



SOUTH ORANGE/MAPLEWOOD SCHOOL DISTRICT

2016-2017 OPEN ENROLLMENT



ELIGIBILITY

Children of residents, who will be **five (5) years of age on or before October 1, 2016** are eligible to enter **Kindergarten** in September 2016.

Registration packets for the 2016-2017 school year will be available starting January 2016. Packets may be picked up at the Office of Registration or downloaded from the District's website.

www.southorangemaplewood.org

Parents/Guardians must return completed registration forms, along with originals of all required documents, **in person** to the **Office of Registration located at 525 Academy Street, Maplewood.**

PRE-SCHOOL REGISTRATION

Eligibility: Children must be three (3) or four (4) by October 1, 2016

By Appointment - Via Registration Office
(afterwards by appointment only until May 2, 2016)

EARLY KINDERGARTEN REGISTRATION

Mon., February 8 –Thurs., March 17, 2016

EARLY HIGH SCHOOL REGISTRATION (9-12)

MON., APRIL 11 – THURS., APRIL 14, 2016

OPEN REGISTRATION ALL GRADES BEGINS

Monday, May 2, 2015

REGISTRATION HOURS:

- Monday – Thursday: 9:00 a.m. – 12:45 p.m.
(except national holidays when the office will be closed)
- Friday – By Appointment Only (when available)

KINDERGARTEN AT SETH BOYDEN DEMONSTRATION SCHOOL

Parents/Guardians who live outside the Seth Boyden zoned district and wish to have their child attend Kindergarten at Seth Boyden must submit a *Seth Boyden Kindergarten Student Transfer Request Form* (also available on the District's website). Placement in Seth Boyden is not guaranteed and is contingent upon the enrollment in the child's home school; on whether a sibling already attends Seth Boyden; and the reasons stated on the request form. Placement in Seth Boyden Kindergarten will be confirmed by May 2016.

**Early Kindergarten
registration will end
Thursday, March 17, 2016.**

**Those not registered by
Thursday, March 17, 2016, must
wait until Monday, May 2, 2016
to register for kindergarten.**

Office of Registration
525 Academy Street, Maplewood, NJ 07040 973-762-5600, X1830
registration@somsd.k12.nj.us

**ONLY
SINGLE-SIDED
PACKETS
WILL BE ACCEPTED**

**DO NOT PRINT
DOUBLE-SIDED**

School District of South Orange and Maplewood

525 Academy Street, Maplewood, New Jersey 07040

Registration Office

Tel: 973-762-5600 x1830

Fax: 973-378-7649

registration@somsd.k12.nj.us



To All Persons Registering a Child For the 2016-2017 School Year:

Only a **parent or legal guardian may register a student** into the South Orange-Maplewood School District. Registration must be completed **IN PERSON**. Exceptions to this rule are affidavit students or DYFS placements.

Completed registration packets can be returned to the Office of Registration, **Monday through Thursday** from **9:00 - 12:45**. Other times by appointment, when available.

The following items **must** be provided to process a student's registration packet. At the time of registration, please present **originals** (to be copied) of the following items:

STUDENT INFORMATION

- Birth Certificate **PLUS**
- Immunizations/Vaccinations
 - ALL students entering **pre-school and kindergarten** must submit proof of immunizations using the **District's Certificate of Immunization form** enclosed in this packet **or** a signed/stamped **computerized** immunization record from a physician, State, County or Federal Health Agency.
 - Students entering **grades 1-12** must submit proof of immunizations using either the District's *Certificate of Immunizations* form **or** a signed/stamped immunization records from your previous school, physician or from a State, County or Federal Health agency
- New Jersey State ID Number (New Jersey **public school transfers only, obtained from the previous school**) **PLUS**
- A transfer card from the student's school of last attendance **PLUS**
- The student's most current report card and test scores, if applicable,
- **If the student is living with one parent**, custody papers or a notarized statement from the non-custodial parent if parents are living apart, along with the **"Statement of Domicile"** form, which is enclosed.

(If a notarized statement cannot be obtained from the non-custodial parent, a notarized statement from the custodial parent must be submitted)

PARENTAL INFORMATION

1. PROOF OF RESIDENCY

A. Homeowners will need to provide the following documents:

- A **current** mortgage statement, tax bill, deed, affidavit of title, or HUD settlement statement **PLUS**
- **Current** Public Service Electric and Gas (PSE&G) bill, Water bill or two (2) pieces of current legal mail in your name**

B. Renters will need to provide the following documents:

- Signed **current** lease or, if you do not have a lease, the Owner/Landlord Affidavit form (enclosed) filled out and notarized by your landlord **PLUS**
- Your **current** Public Service Electric and Gas (PSE&G) bill. If the PSE&G bill is not in your name, you need to provide two (2) pieces of current legal mail in your name**

C. If you and your child(ren) live with a friend or relative who owns the home in which you reside, you must provide the following documents:

- Owner/Landlord Affidavit form (enclosed) filled out and notarized by the resident (the person with whom you are residing) **PLUS**
- Resident's current tax bill or current mortgage statement or deed **PLUS**
- Resident's current Public Service Electric and Gas (PSE&G) bill **PLUS**
- Two (2) pieces of current legal mail in your name**

D. If you and your child(ren) live with a friend or relative who is a renter and has a current lease, you must provide the following documents:

- Your friend's or relative's current lease **PLUS**
- Resident/Tenant Affidavit form (enclosed) filled out and notarized by the person with whom you are residing **PLUS**
- Your friend's or relative's current Public Service and Gas (PSE&G) bill or two pieces of current legal mail in the friend's or relative's name **PLUS**
- Two pieces of current legal mail in your name **

E. If you and your child(ren) live with a friend or relative who is a renter but who does NOT have a lease, you must provide the following documents:

- Owner/Landlord Affidavit form (enclosed) filled out and notarized by the owner or landlord of the property/building **PLUS**
- Resident/Tenant Affidavit form (enclosed) filled out and notarized by the person with whom you are residing **PLUS**
- Your friend's or relative's current Public Service Electric and Gas (PSE&G) bill or two pieces of current legal mail in their name ** **PLUS**
- Two pieces of current legal mail in your name **

****Examples of current (within the last 60 days) legal mail include: *PDF statements of actual bills will be accepted for those who do on-line billing***

Home phone bill	Garbage bill	Pay Stub (with address)
Credit Card bill	Cell Phone bill	Life Insurance bill
Cable bill	Bank Statement	Sewage Bill
Medical bill	Homeowner's/Renter's Insurance	
State benefit forms/statements (not handwritten)		
Car Insurance, Car Registration along with Driver's License (this counts as one)		

(May only use one of each kind, two bills from the same company will not be accepted)

NOTE: Handwritten mail, delivery receipts, mail from the school district, On-line summaries, email notifications of bills/statements, title insurance, yearly mortgage escrow statements and junk/solicitation mail will not be accepted.

