Affidavits, certifications and sworn attestations pertaining to statutory criteria for school attendance, from the parent, legal guardian, person keeping an "affidavit student," adult student, person(s) with whom a family is living, or others, as appropriate.

You will *not* be asked for any information or document protected from disclosure by law, or pertaining to criteria which are not legitimate bases for determining eligibility to attend school. You may *voluntarily* disclose any document or information you believe will help establish that the student meets the requirements of law for entitlement to attend school in the district, but *we may not, directly or indirectly, require or request the following:*

- Ⓢ Income tax returns
- Ⓢ Documentation or information relating to citizenship or immigration/visa status, unless the student holds or is
- Ⓢ Documentation or information relating to compliance with local housing ordinances or conditions of tenancy;
- Ⓢ Social security numbers.

**Please be aware that any initial determination of the student's eligibility to attend school in this district is subject to more thorough review and subsequent re-evaluation, and that tuition may be assessed in the event that an initially admitted student is later found ineligible. If your child is found ineligible, at any time, you will be provided the reasons for our decision and instructions on how to appeal.**

**Child**

Last Name  First Name  Middle Name

Date of Birth Month  Day  Year  Age

Fairview Address  Apt. or Floor

Gender  Race / Ethnicity  Child speaks fluent English?  Child's Native Language  Country of origin

**Parents / Guardians**

	Mother	Father	Guardian
Name	<input type="text"/>	<input type="text"/>	<input type="text"/>
Address	<input type="text"/>	<input type="text"/>	<input type="text"/>
Rent/Own	<input type="text"/>	<input type="text"/>	<input type="text"/>
Home Phone (incl. Area Code)	<input type="text"/>	<input type="text"/>	<input type="text"/>
Cell Phone (incl. Area Code)	<input type="text"/>	<input type="text"/>	<input type="text"/>

Previous School District

Previous Address

Living with family member or friend?  Circle One Yes No

**If "Yes" please forward this application to the Central Office.**

	Name of Child	Date of Birth	Grade	Current School
Siblings	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

I certify that all of the information contained in this application is true under the penalties as prescribed by the laws of the State of New Jersey and the United States Government.

Signature of Parent / Guardian completing this registration form

Date

**Child**

Name

Child's Physician

Physician's Phone Number

Child's Allergies

Medications

**Parents / Guardians**

	Emergency Contact #1	Emergency Contact #2	Emergency Contact #3
Name			
Relationship			
Address			
Home Phone (incl. Area Code)			
Cell Phone (incl. Area Code)			
Business Phone (incl. Area Code)			

**Other Children in the Family Attending Fairview Schools**

Names of brothers and sisters	Grade	School	Names of brothers and sisters	Grade	School

**Please note:** In certain situations, such as Emergency School Closings (also known as "Snow Days"), parents/guardians will be contacted by automated phone as soon as possible. Please indicate below if you give permission to release your telephone number to the PTA and other responsible individuals for the purpose of emergency contacts. Parents and guardians are assured that phone numbers are **never** released for any other purpose.

I DO GIVE

I DO NOT GIVE

my consent for the release of my phone information.

Signature of Parent / Guardian completing this Emergency Form

Date

Students Full  
Name

I, the parent / guardian of the student listed above hereby pledge that we do reside in the Borough of Fairview and that we satisfy all residency requirements as established by district policy and regulations.

I understand that if the residency information that I am providing is found to be false or if I do not notify the Fairview Public Schools of any residency change, I will be responsible for all the tuition costs and fees paid by the Fairview Board of Education in addition to any legal fees that may be incurred. I further understand that the current tuition rate is \$10,500 per year.

I own this property.

I rent this property.\*\*

Parent/Guardian  
Signature

Date

Relationship to Student

Sworn and subscribed to  
me on (date)

Notary Name and  
Address

Notary Seal

**\*\* If you are currently renting this property you must complete Part IV.**

Full name of landlord

Name of tenant(s)

Address of Tenant(s)

Names of child(ren) residing with tenant(s)

**I, the owner of the property listed above, hereby affirm that the parent(s) / guardian(s) and the child(ren) listed above do reside in the Borough of Fairview at the address listed.**

**Further, I understand that any person –including landlords– who fraudulently allows a child of another person to use his or her residence or address and is not the primary financial supporter of that child and/or any person who fraudulently claims to have given up custody of his or her child to a person in Fairview commits a CRIMINAL OFFENSE which is punishable under the law.**

Landlord's Signature

Date

Sworn & subscribed to me on (date)

Name of Notary

Address of Notary

Notary Seal

Child's  
 Last Name  First Name  Middle Name

Yes  No Is your child currently under the care of a medical doctor? If yes, for what reason?

