

District Office

130 Hamilton Ave Fairview, NJ 07631
Phone (201) 943-1699 Fax (201) 840-7754



Student Name _____

NEW AND RE-ENTRY STUDENT REGISTRATION 2022-2023

Lincoln School

Grades 5-8

Phone: 201-943-0560

Lincoln Annex

Kindergarten

Phone: 201-943-1699

Three School

Grades 2-4

Phone: 201-943-0563

Three School Annex

Pre-K & Grade 1

Phone: 201-313-0249

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Student Name _____
STAFF USE ONLY

Registration Information/Checklist

The following is a list of documents that must be presented to finalize the enrollment of your child(ren) into the Fairview School District.

Please Note: All items below MUST BE SUBMITTED, or your registration will not be processed. NO EXCEPTIONS

_____ Application for Enrollment (One per student) – Registration Packet

_____ Original Child’s Birth Certificate

_____ Current Parent/Guardian Photo Identification

_____ Medical Records

_____ Record of Immunizations – NJ State Law prohibits student from entering school without a Record of Immunization. Documentation must have the student’s legal name

Pre-K	DPT (4)	
	POLIO (3)	
	MMR (1)	
	HIB(1)	
	HEP B (ALL)	

Kindergarten - Grade 8	DPT (5)	
	POLIO (4)	
	MMR (2)	
	HIB(1)	
	HEP B (ALL)	

MANTOUX TEST RESULTS

VARIVAX (1)

_____ Health Assessment

_____ Universal Health Form (Physical)

_____ Transfer Card from Previous School with NJ State ID# - If Applicable

_____ Recent Report Cards

_____ Transcript

_____ ISP/IEP/504 Plan – If Applicable

_____ Court & Legal Documents

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APPLICATION FOR ENROLLMENT – ONE FOR EACH STUDENT

This page to be completed by Fairview District Personnel

Realtime	Has the student ever been enrolled in the Fairview School District? _____ Yes _____ No	_____ CST REQUEST _____ IEP _____ 504 _____ Residency Request Dependent: _____ Member of Armed Force _____ Member of National Guard/Reserve
Registration Date:	Has the Student ever Enrolled in a NJ School? _____ Yes _____ No	
_____ SPECIAL EDUCATION PROGRAM _____ BILINGUAL, ESL, OR ELL PROGRAM (REMEDIAL MATH/LANGUAGE ARTS) _____ COMPENSATORY EDUCATION PROGRAM _____ MCKINNEY-VENTO YES NO Refer to Mrs. Yelegen _____		
REGISTRAR NAME:		DATE:
Entry Code:	Early Intervention Program: _____ Yes _____ No	School:

3 TOTAL ACCEPTABLE PROOF OF RESIDENCY:

ONE MAIN PROOF OF RESIDENCY:

_____ DEED _____ CURRENT PROPERTY TAX BILL _____ CURRENT LEASE _____ AFFIDAVITS
_____ MORTGAGE STATEMENT

TWO SECONDARY PROOFS OF RESIDENCY:

_____ GAS/ ELECTRIC BILL _____ WATER BILL _____ PAYSTUB _____ CABLE BILL
_____ CREDIT CARD BILL _____ INSURANCE BILL _____ CELL PHONE BILL _____ MEDICAL
_____ BANK STATEMENT _____ GOVERNMENT LETTER _____ DRIVERS LICENSE

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Fairview
Public School District

Student Name _____

THIS PORTION OF PACKET TO BE COMPLETED BY PARENT/GUARDIAN STUDENT INFORMATION

STUDENT FIRST NAME: (FROM BIRTH CERTIFICATE)	STUDENT LAST NAME:		MIDDLE INITIAL	GENDER M _____ F _____ Other _____
STUDENT'S HOME ADDRESS:	APT #	CITY	STATE	ZIP CODE:
STUDENT'S MAILING ADDRESS:	APT #	CITY	STATE	ZIP CODE
NAME OF PARENT(S)/GUARDIAN:		PRIMARY/HOME NUMBER:		
PERSON ENROLLING STUDENT		PHONE NUMBER	RELATIONSHIP	
EMAIL ADDRESS:		WORK NUMBER	CELL NUMBER	