2. AFFIDAVIT STUDENTS AND DYFS PLACEMENTS

- **Affidavit Students** must submit an **Affidavit Registration Packet** (forms are available in the Registration Office).
- **DYFS Placements** require submission of a court order or an equivalent document from the DYFS office. Foster parents need proper licensing documents in addition to the completed registration packet and all documents required for registration.

ENTRANCE AGE AND CUT-OFFS:

Pre-School

For the 2016-2017 school year, a child is eligible for entrance into pre-school at the start of the regular school year if he/she has reached three (3) **or** four (4) years of age on or before October 1st, 2016.

Kindergarten

For the 2016-2017 school year, a child is eligible for entrance into kindergarten at the start of the regular school year if he/she has reached five (5) years of age on or before October 1st, 2016.

First Grade

For the 2016-2017 school year, a child is eligible for entrance into first grade at the start of the regular school year if he/she has reached six (6) years of age on or before October 1st, 2016.



Registration Hours are
Monday through Thursday
9:00 a.m. to 12:45 p.m.
or by appointment
Please call 973-762-5600 x1830

Any and all persons who give fraudulent information for the purpose of attending district schools will be prosecuted to the fullest extent of the law and sued for tuition for the student's period of ineligible attendance.

The district reserves the right to conduct periodic residency checks as further verification a family resides in South Orange or Maplewood.

Please be advised that enrollment in South Orange and Maplewood Schools is permissible only for those children whose parent(s)/guardian(s) are residents in the towns of South Orange or Maplewood. Pursuant to N.J.A.C. 6A:22-4.1, eligibility for admission to the South Orange and Maplewood School District is subject to thorough review and evaluation and there is a potential for assessment of tuition in the event that an initially admitted student is later found ineligible for enrollment.

Furthermore, any resident who knowingly permits their name and/or address to be used in the registration of a non-resident student is in violation of Maplewood Township Ordinance#2267-04 and South Orange Village Ordinance #04-13. Violation of these ordinances carries a fine of up to one thousand dollars (\$1000.00). Persons found to be in violation of these ordinances will be required to make restitution to the school district for back tuition, attorney's fees and costs.

Cross-reference: Board policy 5111-Eligibility of resident/non-resident pupil
 Board policy 5112-Entrance age



SOUTH ORANGE-MAPLEWOOD SCHOOL DISTRICT

2016-2017 School Year Calendar

July 2016

S	M	T	W	T	F	S
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31						

August 2016

S	M	T	W	T	F	S
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			

September 2016

S	M	T	W	T	F	S
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	

October 2016

S	M	T	W	T	F	S
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31					

November 2016

S	M	T	W	T	F	S
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30			

December 2016

S	M	T	W	T	F	S
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

July

4 Independence Day Observed - District Closed

August

30, 31 New Staff Orientation

September

1 All Teachers Report & Staff Development Day
 2 All Teachers Report
 5 Labor Day - District Closed
 6 Students Report: Grades K-7/9
 7 Students Report: Grades 8/10-12
 Student Days: **19/18** Staff Days: **21**

October

3, 4 Rosh Hashanah—District Closed
 12 Yom Kippur—District Closed
 Student & Staff Days: **18**

November

8 Staff Development Day
 10, 11 NJEA Convention - Schools Closed
 23 Thanksgiving Recess (4-hr day)
 24, 25 Thanksgiving - District Closed
 30 Evening Conference (4-hr day—Elem Schls— **Students & Staff**)
 Student Days: **17** Staff Days: **18**

December

1 Evening Conference (4-hr day—Elem Schls— **Students & Staff**)
 2 Afternoon Conference (4-hr day—Elem Schls— **Students ONLY**)
 23 Holiday Recess (4-hr day)
 26, 27 Holiday Recess - District Closed
 26-29 Holiday Recess - Schools Closed
 30 Holiday Recess—District Closed
 Student & Staff Days: **17**

January

2 New Year's Day Holiday —District Closed
 16 MLK Day - District Closed
 Student & Staff Days: **20**

February

17 Winter Recess—Schools Closed
 20 President's Day—District Closed
 Student & Staff Days: **18**

March

1, 2 Evening Conferences (4-hr day—Elem. Schls— **Students & Staff**)
 3 Afternoon Conference (4-hr day—Elem. Schls— **Students ONLY**)
 Student & Staff Days: **23**

April

10-13 Spring Recess—Schools Closed
 14 Good Friday—District Closed
 Student & Staff Days: **15**

May

26 Give back day if needed* (see below)
 29 Memorial Day - District Closed
 Student & Staff Days: **21**

June

20 4-hr day—**Students ONLY**
 21 4-hr day & Last Day—Grades K-7/9—**Students ONLY**
 22 4-hr day & Last Day—Grades 8/10-12—**Students ONLY**
 Last Teacher Day
 Student Days: Staff Days:
 Total Student Days: 183*
 Total Staff Days: 187*

Make-up Days: Should the District use more than the **THREE** allotted emergency closing days, the first Make up Day will be April 10, 2017 working forward to April 14, 2017 as needed; or at the end of the school year if emergency closings occur after April 14, 2017. *If only **TWO** emergency school closing days are used, schools will be **closed** on Friday, May 26, 2017.

NOTE: Back-to-School Night dates for all schools and School-in-Action Night dates for middle schools will be posted on the district website and listed in the 2016-2017 Calendar & Handbook.

