

**District Office**

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



Student Name \_\_\_\_\_

**NEW AND RE-ENTRY  
STUDENT REGISTRATION  
2023-2024**

Lincoln School

Grades 5-8

Phone: 201-943-0564 ext. 1

Lincoln Annex

Kindergarten

Phone: 201-943-0564 ext. 2

Three School

Grades 2-4

Phone: 201-943-0564 ext. 3

Three School Annex

Pre-K & Grade 1

Phone: 201-943-0564 ext. 4

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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)	
	HEP A	
	PCV	

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

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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## 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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### 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 \_\_\_\_\_

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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<b>NAME OF STUDENT:</b>	<b>DOB:</b>	<b>GRADE:</b>
<b>ADDRESS:</b>		<b>HOME NUMBER:</b>

## 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.

<b>NAME:</b>		<b>PICKUP: ____ YES ____ NO</b>
<b>ADDRESS:</b>		
<b>RELATIONSHIP TO STUDENT:</b>	<b>PHONE NUMBER:</b>	<b>CELL NUMBER:</b>
<b>NAME:</b>		<b>PICKUP: ____ YES ____ NO</b>
<b>ADDRESS:</b>		
<b>RELATIONSHIP TO STUDENT:</b>	<b>PHONE NUMBER:</b>	<b>CELL NUMBER:</b>
<b>NAME:</b>		<b>PICKUP: ____ YES ____ NO</b>
<b>ADDRESS:</b>		
<b>RELATIONSHIP TO STUDENT:</b>	<b>PHONE NUMBER:</b>	<b>CELL NUMBER:</b>

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**Please list any conditions, diseases, or medications.** (Allergies, diabetes, seizures, asthma, heart conditions, orthopedic problems, skin conditions, medications taken on a regular basis, etc.) Please be specific, particularly if there are any measures that may have to be taken if an emergency arises.

\_\_\_\_\_

Please provide the information about the child's physician so that we may contact her/him if necessary.

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

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

Telephone Number (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Name of hospital desired: \_\_\_\_\_

**Does your child have any health insurance including NJ Family Care/Medicaid, Medicare, private or other?**

NO

My child does not have health insurance. You may release my name and address to the NJ Family Care Program to contact me about health insurance.

**NJ Family Care provides free or Low-Cost health insurance for uninsured children and certain low-income parents. For more information visit [www.njfamilycare.org](http://www.njfamilycare.org) to apply online or call 1-800-701-0710.**

Signature: \_\_\_\_\_ Printed Name: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

*Written consent required pursuant to 20 U.S.C. 1232g(b)(1) and 34 C.F.R. 99.30(b)*

YES

My child has health insurance

I, the undersigned, do hereby authorize officials of NJ Public Schools to contact directly the persons named on this card and do authorize the named physician to render such treatment as may be deemed necessary in an emergency for the health of said child. If physicians, other persons named on this card, or parents cannot be contacted, the school officials are hereby authorized to take whatever action is deemed necessary in their judgment, for the health of the aforesaid child. I will not hold the school district financially responsible for the emergency care and/or transportation for said child.

Parent/Guardian: \_\_\_\_\_  
Print Name

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)

\_\_\_\_\_

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## HOME LANGUAGE SURVEY Parent/Guardian Language Questionnaire

<b>NAME OF STUDENT:</b>	<b>DOB:</b>	<b>GRADE:</b>
<b>ADDRESS:</b>		<b>HOME NUMBER:</b>

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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## 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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(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