In accordance with required Federal Standards [See 1997Standards, 62 FR 58789 (October 30, 1997)], educational institutions are requiring collecting racial and ethnic data in the following manner:

Ethnicity (Must Check One) _____Hispanic _____Non-Hispanic

Race: (Must Check One). _____White _____Black/African American. _____American Indian/Alaskan Native _____Asian
_____Native Hawaiian/Pacific Islander _____Latino/Hispanic

GRADE	AGE	BIRTHDATE	CITY OF BIRTH	STATE OF BIRTH	COUNTRY OF BIRTH
FIRST ENTRY DATE INTO US SCHOOL	STUDENT LANGUAGE	NATIVE LANGUAGE SPOKEN		HOME LANGUAGE	

NAME OF ADDRESS OF THE SCHOOL STUDENT ATTENDED IN CURRENT/PREVIOUSLY YEAR:

SCHOOL NAME: _____

ADDRESS: _____

GRADE STUDENT WAS IN CURRENT/PREVIOUSLY YEAR: _____

DATE OF THE LAST DAY OF ATTENDANCE IN CURRENT/PREVIOUSLY SCHOOL YEAR: _____

Homeless? _____ If yes, Shared Housing: _____ Hotel/Motel: _____ Other: _____

Primary nighttime residence: Shelter _____

Last Permanent Address: _____

NAME OF STUDENT:	DOB:	GRADE:
ADDRESS:	HOME NUMBER:	

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Public School District

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NAME OF STUDENT:	DOB:	GRADE:
ADDRESS:		HOME NUMBER:

EMERGENCY CONTACTS

Name of 3 persons (Relatives or Neighbors) authorized by Parent/Guardian and willing to assume temporary responsibility in case of emergency when parents/guardians cannot be reached by phone.

NAME:		PICKUP: ____ YES ____ NO
ADDRESS:		
RELATIONSHIP TO STUDENT:	PHONE NUMBER:	CELL NUMBER:
NAME:		PICKUP: ____ YES ____ NO
ADDRESS:		
RELATIONSHIP TO STUDENT:	PHONE NUMBER:	CELL NUMBER:
NAME:		PICKUP: ____ YES ____ NO
ADDRESS:		
RELATIONSHIP TO STUDENT:	PHONE NUMBER:	CELL NUMBER:

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Student Name _____

I, _____ Hereby certify that the statements hereinafter set forth are true:
(Name of Parent/Legal Guardian)

I am the _____ of _____ is an
(Father, Mother, Legal Guardian) (Student Name and Age)

applicant for admission in the Fairview Public School.

This applicant/student resides with me and _____
(List all Individuals with whom resides)

At _____ in the Borough of Fairview. We
have been in the actual residence at this address since _____.

Does the Student reside with one Parent/Guardian for the entire year? Yes _____ NO _____

COURT ORDERS:

Are there any legal orders restricting contact or communication with any person or organization relative to the child?

- Yes
- No

If yes, a copy of the legal document must be provided.

Verification of custody documents by the registrar: FOR OFFICE USE ONLY

I _____ certify that I have received and read custody documents issued by a court of law in the United States as they relate to the above child.

Fairview Public Schools will adhere to the attached court order as written. In the event the status of the court order changes, Parents/Guardian must share a new court order with the registration office to effect any changes in the student(s)'s record.