- = District/Schools closed
- = Schools closed
- = Staff day/Schools closed for students
- = 4-Hour day (All schools)
- = Give back day if needed* (see above)
- = 4-Hour day (grade levels as indicated)

CALENDAR APPROVED BY BOE: **October 19, 2015;**
Amended on January 25, 2016

January 2017

S	M	T	W	T	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

February 2017

S	M	T	W	T	F	S
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28				

March 2017

S	M	T	W	T	F	S
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

April 2017

S	M	T	W	T	F	S
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30						

May 2017

S	M	T	W	T	F	S
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			

June 2017

S	M	T	W	T	F	S
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	

South Orange & Maplewood School District

525 Academy Street, Maplewood, New Jersey 07040 Tel: 973 - 762 - 5600 x1830 Fax: 973 - 378 - 7649



Registration Form

Please Print

Student Information				
Last Name		First Name		Middle Name
Home Address		City	State	Zip
Previous Address		City	State	Zip
Date Moved In		Current Home Telephone Number () ---		
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth	City of Birth	State of Birth	Country of Birth
Student's Email Address (High School Students ONLY)			Student's Cell Telephone Number (High School ONLY)	
Ethnic Group <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> American Indian/ Alaskan Native <input type="checkbox"/> Native Hawaiian/ Pacific Islander <input type="checkbox"/> Asian				
Living With Full Name and Relationship to Student <input type="checkbox"/> Parent(s) <input type="checkbox"/> Other _____ <input type="checkbox"/> Legal Guardian				
Zoned School <input type="checkbox"/> Clinton <input type="checkbox"/> Jefferson <input type="checkbox"/> Marshall <input type="checkbox"/> Seth Boyden <input type="checkbox"/> South Mountain <input type="checkbox"/> Tuscan <input type="checkbox"/> Maplewood Middle <input type="checkbox"/> South Orange Middle <input type="checkbox"/> Columbia High School				
For 9 through 12 grade students ONLY, please indicate the preferred foreign language <input type="checkbox"/> French <input type="checkbox"/> Italian <input type="checkbox"/> Latin <input type="checkbox"/> Spanish				
Previous School History				
School Name	Address	Grade(s)	Date(s) of Attendance	
_____	_____	_____	____ -- ____	
_____	_____	_____	____ -- ____	
_____	_____	_____	____ -- ____	
_____	_____	_____	____ -- ____	
Other Children Living in the Household				
Full Name	Date of Birth	Relationship	Present School and Grade	
_____	_____	_____	_____	
_____	_____	_____	_____	
_____	_____	_____	_____	
_____	_____	_____	_____	
_____	_____	_____	_____	

Please sign below AFTER completing all applicable pages of Form SOM1A .

I attest that to the best of my knowledge the information is true and correct. Fraudulent statements or claims will be prosecuted to the full extent of the law.

South Orange & Maplewood School District

525 Academy Street, Maplewood, New Jersey 07040 Tel: 973 - 762 - 5600 x1830 Fax: 973 - 378 - 7649



Registration Form

Please print and fill out all the sections that apply.

Parent					
Last Name		First Name		Relationship to Student	
Home Address		City	State	Zip	Date Moved In
					<input type="checkbox"/> If Deceased
Home Telephone Number		Cell Telephone Number		Email Address	
Place of Birth		City	State	Country	
Ethnic Group					
<input type="checkbox"/> White	<input type="checkbox"/> Black	<input type="checkbox"/> Hispanic	<input type="checkbox"/> American Indian/ Alaskan Native	<input type="checkbox"/> Native Hawaiian/ Pacific Islander	<input type="checkbox"/> Asian
Residency Information					
<input type="checkbox"/> Rent	<input type="checkbox"/> Single Family House	<input type="checkbox"/> Two Family House	<input type="checkbox"/> Three Family House		
<input type="checkbox"/> Own	<input type="checkbox"/> Condominium	<input type="checkbox"/> Apartment in a Building	<input type="checkbox"/> Apartment in a Private House		
<input type="checkbox"/> Living with Relative/Friend					
Previous Address		City	State	Zip	
Employer			Occupation		
Work Address		City	State	Zip	Work Telephone Number
Parent					
Last Name		First Name		Relationship to Student	
Home Address		City	State	Zip	Date Moved In
					<input type="checkbox"/> If Deceased
Home Telephone Number		Cell Telephone Number		Email Address	
Place of Birth		City	State	Country	
Ethnic Group					
<input type="checkbox"/> White	<input type="checkbox"/> Black	<input type="checkbox"/> Hispanic	<input type="checkbox"/> American Indian/ Alaskan Native	<input type="checkbox"/> Native Hawaiian/ Pacific Islander	<input type="checkbox"/> Asian
Residency Information					
<input type="checkbox"/> Rent	<input type="checkbox"/> Single Family House	<input type="checkbox"/> Two Family House	<input type="checkbox"/> Three Family House		
<input type="checkbox"/> Own	<input type="checkbox"/> Condominium	<input type="checkbox"/> Apartment in a Building	<input type="checkbox"/> Apartment in a Private House		
<input type="checkbox"/> Living with Relative/Friend					
Previous Address		City	State	Zip	
Employer			Occupation		
Work Address		City	State	Zip	Work Telephone Number

South Orange & Maplewood School District

525 Academy Street, Maplewood, New Jersey 07040 Tel: 973 - 762 - 5600 x1830 Fax: 973 - 378 - 7649



Registration Form

Please print and fill out all the sections that apply.