Yes  No Is your child currently under the care of an orthodontist? If yes, for what reason?

Yes  No Does your child take any medication on a daily basis? If so, what and for what reason?

Yes  No Does your child have any condition which prevents participation in physical education classes?  
 If yes, please explain.

**Does your child have or ever had:**

Allergies	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Mononucleosis	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Asthma	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Muscular problems	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Bronchitis	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Nosebleeds	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Chicken pox	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Orthopedic problems	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Congenital defects	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Pneumonia	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Contact lenses	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Rheumatic Fever	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Diabetes	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Seizures	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Eye glasses	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Serious injury	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Headaches	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Serious illness	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Hearing aid	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Sore throats	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Hearing problems	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Tendency to bleed	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Heart condition	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Tuberculosis	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Hepatitis	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Vision problems	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

If yesto any of the above, please explain.

***Please notify the School Nurse of any medical problems, serious illness, communicable disease, or if your child receives any immunizations. Also, please note that New Jersey law requires both doctor and parent permission for taking medication in school. Without permission letters the nurse can not give the medication to your child even if you send it to school.***

I certify that all of the information contained in this application is true under the penalties as prescribed by the laws of the State of New Jersey and the United States Government.

Signature of Parent / Guardian completing this health form.

Date



### Section I

**Child**  
 Last Name  First Name  Middle Name

**Gender** Male  Female  **Date of Birth** (Month / Day / Year)

**Name of Parent / Guardian**  **Home Phone**

**Health Insurance** YES  NO  **Name of carrier**

I give consent for my child's Health Care Provider and Child Care Provider/School Nurse to discuss the information on this form.

**Parent Signature**  **This form may be released to WIC** YES  NO

### Section II

Date of Physical Exam		Results of exam normal?	YES		NO	
Abnormalities noted:			Weight (Must be taken within 30 days for WIC)			
			Height (must be taken within 30 days for WIC)			
			Head Circumference (if, 2 years)			
			Blood Pressure (if > 3 years)			

### MEDICAL CONDITIONS

Chronic Medical Conditions/Related Surgeries *List medical conditions/ongoing surgical concerns	None			Special care plan attached.	
Medications/Treatments *List medications/treatments	None			Special care plan attached.	
Limitations to Physical Activity limitations/special considerations *List	None			Special care plan attached.	
Special Equipment Needs *List items necessary for daily activities.	None			Special care plan attached.	
Allergies/Sensitivities *List allergies	None			Special care plan attached.	
Special Diet/Vitamin & Mineral Supplements *List dietary specifications.	None			Special care plan attached.	
Behavioral Issues/Mental Health Diagnosis behavioral/mental health issues/concerns. *List	None			Special care plan attached.	
Emergency Plans *List emergencyplan that may be necessary w/symptoms.	None			Special care plan attached.	

### PREVENTIVE HEALTH SCREENINGS

Type Screening	Date	Record Value	Type Screening	Date	Record Value
Hgb/Hct			Hearing		
Lead <input type="checkbox"/> Capillary <input type="checkbox"/> Venous			Vision		
TB (mmof Induration)			Dental		
Other:			Developmental		
Other:			Scoliosis		

I have examined the above student and reviewed his/her health history. It is my opinion that he/she is medically cleared to participate fully in all child care/school activities, including physical education and competitive contact sports, unless noted.

Name of Health Care Provider (Print)		
Signature/Date		

Student	Nurse's Verification		Date:			
Immunization Requirements		Date #1	Date #2	Date #3	Date #4	Date #5
Diphtheria, Tetanus, Pertussis (DTP, DTaP)						
Inactivated Poliovirus (IPV, OPV)						
MMR (measles, Mumps, Rubella)						
Hepatitis A						
Hepatitis B						
Varicella						
Haemophilus Influenza Type B (After Age 1)						
Lead Level						
PCV (After Age 1)						
MCV (Age 11)						
Tdap (Age 10)						
Flu Vaccine (Between Sept. 1 and Dec. 31)						
HPV 3						
TB Test - Mantoux						

Physicians Signature \_\_\_\_\_

Date \_\_\_\_\_