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LIST OF BROTHERS AND SISTERS IN THE FAIRVIEW SCHOOL DISTRICT

NAME	SCHOOL	AGE	GENDER	GRADE

MOTHER/GUARDIAN/STEP-PARENT/FOSTER-PARENT/DCP&P

FATHER/GUARDIAN/STEP-PARENT/FOSTER-PARENT/DCP&P

NAME:	NAME:
WORK NUMBER:	WORK NUMBER:
CELL NUMBER:	CELL NUMBER:
EMAIL ADDRESS:	EMAIL ADDRESS:

FAMILY 2 – INFORMATION – IF PARENT/GUARDIAN IS LIVING SEPARATELY

PARENT/GUARDIAN - RELATIONSHIP TO STUDENT ____MOTHER ____FATHER____LEGAL GUARDIAN____FOSTER PARENT____DCP&P		
FIRST NAME:	LAST NAME:	MIDDLE INITIAL:
MAILING ADDRESS:		
PRIMARY PHONE NUMBER:	CELL PHONE	EMAIL ADDRESS:
____EXTRA MAILING.____CONTACT NOT ALLOWED.____RECEIVE REPORT CARDS. ____RECEIVE EMAIL/PHONE NOTIFICATION.____ALLOW WEB ACCESS		
Reason: Divorced____Separated____Other: _____		

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Student Name _____

HOME LANGUAGE SURVEY Parent/Guardian Language Questionnaire

NAME OF STUDENT:	DOB:	GRADE:
ADDRESS:		HOME NUMBER:

The Education Code requires schools to determine the language spoken at home by each student registered in the Fairview School District. This information helps us provide the appropriate instruction for all students. The questions should be completed by the Primary caregiver.

Date: _____ **School:** _____

Student's Name: _____ Age: _____

Person completing the survey: _____ Mother _____ Father _____ Grandparents _____ Guardian _____ Other

Please tell us about your child:

1. What language did the child learn when he/she first began to talk? _____
2. What Language(s) does the family speak at home most of the time? _____
3. What language(s) does the primary caregiver (s) speak to the child most of the time? _____
4. What language does the child speak to his/her primary caregiver most of the time? _____
5. What language(s) does the child speak to his/her brothers and sisters most of the time? _____
6. What language does the child speak to his/her friends most of the time? _____
7. Please list any previous ESL/Bilingual program attended, if any:
 - a. Place: _____
 - b. Dates attended: _____
8. In which language do you wish to receive school communication? _____
9. What name do you use for your child (if different from above)? _____

Parent/Guardian Signature _____ Date: _____

Parent/Guardian _____

(Please Print Name)

****Refer to Ms. Sylvia Gonzalez

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Student Name _____

(To be completed by the landlord of parents or guardians who are providing proof of residency for a rental.)

I, _____, am the lawful owner or legal representative of the residential property located at the following address:

This residence or residential unit is currently under lease from and occupied by

for a period of (dates) _____ to _____.

The answers provided above are absolutely true and entitles the child/children of the above tenant to a tuition-free education in the Township of Fairview. I understand the above information is being relied upon by the Fairview Board of Education to determine a student's residency in Fairview. I fully understand that any false answers provided above are subject, if proven false, to punitive action. (N.J.S.A. 2C:28-2) 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 tuition costs (\$14,724) and fees paid by the Fairview Board of Education in addition to any legal fees that may be incurred.

***This document must be notarized by a Notary Public of the State of New Jersey. (See Below)**

Landlord's Signature

Address

City

State

Print Name

Telephone Number

Cell Number

*Sworn to and subscribed before me on this _____ day of _____, 20____.

Notary Seal

Notary Signature

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Student Name _____

CONSENT TO REGISTER STUDENT

I _____ certify that I am the child's legal guardian or court
(Parent/Guardian)

authorized official and hereby consent for the child to be enrolled in the Fairview Public School District.

I understand that the statements in this application are subject to verification by the Fairview Board of Education and false statements could subject me to tuition and transportation charges.

I also understand that it is my responsibility to immediately notify the school of any changes of circumstances affecting the information set forth herein.

Parent/Guardian Signature

Date

Parent/Guardian Signature

Date

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MEDICAL ALERT:

List any known medical conditions that would require special attention from school staff or school nurse.