(Must Supply Court Documents)		Legal Guardian		(Must Supply Court Documents)	
Last Name		First Name		Relationship to Student	
Home Address		City	State	Zip	Date Moved In
Home Telephone Number		Cell Telephone Number		Email Address	
Place of Birth		City	State	Country	
Ethnic Group <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> American Indian/ Alaskan Native <input type="checkbox"/> Native Hawaiian/ Pacific Islander <input type="checkbox"/> Asian					
Residency Information <div style="display: flex; flex-wrap: wrap;"> <div style="width: 33%;"><input type="checkbox"/> Rent</div> <div style="width: 33%;"><input type="checkbox"/> Single Family House</div> <div style="width: 33%;"><input type="checkbox"/> Two Family House</div> <div style="width: 33%;"><input type="checkbox"/> Three Family House</div> <div style="width: 33%;"><input type="checkbox"/> Own</div> <div style="width: 33%;"><input type="checkbox"/> Condominium</div> <div style="width: 33%;"><input type="checkbox"/> Apartment in a Building</div> <div style="width: 33%;"><input type="checkbox"/> Apartment in a Private House</div> <div style="width: 33%;"><input type="checkbox"/> Living with Relative/Friend</div> </div>					
Previous Address		City	State	Zip	
Employer			Occupation		
Work Address		City	State	Zip	Work Telephone Number

(For Affidavit Students Only)		Affiant Resident		(For Affidavit Students Only)	
Last Name		First Name		Relationship to Student	
Home Address		City	State	Zip	Date Moved In
Home Telephone Number		Cell Telephone Number		Email Address	
Place of Birth		City	State	Country	
Ethnic Group <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> American Indian/ Alaskan Native <input type="checkbox"/> Native Hawaiian/ Pacific Islander <input type="checkbox"/> Asian					
Residency Information <div style="display: flex; flex-wrap: wrap;"> <div style="width: 33%;"><input type="checkbox"/> Rent</div> <div style="width: 33%;"><input type="checkbox"/> Single Family House</div> <div style="width: 33%;"><input type="checkbox"/> Two Family House</div> <div style="width: 33%;"><input type="checkbox"/> Three Family House</div> <div style="width: 33%;"><input type="checkbox"/> Own</div> <div style="width: 33%;"><input type="checkbox"/> Condominium</div> <div style="width: 33%;"><input type="checkbox"/> Apartment in a Building</div> <div style="width: 33%;"><input type="checkbox"/> Apartment in a Private House</div> <div style="width: 33%;"><input type="checkbox"/> Living with Relative/Friend</div> </div>					
Previous Address		City	State	Zip	
Employer			Occupation		
Work Address		City	State	Zip	Work Telephone Number

South Orange & Maplewood School District

525 Academy Street, Maplewood, New Jersey 07040 Tel: 973 - 762 - 5600 x1830 Fax: 973 - 378 - 7649



Registration Form

Please print and fill out all the sections that apply.

Step-Parent				
Last Name		First Name		Relationship to Student
Home Address		City	State	Zip
Home Telephone Number		Cell Telephone Number		Email Address
Place of Birth		City	State	Country
Ethnic Group				
<input type="checkbox"/> White	<input type="checkbox"/> Black	<input type="checkbox"/> Hispanic	<input type="checkbox"/> American Indian/ Alaskan Native	<input type="checkbox"/> Native Hawaiian/ Pacific Islander
Residency Information				
<input type="checkbox"/> Rent	<input type="checkbox"/> Single Family House	<input type="checkbox"/> Two Family House	<input type="checkbox"/> Three Family House	
<input type="checkbox"/> Own	<input type="checkbox"/> Condominium	<input type="checkbox"/> Apartment in a Building	<input type="checkbox"/> Apartment in a Private House	
<input type="checkbox"/> Living with Relative/Friend				
Previous Address		City	State	Zip
Employer			Occupation	
Work Address		City	State	Zip
Work Telephone Number				
Step-Parent				
Last Name		First Name		Relationship to Student
Home Address		City	State	Zip
Home Telephone Number		Cell Telephone Number		Email Address
Place of Birth		City	State	Country
Ethnic Group				
<input type="checkbox"/> White	<input type="checkbox"/> Black	<input type="checkbox"/> Hispanic	<input type="checkbox"/> American Indian/ Alaskan Native	<input type="checkbox"/> Native Hawaiian/ Pacific Islander
Residency Information				
<input type="checkbox"/> Rent	<input type="checkbox"/> Single Family House	<input type="checkbox"/> Two Family House	<input type="checkbox"/> Three Family House	
<input type="checkbox"/> Own	<input type="checkbox"/> Condominium	<input type="checkbox"/> Apartment in a Building	<input type="checkbox"/> Apartment in a Private House	
<input type="checkbox"/> Living with Relative/Friend				
Previous Address		City	State	Zip
Employer			Occupation	
Work Address		City	State	Zip
Work Telephone Number				

School District of South Orange and Maplewood

525 Academy Street, Maplewood, New Jersey 07040

Tel: 973 - 762-5600 x1830 Fax: 973 - 378 - 7649

STATEMENT OF DOMICILE

If the parents of the child(ren) being registered are divorced, separated or do not reside together, regardless of which parent has legal custody, please complete the following questions:

1. Is there a court order, divorce decree, custody order or written agreement between the parents designating which parent has residential custody? (*copy must be provided*)

YES ☐

NO ☐

2. What are the terms of the order/agreement?

3. Does the student reside with one parent for the entire year? If so, which parent and at what address?

4. If not, what portion of the time does the student reside with each parent and at what addresses?

5. If the student splits their time equally between both parents, with which parent did the child(ren) reside with on the last day of school (see register for determination)???????

6. Which parent did the student(s) reside with prior to seeking enrollment in the South-Orange-Maplewood wood School District? _____

7. Which parent enrolled the child(ren) in school at the previous District? _____

SCHOOL DISTRICT OF SOUTH ORANGE AND MAPLEWOOD, NEW JERSEY
Department of World Languages and ESL

HOME LANGUAGE SURVEY

Dr. Ramon Robles, Director
World Languages and ELL

973-762-5600 x1218
fax 973-378-7649

Student's Name: _____ **Zoned School:** _____

Date of Entry into U.S.: _____ **Place of Birth:** _____

Date of Entry into a U.S. School: _____ **Grade:** _____

Was your child ever in an ESL/Bilingual Program in another school district? Yes ☐ No ☐

If yes, where: _____ **How long?** _____

What languages are spoken in the child's home? _____

How many people in the home speak this language? _____

Please circle the correct answer to the following six (6) questions and return this form with your child's registration packet. We need this information in order to provide the most appropriate instructional program for your child.

