



## Wall Township Public Schools Registration Forms

732-556-2006

# CHECK LIST

### DOCUMENTS NEEDED AT THE TIME OF YOUR APPOINTMENT

\_\_\_\_\_ Proof of Residency (example: Rental Agreement/Lease, Mortgage Receipt, Tax Bill, Affidavit of Domicile). Additional paperwork verifying domicile is required if you and your children are living with a family member, or if your children are living with a family member without you.

\_\_\_\_\_ Child's Birth Certificate or passport (Original or certified copy)

\_\_\_\_\_ New Student Physical Exam Form

\_\_\_\_\_ Completed Registration Forms (K-12)

\_\_\_\_\_ Court Documents (if applicable)

\_\_\_\_\_ IEP/ESL/504 Records (if applicable)

\_\_\_\_\_ Unofficial Records/Transcripts

Grade 1-8: Report cards, Standardized Test Scores (NJASK, PARCC)

Grade 9: Report cards from 7th and 8th grade, Standardized Test Scores

Grades 10-11 Unofficial Transcripts, Standardized Test Scores

Grade 12: Unofficial Transcripts, Standardized Test Scores, SAT or ACT (if available)

All grades: If transferring after the school year has started- exit grades for each class for that grade

Additional forms that might be needed depending on your circumstances:

- Application for Admission of Domiciled Student (Form A)
- Application for Admission of Affidavit Student (Form B-Part 1)
- Application for Admission of Affidavit Student (Form B-Part 2)

Required Consent Forms:

\_\_\_\_\_ Internet User Contract

\_\_\_\_\_ Anti-Big Brother Statement

\_\_\_\_\_ Request for Pupil Supervision

\_\_\_\_\_ Weapons Awareness

\_\_\_\_\_ Photo/Image Consent Form

For additional information or questions please contact Ms. Kim Keator at [kkeator@wall.k12.nj.us](mailto:kkeator@wall.k12.nj.us) or call 732-556-2006.



## Wall Township Public Schools Student Registration

Date \_\_\_\_\_

School: \_\_\_\_\_

Name of Parent(s)/Guardian(s) Registering: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

Student Last Name \_\_\_\_\_ Student First Name \_\_\_\_\_ MI \_\_\_\_\_

Current Address \_\_\_\_\_ Phone # \_\_\_\_\_

Is Student Presently Living: ( ) Doubled Up ( ) In a Shelter ( ) A Motel/Hotel ( ) Unsheltered ( ) Other –  
Explain: \_\_\_\_\_

Mother's Name \_\_\_\_\_ Mother's Address \_\_\_\_\_  
(if different from student's address)

Father's Name \_\_\_\_\_ Father's Address \_\_\_\_\_  
(if different from student's address)

Email address(es) of Parent/Guardian: \_\_\_\_\_

Mother's Phone \_\_\_\_\_ Father's Phone \_\_\_\_\_ House Phone \_\_\_\_\_

Proof of Residency Provided \_\_\_\_\_  
(examples of acceptable proof include Tax Bill, Mortgage Receipt, or Lease Agreement)

Additional Proof of Residency (3 needed): \_\_\_\_\_  
(acceptable proofs include: utility bill, driver's license, car insurance, vehicle registration, Voter registration, delivery receipts)

Student resides with: Both parents \_\_\_\_ Father only \_\_\_\_ Mother only \_\_\_\_ Other \_\_\_\_  
(please specify other)

*It is the parent's responsibility to provide Settlement Agreements and/or Court Orders regarding parental rights/limitations due to divorce or separation. If applicable, attach documentation to this form that has been signed by a Judge regarding unique circumstances concerning the legal guardianship/custody of your child.*

Are these forms attached? Yes \_\_\_\_\_ No \_\_\_\_\_ Not applicable \_\_\_\_\_

Student's Date of Birth: \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_ Grade Registering \_\_\_\_\_

Place of Birth \_\_\_\_\_ Previous School Attended \_\_\_\_\_

If place of birth is outside of the USA- Date of Student's Arrival in USA: \_\_\_\_\_

From Country: \_\_\_\_\_

Ethnic Origin (Optional-may check more than one):

White \_\_\_\_ Black/African American \_\_\_\_ Asian \_\_\_\_ Hispanic \_\_\_\_ American Indian/Alaskan \_\_\_\_ Native Hawaiian/Pacific Island \_\_\_\_

Student's Language: \_\_\_\_\_ Language used in the home: \_\_\_\_\_

First language spoken: \_\_\_\_\_ Other languages spoken: \_\_\_\_\_

Has the student previously attended school in the Wall Township Public Schools? \_\_\_\_\_



If Yes, which school? \_\_\_\_\_ Dates attended \_\_\_\_\_

Last School Attended: \_\_\_\_\_ Dates attended \_\_\_\_\_

Address of last school attended: \_\_\_\_\_ Phone: \_\_\_\_\_

Has the student been enrolled in any of the following programs? If yes, indicate the year(s) enrolled:

Gifted and Talented \_\_\_\_\_ Honors/AP \_\_\_\_\_ ESL/Bilingual \_\_\_\_\_ Academic Intervention \_\_\_\_\_

Special Education \_\_\_\_\_ Speech Services \_\_\_\_\_ Does the student have a 504 plan? \_\_\_\_\_

Please include information about other children in the family/household:

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Grade registering \_\_\_\_\_

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Grade registering \_\_\_\_\_

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Grade registering \_\_\_\_\_

### Emergency Information

Doctor's Name \_\_\_\_\_ Phone # \_\_\_\_\_

Medical Emergency: If unable to contact the parent(s) Please call:

1st emergency contact name \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

Home phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_

2nd emergency contact name \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

Home phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_

Does your student have health insurance coverage? Yes \_\_\_\_\_ No \_\_\_\_\_

If no, please check one of the following:

☐ Yes, you may release my name and address to the NJ FamilyCare Program to contact me about health insurance.

☐ No, you may not release my name and address to the NJ FamilyCare Program to contact me about health insurance.

*NJ FamilyCare is a federal and state funded health insurance program created to help qualified New Jersey residents of any age access to affordable health insurance. NJ FamilyCare is for people who do not have employer insurance. For more information call 1-800-701-0710 or visit [www.njfamilycare.org](http://www.njfamilycare.org).*

Name of Insurance Company \_\_\_\_\_ Date of last medical examination \_\_\_\_\_

List any allergies \_\_\_\_\_ List any medications \_\_\_\_\_

**I hereby affirm that the information provided is true and correct to the best of my knowledge.**

\_\_\_\_\_  
(Signature of Person Registering Student)

\_\_\_\_\_  
(Relationship to Student)

\_\_\_\_\_  
(Date)



**Wall Township Public Schools  
Parent/Guardian Statement of Residency**

I am \_\_\_\_\_ the \_\_\_\_\_ of \_\_\_\_\_.  
(Parent/guardian Name) (Parent/Guardian) (Student's Name)

I currently live and reside at \_\_\_\_\_,  
(Street Address) (Apt. #)  
\_\_\_\_\_, \_\_\_\_\_. This address is in Wall Township, New Jersey.  
(Town) (Zip code)

I certify that my children reside with me at that address. I submit the following proof of my residence (select one):

____ Property Tax Bill	____ Copy of Executed Deed	____ Affidavit of Title
____ Mortgage Statement	____ Signed Settlement Statement	____ H.U.D. Settlement
____ Affidavit of Domicile	____ Copy of Executed Lease	____ Other

Please explain 'Other' if selected above: \_\_\_\_\_

Do you maintain any other residence? \_\_\_\_ If you do maintain another residence, provide the address of the other residence below and state why you are residing here instead:

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In the event an investigation should disclose that my child is not entitled by law to attend the Wall Township Public Schools free of charge, I understand that the child will be dis-enrolled, and that I will be held responsible for the cost of tuition to the district for any periods of unlawful attendance. Such tuition will be based upon the per pupil costs of education for the portion of the year in which the child was unlawfully enrolled.

**I CERTIFY THAT THE FOREGOING STATEMENTS MADE BY ME ARE TRUE. I AM AWARE THAT IF ANY OF THEM ARE WILLFULLY FALSE, I WILL BE SUBJECT TO LEGAL ACTION.**

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



**Wall Township Public Schools**  
**Application for Admission of Domiciled Student- Form A**

Resident Name \_\_\_\_\_ Address \_\_\_\_\_

This notarized document serves as notification to the Wall Township Board of Education that the following individuals reside with me at my home in Wall Township:

\_\_\_\_\_  
Proof of Residency Provided \_\_\_\_\_  
(examples of acceptable proof include Tax Bill, Mortgage Receipt, or Lease Agreement)

Additional Proof of Residency (3 needed): \_\_\_\_\_  
(acceptable proofs include: utility bill, driver's license, car insurance, vehicle registration, Voter registration, delivery receipts)

***Should the information provided here be proven false, financial responsibility to the Wall Township Board of Education for tuition at the current rate for all days found ineligible shall be assessed. Investigation and random visits from the District Residency Investigators should be expected. Please be advised that in addition to the Department of Education Regulations N.J.A.C. 6A:22 prohibiting such conduct, New Jersey State Law, specifically N.J.S.A. 18A:38-1(c), provides that any person who fraudulently allows a child or another person to use his/her residence for school admissions purposes is guilty of a Disorderly Persons Offense punishable under the New Jersey Criminal Code.***

Name of Parent/Guardian \_\_\_\_\_

Proof of Domicile Provided: \_\_\_\_\_  
(examples of proof of domicile include: Driver's License, Car Insurance Billing, Bank Statement, Pay Stub, Benefits Statement, Court Order, Medical Billing)

