

## Grades 6-8 Registration Requirements

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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](http://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)*

*Is Parent/Guardian on Active Duty Forces or in the National Guard: Yes \_\_\_ No \_\_\_*

*If yes please indicate: Army, Navy, Air Force, Marine Corps, or Coast Guard*

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- Contact Information**

**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: \_\_\_\_\_

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

Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Guardian 3 Email: \_\_\_\_\_

**Other Contact – Emergency**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Relationship to student: \_\_\_\_\_

Other Contact Address: \_\_\_\_\_

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.

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**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 into 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**

**PARENT HEALTH QUESTIONNAIRE**

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168 Broad Street, Manasquan, NJ 08736  
(732) 528-8810 (EXT 2007) Fax (732) 528-5936

Child's Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Grade \_\_\_\_\_

Dear Parents/Guardians,

In order to provide the best possible health services for your child, the school nurse needs to know your child's health history as well as their current health status. Your response to this letter will allow me to update your child's school health file. Please feel free to call me with any special concerns.

MY CHILD HAS NO HEALTH CONCERNS

Please indicate below if the following applies to your child:

Asthma

Has had chicken pox      Date of disease: \_\_\_\_\_

Allergies      Type: \_\_\_\_\_

Any hospitalizations      Reason: \_\_\_\_\_      Date: \_\_\_\_\_

Serious injury      Type: \_\_\_\_\_      Date: \_\_\_\_\_

Surgery      Type: \_\_\_\_\_      Date: \_\_\_\_\_

Frequent ear infections

Any other health conditions to be aware of: \_\_\_\_\_

Currently on over-the-counter or prescription medications      Name and dose: \_\_\_\_\_

Wears glasses or contacts      Date of last eye exam: \_\_\_\_\_

Has had a recent Dental Exam      Date of last dental exam: \_\_\_\_\_

I give my permission for the school nurse to share information concerning my child's health to those faculty/staff members who work directly with my child. I recognize that sharing this information is important to my child's well-being while attending school.

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