1. What language did your child first learn to speak?

A. Native language ☐ B. English ☐

2. What language do you use most often when speaking to your child at home?

A. Native language ☐ B. English ☐

3. What language does your child use most often when speaking to you at home?

A. Native language ☐ B. English ☐

4. What language does your child use most often when speaking to brothers and sisters?

A. Native language ☐ B. English ☐

5. What language does your child use most often when speaking to other relatives?

A. Native language ☐ B. English ☐

6. What language does your child use most often when speaking to friends?

A. Native language ☐ B. English ☐

Name of person completing this form: _____

What is your relationship to the student? _____ **Date:** _____



South Orange & Maplewood School District

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Official Records Request Form



Please Print

Student Information			
Last Name		First Name	Middle Name
Street	City	State Zip	Date of Birth
Place of Birth <input type="checkbox"/> USA <input type="checkbox"/> Other _____		Country: _____ Languages Spoken at Home <input type="checkbox"/> English <input type="checkbox"/> Other _____	
Previous School		Entering School -- Send Information To	
Name of the School			
Street Address			
City State Zip			
Telephone Number	Fax Number		
Date Left	Last Grade Attended		
		<input type="checkbox"/> Public <input type="checkbox"/> Private	
Records To Be Released			
<ul style="list-style-type: none">• New Jersey State ID _____• Grades/Transcript Information• District & State Assessments• Special Education Records• Disciplinary Records		Is student in an ESL or a Bilingual program? <input type="checkbox"/> Yes <input type="checkbox"/> No Has student ever been referred for Special Education Services? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please indicate the specific classification, if any: _____ _____	
Comments			
_____ _____ _____			
Office Use Only			
Requested By _____		Request Date _____	
Received By _____		Received Date _____	

I hereby give my permission for release of the above records and for the school district to contact my child's former district for further information. *

Signature of Parent/Legal Guardian (circle one)

Signature of Student (18 or above)

Date

*In addition to the release of the above records to which you consent, the prior District will be releasing the following mandated records for which your consent is not required: transcript of grades, health records, attendance records, child study team records and disciplinary records pursuant to N.J.A.C. 6:3-6.5.

School District of South Orange and Maplewood

525 Academy Street, Maplewood, New Jersey 07040

Tel: 973 – 762-5600 x1830 Fax: 973 - 378 - 7649

IMMUNIZATION OF PUPILS

Dear Parents/Guardians,

Title 8-Chapter 57, New Jersey Department of Health Regulations require that all New Jersey pupils be immunized against several communicable diseases.

No pupil will be admitted to any school in our district without evidence of having been immunized by the following agents:

1. Diphtheria Toxoid
2. Pertussis Vaccine (Whooping Cough)
3. Tetanus Toxoid
4. Live Poliomyelitis Vaccine - Trivalent
5. Live attenuated Measles Virus Vaccine and Measles Booster Vaccine (Rubeola)
6. Live Rubella Virus Vaccine (German Measles)
7. Live Mumps Vaccine
8. HIB Vaccine (Required for all incoming Kindergarten and Pre-School students)
9. Hepatitis B Vaccine
10. Varicella Vaccine (Chicken Pox)
11. Meningococcal Vaccine (grade 6)
12. Influenza (Pre-School)
13. Other immunizing agents when specifically authorized to do so by the Department of Health and Senior Services.

IN ADDITION:

Tuberculosis testing is required for all students entering from certain countries designated by the New Jersey Department of Health and Senior Services. New Jersey State regulations require the Mantoux test or the Interferon-Gamma Release Assay (IGRA) test. **PLEASE NOTE:** These will only be considered valid if administered within the last six (6) months. *

New student physical form (blank form included in this packet) is to be returned to your child's school nurse.

Proof that your child has complied with the above requirements may be obtained by having the attached form, **Certificate of Immunization**, completed and signed by your physician, a public health officer, or a school nurse from your former school district. **All new kindergarten and pre-school students must submit immunizations using the District's form which is enclosed or a certified/stamped computerized print out from the doctor.** Failure to submit proof of immunizations could result in your child's exclusion from school.

The school district will accept one of the following documents as an exception to above compliance:

1. Pupils presenting a signed physician's certificate stating that the above immunizations are medically contraindicated.
2. Pupils presenting a parent/guardian letter to request religious exemption.
3. Pupils presenting a signed physician's statement that immunizations are in progress, that the pupil has had a minimum of one dose of each of the required vaccines, and is in the process of completing the series.

*Pursuant to 6A:16-2.3 each district shall perform tuberculosis tests on students using methods as specifically directed by the New Jersey Department of Health and Senior Services, based upon the incidence of tuberculosis or reactor rates in specific communities or populations groups as required by N.J.S.A. 18:40-16.

For more information regarding vaccination requirements for entry into school in New Jersey refer to <http://www.state.nj.us/health/forms/imm.doc>

Revised January 2016

South Orange & Maplewood School District

525 Academy Street, Maplewood, New Jersey 07040 Tel: 973 - 762 - 5600 x1830 Fax: 973 - 378 - 7649

Certificate of Immunization



Please Print

Student Information

Last Name		First Name		Middle Name	
Street	City	State	Zip	Date of Birth	

School Information

School Name	School Fax	Grade
-------------	------------	-------

Immunization Information - To Be Completed By Your Physician

Every pupil born on or after Jan. 1, 1986 shall have received a minimum of 4 doses, one dose of which shall have been given on or after the 4th birthday, or any 5 doses. Children immunized at the age of 7 or above, meet the requirement with 3 doses: Tdap (preferably the first dose) then Td; the last dose given after a six (6) month interval. **(PLEASE INDICATE IF DOSE IS Td OR DT)**

Diphtheria, Tetanus Toxoid & Pertussis (DTaP) Vaccine 1. _____ 2. _____ 3. _____ 4. _____ 5. _____
Date Date Date Date Date

Children born on or after 1/1/1997, and entering or attending grade six, or a comparable age level special education program, shall have received one dose of Tdap given on or after the 10th birthday. NOTE: Children in this group who received a Td booster less than five years prior to entry into grade six shall not be required to receive a Tdap dose until five years have elapsed from the last DTP/DTaP or TD dose.