Name(s) and grade(s) of student(s) being registered:

\_\_\_\_\_  
\_\_\_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_ Phone # \_\_\_\_\_

Resident Signature: \_\_\_\_\_ Date \_\_\_\_\_ Phone # \_\_\_\_\_

Sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

Notary Signature/Seal \_\_\_\_\_



**Wall Township Public Schools**  
**Application for Admission of Affidavit Student- Form B-Part 1**

**Pursuant to N.J.S.A. 18A:38-1(B)(1)**  
**State of New Jersey; County of Monmouth; ss. Affidavit of Non-Resident Custodians**

Parent or Guardian(s) Names \_\_\_\_\_, being of full age, being duly sworn according to law upon their oath depose and say:

1. I/we are the parent/legal guardian(s) of \_\_\_\_\_  
(Name(s) of Students)

Who has made application for enrollment in the Wall Township Public School District on \_\_\_\_\_.

2. I/we reside at: \_\_\_\_\_  
(street address, city, zip code and country if applicable)

A clear copy of my/our photo ID is attached indicating my/our current address as stated above.

3. I/we are not capable of supporting or providing care for the child(ren) due to family or economic hardship. (A notarized letter of explanation detailing the hardship is attached).
4. The above named children reside with \_\_\_\_\_ and \_\_\_\_\_ who are residents of Wall Township.
5. Resident's Address and Phone # \_\_\_\_\_
6. Resident's relationship to the student(s): \_\_\_\_\_
7. The above named Resident Custodian(s) have submitted a notarized Affidavit (as per N.J.A.C. 6A:28-2.4(a)(2)(i)(1) evidencing that they are supporting the child(ren) gratis, and will assume all personal obligations for the child(ren) relative to school requirements and intend to keep and support the child(ren) gratuitously for a longer time than merely through the school term, and are providing written proof of their residency in the District.
8. The above named child(ren) are not residing in the District solely for the purpose of receiving a free public education within the District.
9. I/we hereby authorize the above named residents of Wall Township School District to enter into agreements, sign documents, and make necessary education related decisions on behalf of the students named herein.
10. I/we agree to provide the Wall Township School District with new Affidavits each year during which the child(ren) continue to apply for non-resident admission to the District.
11. I/we certify that the foregoing statements are true. I/we acknowledge that if any of the foregoing statements are willfully false, I/we will be financially responsible for tuition at the current rate for all days found to be ineligible.

Parent/Guardian Signature # 1 \_\_\_\_\_ # 2 \_\_\_\_\_

Sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

Notary Signature/Seal \_\_\_\_\_



**Wall Township Public Schools**  
**Application for Admission of Affidavit Student- Form B-Part 2**  
**Pursuant to N.J.S.A. 18A:38-1(B)(1)**  
**State of New Jersey; County of Monmouth; ss. Affidavit of Resident Custodians**

Name(s) of Resident(s) \_\_\_\_\_ and \_\_\_\_\_ of full age,  
being duly sworn according to law upon their oath depose and say:

1. I/we have made application to register: \_\_\_\_\_ as a student in the Wall Township Public School District on \_\_\_\_\_.
2. The parent or legal guardian(s) of the above student are: \_\_\_\_\_, who are not residents of Wall Township Public Schools District. They reside at \_\_\_\_\_.
3. The above named parent or legal guardian(s) are not capable of supporting or providing care for the reasons stated in the Affidavit of Non-Resident Parent(s) which is submitted together with this Affidavit (as per N.J.A.C. 6A:28-2.4(a)(2)(i)(1)).
4. My/our relationship to the student(s) is \_\_\_\_\_.
5. My/our address and phone # is \_\_\_\_\_.
6. Proof of Residency Provided \_\_\_\_\_  
(examples of acceptable proof include Tax Bill, Mortgage Receipt, or Lease Agreement)
7. Additional Proof of Residency (3 needed) \_\_\_\_\_  
(acceptable proofs: utility bill, driver's license, car insurance, vehicle registration, Voter registration, delivery receipts)
8. I/we are supporting the child(ren) gartis, and will assume all personal obligations for the child(ren) relative to school requirements and intend to keep and support the child(ren) gratuitously for a longer time than merely through the school term.
9. I/we are legally responsible for the above named child(ren) as demonstrated by the attached documentation:  
\_\_\_\_\_
10. The above named child(ren) are not residing in the District solely for the purpose of receiving a free public education within the district.
11. I/we agree to provide the Wall Township Public School District with new Affidavits in each year during which I/we continue to apply for non-resident admission to the District for the above named child(ren).
12. I/we certify that the foregoing statements made are true. I/we acknowledge that if any of the foregoing statements are willfully false, I/we will be financially responsible for tuition assessed at the current rate for all days found to be ineligible.

Resident Signature # 1 \_\_\_\_\_ # 2 \_\_\_\_\_

Sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

Notary Signature/Seal \_\_\_\_\_