FAMILY DOCTOR TO CONTACT IN CASE OF EMERGENCY:

Name: _____ Phone: _____

Does your child have health insurance? _____ If yes, what is the provider? _____
(Name of Insurance Company)

**New Student Registration
Student Medical Examination**
(to be completed by a licensed health provider)

Student Name: _____ Date of Birth: _____ Female Male

Home Address: _____

School: _____ Grade: _____

Immunization History:

DTaP: 1. _____ 2. _____ 3. _____ 4. _____ 5. _____ *Booster*

mm/dd/yy mm/dd/yy mm/dd/yy mm/dd/yy mm/dd/yy

Tdap: _____ *Booster*
(for students born after January 1997 and students entering Grade 6)

Polio IPV: 1. _____ 2. _____ 3. _____ 4. _____ 5. _____

mm/dd/yy mm/dd/yy mm/dd/yy mm/dd/yy mm/dd/yy

OPV: 1. _____ 2. _____ 3. _____ 4. _____ 5. _____

mm/dd/yy mm/dd/yy mm/dd/yy mm/dd/yy mm/dd/yy

MMR: 1. _____ 2. _____ 3. _____

mm/dd/yy mm/dd/yy mm/dd/yy

Measles: 1. _____ 2. _____

mm/dd/yy mm/dd/yy

Mumps: 1. _____ 2. _____ **Varicella Zoster:** 1. _____ 2. _____

mm/dd/yy mm/dd/yy mm/dd/yy mm/dd/yy

Rubella: 1. _____ 2. _____

mm/dd/yy mm/dd/yy

HIB Vaccine: 1. _____ 2. _____ 3. _____ 4. _____ 5. _____

mm/dd/yy mm/dd/yy mm/dd/yy mm/dd/yy mm/dd/yy

Hepatitis A Vaccine: 1. _____ 2. _____

mm/dd/yy mm/dd/yy

Hepatitis B Vaccine: 1. _____ 2. _____ 3. _____

mm/dd/yy mm/dd/yy mm/dd/yy

PPD Mantoux: Date Tested: _____ Date Read: _____ Results: _____

Lead Test: Date Tested: _____ Lead Level: _____

Influenza Vaccine: 1. _____ 2. _____ 3. _____ 4. _____
(mandatory for pre-school students)

mm/dd/yy mm/dd/yy mm/dd/yy mm/dd/yy

Pneumococcal Vaccine: 1. _____
(mandatory for pre-school students)

mm/dd/yy

Meningococcal Vaccine: 1. _____ 2. _____ 3. _____
(mandatory for incoming Grade 6 students)

mm/dd/yy mm/dd/yy mm/dd/yy

Other (specify): _____

**New Student Registration
Student Medical Examination**

Phone: 201-943-1699

(to be completed by a licensed health provider)

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

Parent/Guardian Signature _____ Date _____

Student Name: _____ Date of Birth: _____ Female Male

Home Address: _____

School: _____ Grade: _____

Growth and Development: Normal _____ Premature _____ Term _____

Complications _____

Early illness or injury _____

Systems Review:

Height _____ Weight _____ BMI _____ Blood Pressure _____

Vision: R _____ L _____ B _____ Glasses/Contacts _____

Audio: R _____ L _____ ENT _____ Speech _____

Integument _____ Head & Neck _____ Lymphatic _____

Respiratory _____ Cardiovascular _____ Abdomen _____

Gastrointestinal _____ Genitourinary _____ Urinalysis _____

Musculoskeletal _____ Hernia _____ Scoliosis _____

Nervous _____ Emotional Symptoms _____ Nutrition _____

Neurological/Psychological: _____

General Assessment: _____

Remarks (Please list any special needs and/or medication required.): _____

Medical History:

	Year		Year		Year		Year
Allergies		Asthma		Otitis Media		Operations/Injuries	
Drug Sensitivities		Chicken Pox		Rheumatic Fever			
Lyme Disease		Seizure Disorder		Strep Infections		Hospitalizations	
Hepatitis		Diabetes		Mononucleosis			
Neuromuscular Disease		Heart Disease		Other		Congenital Defects	

Date of Examination: _____ Physician's Signature: _____

Physician's Name *(please print)* _____

Office Address _____

Office Phone _____