Tetanus, Diphtheria, & acellular Pertussis (Tdap) Vaccine 1. _____
Date

Every pupil born on or after Jan. 1, 1986 shall have received 3 doses; one dose of which shall have been given on or after the 4th birthday, or any appropriately spaced 4 doses.

Poliovirus Vaccine 1. _____ 2. _____ 3. _____ 4. _____
Date Date Date Date

Children born on or after 1/1/1990 shall have received 2 doses on or after their first birthday. Children born before 1/1/1990 shall have received a minimum of one dose on or after the first birthday.

Measles, Mumps, Rubella (MMR) 1. _____ 2. _____
Date Date

OR Measles Vaccine 1. _____ 2. _____ OR **Measles Immunity Documented** _____
Date Date Date

One dose live on or after the first birthday Documented laboratory evidence of Rubella Immunity

Rubella Vaccine 1. _____ OR **Rubella Immunity Documented** _____
Date Date

One dose live on or after the first birthday Documented laboratory evidence of Mumps Immunity

Mumps Vaccine 1. _____ OR **Mumps Immunity Documented** _____
Date Date

Children born after 1/1/1998 shall have received one dose on or after the first birthday.

Varicella Vaccine 1. _____
Date

Children enrolled in grades K-12 shall have received 3 doses.

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

Children born on or after 1/1/1997 and entering or attending grade six or a comparable age level special education program shall have received one dose of a meningococcal-containing vaccine. Note: this applies to students when they turn 11 years old and attend grade 6.

Meningococcal Vaccine 1. _____
Date

CONTINUED ON PAGE 2

South Orange & Maplewood School District

525 Academy Street, Maplewood, New Jersey 07040 Tel: 973 - 762 - 5600 x1830 Fax: 973 - 378 - 7649

Certificate of Immunization



Please Print

Student Information

Last Name		First Name		Middle Name	
Street	City	State	Zip	Date of Birth	

School Information

School Name	School Fax	Grade
-------------	------------	-------

Immunization Information - (Page 2)

Children age 12 to 59 months enrolling in preschool shall have received a minimum of one dose on or after the first birthday.

Haemophilus Influenza Type B Vaccine (HIB) 1. _____ 2. _____ 3. _____ 4. _____
Date Date Date Date

Children age 12 to 59 months enrolling in preschool shall have received a minimum of one dose on or after the first birthday.

Pneumococcal Conjugate Vaccine (PCV) 1. _____ 2. _____ 3. _____ 4. _____
Date Date Date Date

Children age six months through 59 months attending preschool shall annually receive at least one dose between September 1 and December 31 of each year.

Influenza Vaccine 1. _____
Date

TUBERCULOSIS TESTING:

Required for all students entering from certain countries. **TINE test or BCG will NOT be accepted.** Test to be administered within the past six (6) months.

Mantoux (TB) Testing _____ Date Read _____ Results (in mm) _____
Date Results must be indicated to be valid

OR

Inerferon-Gamma Release Assay (IGRA) Test Date Administered _____ Result _____
Results must be indicated to be valid

Chest X-Ray required if Tuberculin Test is 10mm induration or over **OR** a positive IGRA test.

Chest X-Ray _____ Result _____
Date

INH Therapy Initiated _____ Completed _____
Date Date

List any significant health problems which should be taken into consideration in school.

Religious and/or medical exemptions must be submitted to the school, according to Title 8-Chapter 57, New Jersey Department of Health Regulations.

Printed Name of Physician

Physician's Signature

Date

School District of South Orange and Maplewood

525 Academy Street, Maplewood, New Jersey 07040

Tel: 973 – 762-5600 x1830 Fax: 973 - 378 - 7649

Pursuant to N.J.A.C. 6A:16-2.2, upon entering the school district each child must have an up to date physical examination. This examination must have been completed by a licensed health care provider no more than 365 days prior to entering school.

Please have the examination completed by your own health care provider and ask him/ her to complete and sign the enclosed physical examination form. Please return the form to your child's school nurse.

We are obligated by law to notify you that it is important to obtain subsequent medical examinations for your child at least one time during each developmental stage: at early childhood (pre-school through grade three), pre adolescence (grades four through six); and adolescence (grades seven through 12).

If you have any questions or concerns, feel free to contact the school nurse at your child's school.

School District of South Orange and Maplewood

525 Academy Street, Maplewood, New Jersey 07040 Tel: 973 - 762 - 5600 x1830 Fax: 973 - 378 - 7649

STUDENT PHYSICAL EXAMINATION FORM - **RETURN TO SCHOOL NURSE**

Name: _____ Exam Date: _____ Age: _____ Date of Birth: _____

Address: _____ City/State/Zip: _____ Home Phone: _____

School: _____ Grade: _____ Gender: _____

Physician: _____ Phone: _____ Fax: _____

Address: _____ City/State/Zip: _____

HEIGHT: _____ WEIGHT: _____ BLOOD PRESSURE: _____/_____/_____ PULSE: _____

VISION: (R) _____ (L) _____ CORRECTED: Y / N _____ CONTACTS: Y / N _____ GLASSES: Y / N _____

HEARING: _____ LEAD LEVEL: _____ COMMENTS: _____

	Normal	Abnormal Findings	Comments
Head/Neck			
Eyes/Sclera/Pupils			
Ears			
Nose/Mouth/Throat			
Heart: Murmurs/Rhythms			
Lungs			
Chest Contour			
Skin			
Abdomen (inc. liver/spleen)			
Hernia			
Tanner Stage:			
Testes/Onset of Menses			
Neck/Back/Spine: ROM			
Scoliosis			
Upper Extremities			
Lower Extremities			
Neurological:			
Balance/Coordination			
Romberg			
Heel Walk			
Tandem Walk			
Nose Touch			
Toe Walk			

Most Recent Immunizations:

Asthma/Allergies:

Medications Currently Taking:

Additional Observations:

Student able to participate in all physical education: Yes No

List any significant health problems that should be taken into consideration for placement in school (ie. Hearing, Vision Problems, Lead Poisoning, etc.):

