

Manasquan High School

Registration Requirements, Grades 9-12

How to Register a Student at Manasquan High School

OBTAIN A TUITION CARD (For all students who live in any area/sending district other than the town of Manasquan).

Tuition cards must be obtained from your town's Superintendent's Office. In most cases, you must make an appointment with them, **show 3 proofs** of new residency in their town, and request a tuition card for your son/daughter to attend Manasquan High School. The corresponding Superintendent's contact numbers are listed below.

AVON: 732-775-4328

BELMAR: 732-681-8888

BRIELLE: 732-528-6400

LAKE COMO: 732-681-6626

SEA GIRT: 732-449-3422

SPRING LAKE: 732-449-6380

SPRING LAKE HEIGHTS: 732-449-6149

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

Manasquan High 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: _____ Current Grade Level: _____

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

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 High 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: _____
Home Phone Number: _____ Cell Phone: _____
Guardian 2 E-Mail: _____ Work Phone: _____
Guardian 2 Employer 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.

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

Date

Manasquan High School

HOME LANGUAGE SURVEY

Date _____ Grade _____

Child's Name _____

PARENT/GUARDIAN'S NAME _____

ADDRESS _____

PHONE _____

1. What is the language most frequently spoken at home? _____
2. If available, in what language would you prefer to receive communication from the school? _____
3. Please check if your child is:
 Native American Indian
 Alaska Native Native Pacific Islander
 Native U.S. Virgin Islander Asian/Pacific Islander
4. Is your child's first-learned or home language anything other than English? Yes No

IF you responded "Yes" to question number 4 above, please answer the following questions:

What is your child's country of origin? _____

Which language did your child learn when he/she first began to talk? _____

What language does your child most frequently speak at home? _____

What language do you most frequently speak to your child? _____ (father)
_____ (mother)

Please describe the language understood by your child. (Check only one)

- Understands only the home language and no English.
- Understands only the home language and some English.
- Understands the home language and English equally.
- Understands mostly English and some of the home language.
- Understands only English.

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

Date

PARENT HEALTH QUESTIONNAIRE/IMMUNIZATION DOCUMENTATION

167 Broad Street, Manasquan, NJ 08736
(732) 528-8820 (EXT 1010) Fax (732) 528-8143

Child's Name _____

Date of Birth _____ **Grade** _____

Dear Parents/Guardians,

In order to complete the registration process,

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

- **Have you provided a copy of your child's immunization records (If the student is coming from a New Jersey school, this should be a copy of their A45 Health History Form. Otherwise, a copy of current immunizations must be provided before the student is able to attend.)** Yes No

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

Allergies

Any hospitalizations

Serious injury

Surgery

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 _____

Manasquan High School

167 BROAD STREET
MANASQUAN, NJ 08736
(732) 528-8820
FAX (732) 528-8143

REQUEST FOR CUMULATIVE RECORDS

Hello School Counseling Office at _____,
(previous school)

_____ has transferred from your school and enrolled into Grade _____
(student name)

at Manasquan High 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 (NJSLA): Grades 3-Most Current**
- **Standardized achievement test results (NJ) – PSAT,SAT,ACT,AP, ASVAB, ACCUPLACER**
- **Health Records (NJ Schools – Original A45)**
- **Psychological evaluation or other diagnostic results of Child Study Team evaluation, including 504 and/or IEP Plans, if applicable**

Please mail the above documents to:

Manasquan High School
Attn: Guidance Office
167 Broad Street
Manasquan, NJ 08736

Thank you for your cooperation,

Lesley Kenney
Director of School Counseling Services, K-12

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

Date

Signature of Parent/Guardian



Manasquan School District

Genesis Parent Portal Access Request Form

Please complete the below form and return it to your child's school. Your Genesis Parent Access login information and password will then be emailed to the email address you specify.

Parent/Guardian & Account Information

Parent/Guardian First Name Parent/Guardian Last Name MI

Parent/Guardian Email Address & Login ID Telephone Number
(Must Be a Valid Email Account in Order to Receive Login Information)

Please check one of the following. This form is being submitted to:

Create a New Parent Portal Account for this Email Address

Add Student(s) to an Existing Account

Student #1 Information

Student's First Name Student's Last Name MI

Student ID Number ____/____/____
Student's Date of Birth

Student #2 Information

Student's First Name Student's Last Name MI

Student ID Number ____/____/____
Student's Date of Birth

Student #3 Information

Student's First Name Student's Last Name MI

Student ID Number ____/____/____
Student's Date of Birth

Certification and Signature

I certify I am the parent or legal guardian of the students listed above and am permitted access to their records.

Signature of Parent/Guardian Date

Honeywell Instant Alert[®] for Schools

Parent User Interface

Website URL: <https://instantalert.honeywell.com>

Minimum Requirements

Register and create your account

1. Go to the Honeywell Instant Alert for Schools website listed above.
2. If you are not a staff member in the school, click on 'Parent' in the New User box.
3. If you are a staff member in the school, you could instead click on 'School Staff' in the New User box.
4. Complete the student information form. Click 'Submit.'
5. Complete the corresponding screen. Click 'Submit.'
6. After receiving the Confirmation message, click 'Proceed' to get started with Instant Alert.
7. Note: Remember your Login Name and Password so you may use it to update your profile.

View and check details about yourself and your family members

1. Upon successful login, click on 'My Family.'
2. Click on a parent name to view and edit parent details.
3. Click on a student name to view details about your children enrolled in this school.

Configure alert settings for yourself

1. Click on 'Alert Setup.'
 2. Click on the check boxes to select which alert type you would like to have sent to which device. Click on 'Save' when complete.
 3. If you would like to add another contact device, select the device type and enter the device details. Select the person to whom the device belongs and click on 'Add.'
 4. You are also able to set the days and times you would like your phones to receive alerts. For example, if you want your work phone to receive alerts only during the workdays, you could set the weekday start time to 8:00am and the weekday end time to 5:00pm and then uncheck the weekend box. Or, if you did not want your cell phone to receive alerts while you were sleeping, you could set the weekday start time to 6:00am and the weekday end time to 10:00pm and the weekend start time to 8:00am and the weekend end time to 11:00pm. You have the flexibility and control to set up your phones in many different ways.
 5. For e-mail, text messaging and pagers you may send yourself a test message. Click on 'Send Test Message' to send yourself a message.
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Additional Functions

View History of Alerts

Click on 'Alert History' to view Alerts that have been sent to you. Use the calendar icons and 'Alert Type' list to filter the Alerts.

For Assistance: <https://instantalert.honeywell.com>

Click on the **Help Request** link in the lower right hand side of the page

Be sure to set your e-mail spam filter to receive e-mail from Honeywell.com.