

Registration Requirements – Grades 1-8

The following documents are required to complete registration:

- **Original birth certificate**
- **Proof of residency (three are required)**

ACCEPTABLE DOCUMENTS FOR PROOFS OF RESIDENCY:

MANASQUAN CERTIFICATE OF OCCUPANCY/LEASE
LAWYER STATEMENT
CONTRACTS
ELECTRIC
GAS
CABLEVISION
TELEPHONE BILL
DRIVER'S LICENSE

POST OFFICE CHANGE OF ADDRESS
HOUSE DEED
TAX BILL
HOMEOWNER'S INSURANCE
BANK CHANGE OF ADDRESS
CAR REGISTRATION
EMPLOYER DOCUMENTS
AUTOMOBILE INSURANCE CHANGE OF ADDRESS
VOTER'S REGISTRATION CHANGE OF ADDRESS

- **Copy of Current vaccine record**
- **A Physical examination by your child's doctor must be completed and returned as soon as possible.**
- **The PHYSICAL EXAMINATION FORM document can be downloaded from the website: www.manasquanschools.org (select: elementary school/ Athletics tab)**
- **A signed request for records**
- **A copy of child's Health History and Appraisal (form A45) and Transfer Card (A41) must be forwarded from the school that the student is leaving.**

Manasquan Elementary School Student Registration & Information Record

Directions: All information on this form must be completed, including presentation of required documents prior to enrolling in school. One form must be used for each child registering.

First Name: _____ Middle Name: _____

Last Name: _____

Student's Legal Residence: _____

Date of Birth: _____ Male: _____ Female: _____

Place of birth: Country: _____ City: _____ State: _____

*Ethnicity: White _____ Black _____ Hispanic _____ American Indian _____
 Asian _____ Hawaiian native/other Pacific Islander _____
*(*This information is optional & for statistical purposes only)*

Language other than English spoken at home: _____

Name of Last School Attended: _____

School Address _____ School Phone _____

Received special services from the previous school district? Yes No

(If yes, describe) _____

Has student been classified by the Child Study Team? Yes No

Does student currently have 504 plan? Yes No

Has your child had a physical examination within the past 365 days? Yes No

Does your child have any significant chronic medical conditions? Please list and explain:

Siblings: Name(s)	Sex (M or F)	Date of Birth	School Attended

Student lives with: Both Parents: _____ Mother: _____ Father: _____ Guardian: _____ Other: _____

Parental rights in case of separation: _____

Manasquan Elementary School Student Registration & Information Record

Guardian 1 (Parent/Guardian student lives with at legal residence)

First Name: _____ Last Name _____

Relationship to student: _____

Home Phone Number: _____ Cell Phone : _____

Guardian 1 E-Mail: _____ Work Phone: _____

Guardian 1 Employer Name/Address: _____

Guardian 2 (Parent/Guardian student lives with at legal residence)

First Name: _____ Last Name _____

Relationship to student: _____ Cell Phone: _____

Guardian 2 E-Mail: _____ Work Phone: _____

Guardian 2 Employment Name/Address _____

Guardian 3 (Non-Custodial Parent)

First Name: _____ Last Name: _____

Relationship to student: _____

Guardian 3 Address:

_____ Town: _____ State: _____ Zip Code: _____

Home Phone Number: _____

Guardian 3 Email: _____

Work Phone: _____ Cell Phone: _____

Other Contact – Emergency

First Name: _____ Last Name: _____

Relationship to student: _____

Other Contact Address: _____

Town: _____ State: _____ Zip Code: _____

Home Phone Number: _____

Work Phone: _____ Cell Phone: _____

Other Contact Email: _____

I certify that the information provided in this form is true and accurate. I understand that misrepresenting myself as a legal resident of Manasquan may result in *criminal prosecution* or legal attempts to collect tuition.

Signature(s) of Parent(s) / Guardian(s) completing this Record

Date

MANASQUAN ELEMENTARY SCHOOL

**168 BROAD STREET
MANASQUAN, NJ 08736
(732) 528-8810
FAX (732) 223- 9736**

REQUEST FOR CUMULATIVE RECORDS

Dear Principal:

_____ has transferred from your school and enrolled in

Grade _____ in Manasquan Elementary School.

In order to provide an appropriate program and meet the needs of the student, I would appreciate receiving copies of the following:

Transcript of grades

N.J. State Testing results: Grades 3-8 (NJ ASK – Home Report)
Standardized achievement test results (NJ) – Grades K,1,2 (if available)

Standardized achievement and/or aptitude test results (out of state): Grades K-8

Health Records

Speech Assessment

Psychological evaluation or other diagnostic results of Child Study Team evaluation, including 504 and/or IEP Plans, if applicable

Thank you for your cooperation.

Colleen Graziano
Principal

I hereby authorize the release of the records indicated above to the Manasquan Elementary School.

Date

Signature of Parent/Guardian