EXAMINED BY: Physician's Provider's Stamp

Physician's Signature: _____

Address: _____

Phone: _____

Fax: _____

Date: _____

South Orange & Maplewood School District

525 Academy Street, Maplewood, New Jersey 07040 Tel: 973 - 762 - 5600 x1830 Fax: 973 - 378 - 7649

NJ-SMART Health Status



To be completed by parent/guardian

Please print		Student Information	
Last Name	First Name	Date of Birth	
Physician's Information			
Physician's Name			
Street	City	State	Zip
Fax	Telephone Number		
Medical Information			
Last Lead Test		Lead Level	
Last Medical Exam			
Initial Polio Immunization			
Health Care Provider		NJ Family Care Program	
<p>Health Insurance <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>if yes, please specify the provider:</p> <p><input type="checkbox"/> Aetna HMO</p> <p><input type="checkbox"/> AmeriHealth HMO</p> <p><input type="checkbox"/> Cigna Healthcare HMO</p> <p><input type="checkbox"/> Health Net HMO</p> <p><input type="checkbox"/> Horizon Blue Cross Blue Shield of NJ</p> <p><input type="checkbox"/> Horizon Blue Cross Blue Shield of NJ PLUS</p> <p><input type="checkbox"/> NJ KidCare</p> <p><input type="checkbox"/> Oxford HMO</p> <p><input type="checkbox"/> Other _____</p>		<p>NJ FamilyCare provides free or low cost health insurance for uninsured children and certain low income parents. For more information call 800-701-0710 or visit www.njfamilycare.org to apply online.</p> <p>You may release my name and address to the NJ FamilyCare Program to contact me about health insurance.</p> <p>Signature: _____</p> <p>Printed Name: _____</p> <p>Date: _____</p> <p>Written consent required pursuant to 20 U.S.C. § 1232g (b)(1) and 34 C.F.R. 99.30 (b).</p>	
Signature		Date	

South Orange & Maplewood School District

525 Academy Street, Maplewood, New Jersey 07040 Tel: 973 - 762 - 5600 x1830 Fax: 973 - 378 - 7649

Medical History Form



To be completed by parent/guardian

Please print		Student Information			
Last Name		First Name		Date of Birth	
Physician's Name					
Fax			Telephone Number		
Street		City		State Zip	
Student's Medical History					
Past serious illnesses including, but not limited to the following:					
Month/Year					
Serious Head Injury		<input type="checkbox"/> Yes	<input type="checkbox"/> No	Month/Year	
Bronchitis		<input type="checkbox"/> Yes	<input type="checkbox"/> No	Month/Year	
Chicken Pox		<input type="checkbox"/> Yes	<input type="checkbox"/> No	Month/Year	
Chronic Ear Infections		<input type="checkbox"/> Yes	<input type="checkbox"/> No	Month/Year	
Diabetes		<input type="checkbox"/> Yes	<input type="checkbox"/> No	Month/Year	
Heart Disease		<input type="checkbox"/> Yes	<input type="checkbox"/> No	Month/Year	
Sicklecell Anemia		<input type="checkbox"/> Yes	<input type="checkbox"/> No	Month/Year	
Hepatitis		<input type="checkbox"/> Yes	<input type="checkbox"/> No	Month/Year	
Mononucleosis		<input type="checkbox"/> Yes	<input type="checkbox"/> No	Month/Year	
Pneumonia		<input type="checkbox"/> Yes	<input type="checkbox"/> No	Month/Year	
Seizure Disorders		<input type="checkbox"/> Yes	<input type="checkbox"/> No	Month/Year	
Strep Infections		<input type="checkbox"/> Yes	<input type="checkbox"/> No	Month/Year	
Allergies			Asthma		
Past and Present Injuries			Operations/Surgical Procedures/Dates		
Current Medical Problems			Current Medications		
Person(s) who will care for child in case parent/guardian cannot be reached					
Full Name		Address		Telephone Number	

Signature of Parent/Legal Guardian (circle one)

Date

FOOD ALLERGY INFORMATION FORM

Food allergies must be reported to the food service department prior to the student's first day of school.

Send this completed form via:

1. email: cthaller@somsd.k12.nj.us
2. Fax# 973-763-5774 or
3. In Person or by mail to: Food Service office located at:
Columbia High School, 17 Parker Avenue, Maplewood

This form allows you to disclose specific Food Allergy information, in order to enable the District Food Service Department to take necessary precautions for your child's safety.

Food Allergies:

Foods identified will not be offered to your child.

Student Name: _____

School: _____ Grade: _____

Cell Phone: _____ Home Phone: _____

Parent/Guardian Signature _____ Date: _____

Date form was received _____

SOMSD will maintain the confidentiality of the information provided above and may disclose the information to teachers, school counselors, school nurses, and other appropriate school personnel only within the limitations of the Family Educational Rights and Privacy Act and District policy.

School District of South Orange and Maplewood

525 Academy Street, Maplewood, New Jersey 07040

Registration Office

Tel: 973-762-5600 x1830

Fax: 973-378-7649

RESIDENCY VERIFICATION FORM

The South Orange-Maplewood School District reserves the right to conduct periodic residency checks as further verification a family resides in South Orange or Maplewood.

Enrollment in South Orange and Maplewood Schools is permissible only for those children whose parent(s)/guardian(s) are residents in the towns of South Orange or Maplewood.

Pursuant to N.J.A.C. 6A:22-4.1, eligibility for admission to the South Orange and Maplewood School District is subject to thorough review and evaluation and there is a potential for assessment of tuition in the event an initially admitted student is later found ineligible for enrollment. The review and evaluation may be conducted through **in-person** residency verifications in addition to the submission of documentation to prove residency in South Orange or Maplewood. Residency verifications may take place as early as 6:00am and as late as 6:00pm. Verifications are random.

In-person residency verification may take place by our residency investigators for the following reasons (but not limited to):

- Verification of newly enrolled students, renters and those who live in the home of family members/friends.
- When mail is returned from the Post Office
- When there is any sort of admission of an address in another town to a staff member
- As the result of a call on the District's tip line
- Unexplained lateness and/or absences
- As a result of an observation by a staff member

If your address has been selected for verification, it is critical you answer the door and identify yourself with photo ID. Residency Officers will make three attempts to verify residency. If unable to do so after the third attempt, the parent(s)/guardian(s) will be referred to the Board of Education for removal from the District for non-residency.

I, _____, parent(s) of

_____,
have read the above notice regarding residency verifications and understand I may be subjected to periodic, unannounced residency verifications and that after three unsuccessful attempts to verify my residency, may result in a hearing and possible removal from the district.

Signature of Parent/Guardian

Date

For Office Use
PS entry date _____
Form Revised Jan. 2016



Student Emergency Information

HEALTH INFORMATION

STUDENT INFORMATION

Student's Name: _____ **Date:** _____
Last First Middle

Family Physician: _____ **Phone Number:** _____

Preferred Emergency Hospital: _____ **Phone Number:** _____

Health Conditions – List any health conditions such as asthma, diabetes, seizure disorder, severe allergies, eye or ear problems, or any chronic health condition, etc., which your child may have. This information will only be shared with appropriate school personnel on an as-needed basis.

Medications currently taking: _____

Recent surgery (please specify): _____

I (we), the undersigned do hereby authorize the staff of the School District of South Orange & Maplewood to contact directly the persons named on this card. In the event other persons named on this card, or parents/guardians cannot be contacted, the school staff is hereby authorized to take whatever action is deemed necessary, in their judgment, for the health of my child. I (we) agree to be responsible for the costs of any emergency care, treatment and/or transportation; and I (we) hereby release the district from liability pertaining to any emergency care, treatment, and/or transportation.

Signature of Parent/Guardian

Date

© © ©

Does your child have Health Insurance?

☐ **Yes.** If yes, name of insurance company: _____

☐ **No.** NJ FamilyCare provides free or low-cost health insurance for uninsured children and certain low income parents. For more information, call 800-701-0710 or visit www.njfamilycare.org to apply online.

You may release my name and address to the NJ FamilyCare Program to contact about health insurance.

Signature: _____ **Date:** _____

Printed Name: _____

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

School District of South Orange and Maplewood

525 Academy Street, Maplewood, New Jersey 07040 Tel: 973 - 762 - 5600 x1830 Fax: 973 - 378 - 7649

Owner/Landlord Affidavit



Please Print

Landlord Information		Tenant's Information	
Name of the landlord		Name of the family	
Street Address		Street Address	Apt No.
City	State Zip	City	State Zip
Telephone	Fax	Telephone	
Building Information			
Please specify the type of building in which the apartment is located.			
<input type="checkbox"/> Single Family House <input type="checkbox"/> Three Family House <input type="checkbox"/> Multi-Dwelling, No. of Apartments: _____			
<input type="checkbox"/> Two Family House <input type="checkbox"/> Condominium <input type="checkbox"/> Other _____			
Leasing Information			
Please specify the terms of the lease.			
When did tenant(s) move in' ____ / ____ / ____		Relation to Renter: <input type="checkbox"/> No Relation	
How long is agreement effective ____ / ____ / ____		<input type="checkbox"/> Family Member(s)	
What kind of rental agreement <input checked="" type="checkbox"/> Month to Month <input type="checkbox"/> Yearly <input type="checkbox"/> Rent to Own		<input type="checkbox"/> Friend	
List the Names of all Persons Living in the Apartment/House			
<div></div> <div></div> <div></div> <div></div> <div></div>			
Send Information To		Office Use Only	
School District of South Orange and Maplewood Registration Office 525 Academy Street Maplewood, New Jersey 07040		<div>_____ Request Date</div> <div>_____ Received Date</div> <div>_____ Requested By</div> <div>_____ Received By</div>	

I attest that to the best of my knowledge the information is true and correct, and I am aware that fraudulent statements or claims may be prosecuted to the full extent of the law.

Sworn and subscribed before me
this _____ day of _____

Signature of Owner/Landlord

(A Notary Public of New Jersey)

Date

Knowingly permitting your name or address to be used in the registration of a non-resident student is in violation of Maplewood Township Ordinance # 2267-04 or South Orange Village Ordinance #04-13. Violation of this ordinance carries a fine of up to one thousand dollars (\$1,000.00). Persons found to have violated the ordinance will be required to make restitution to the school district for back tuition, attorneys' fees and costs.

School District of South Orange and Maplewood

525 Academy Street, Maplewood, New Jersey 07040 Tel: 973 - 762 - 5600 x1830 Fax: 973 - 378 - 7649

Resident/Tenant Affidavit

(To be used when the resident with whom the applicant is living, is not the owner or landlord of the property)



Please Print

Resident Tenant	Applicant Family Residing With Tenant
Name of the tenant	Name of the family residing with tenant
Street Address	Street Address Apt No.
City State Zip	State Zip
Telephone	Telephone

Housing Information

Please specify the type of building in which the Applicant and Resident Tenant live.

- ☐ Single Family House ☐ Three Family House ☐ Multi-Dwelling, No. of Apartments: _____
☐ Two Family House ☐ Condominium ☐ Other _____

Please provide the following:

When did the Applicant's family move in? ____ / ____ / ____ Relation to Renter: ☐ No Relation ☐ Family Member(s)

Does the Applicant contribute to rent and utilities? ☐ No ☐ Yes If yes, how much? _____

How long do you expect the Applicant's family to live with you? _____

List the Names of all Persons Living in the Apartment/House

_____	_____
_____	_____
_____	_____
_____	_____

Send Information To

School District of South Orange and Maplewood
Registration Office
525 Academy Street
Maplewood, New Jersey 07040

Office Use Only

_____ Request Date	_____ Received Date
_____ Requested By	_____ Received By

I attest that to the best of my knowledge the information is true and correct, and I am aware that fraudulent statements or claims may be prosecuted to the full extent of the law.

Sworn and subscribed before me
this _____ day of _____

Signature of Resident Tenant

(A Notary Public of New Jersey)

Date

Knowingly permitting your name or address to be used in the registration of a non-resident student is in violation of Maplewood Township Ordinance # 2267-04 or South Orange Village Ordinance #04-13. Violation of this ordinance carries a fine of up to one thousand dollars (\$1,000.00). Persons found to have violated the ordinance will be required to make restitution to the school district for back tuition, attorneys' fees and costs.