

PARSIPPANY-TROY HILLS TOWNSHIP SCHOOLS
RE-REGISTRATION FORM 2021-2022 5th & 8th Graders ONLY



- New Student
- Returning to the District
- Information Change

TODAY'S DATE: _____

STUDENT NUMBER: _____

All information will be kept confidential. It will be appreciated if you answer all questions to the best of your knowledge. However, if you do not wish to respond to specific questions, you may request to speak to the principal. **PLEASE CHECK OR FILL IN THE CORRECT INFORMATION. PLEASE PRINT OR TYPE ALL INFORMATION.** Thank you for your cooperation.

1. School: _____ Counselor: (School Use Only) _____

2. Student Name: _____
(First) (Middle) (Last) (Suffix Jr, III, etc)

3. Student's Nick Name: _____ 4. Birth Date: _____
Certificate No. _____
(Month/Day/Year)

5. Birth City: _____ Birth State: _____ Birth Country: _____

6. Enrollment/Entry Date: _____ 7. Grade: _____

8. Gender: M F 9. Gender Preferred: _____

10. Ethnicity: Hispanic YES NO
Race: White Black/African American Asian
(CHECK ALL THAT APPLY) American Indian/Alaskan Native Native Hawaiian/Pacific Islander

11. Transfer from: _____
(School) (City) (State or Country)

(Address)

12. What is the primary language of the family: _____

13. Language spoken at home: _____

14. Date First Entered a US School (Including Preschool): _____

15. Date entered USA: (IF APPLICABLE) _____

16. Please check programs in which student has participated:
 Supplemental Instruction Gifted & Talented Special Education
 ESL/LEP 504 Child Study Team Evaluation
 (IEP) Individualized Education Program

17. Student's Home Address: _____
(Street) (PO Box)

(City) (State) (Zip)

18. Student's Phone No.: (If applicable) () _____

19. Home Phone: () _____ Unlisted: Yes No

20. Parent/Guardian's marital status: Single Married Divorced Separated
Widow Widower Civil Union
Comment: _____

GUARDIAN 1

21. Parent/Guardian Name: _____
(PRIMARY) (First) (Middle) (Last)

22. Relationship to child: Mother Father Other: _____

23. Mailing Address: _____
(if different from student's in Line 16 above)

24. Cell Phone: () _____ Email: **Needed for Genesis Parent Portal**

25. Work phone: () _____

GUARDIAN 2

26. Spouse Name: _____
(First) (Middle) (Last)

27. Relationship to child: Mother Father Other: _____

28. Mailing Address: _____
(if different from student's in Line 16 above)

29. Cell phone: () _____ Email: **Needed for Genesis Parent Portal**

30. Work phone: () _____

31. **Emergency Contact** - Name: Mr./Mrs./Ms. _____
(Must be different from Mother and Father)

32. Relationship: _____ 33. () _____
(Area Code) (Ext.)
(Must be different number from student's home telephone number)

34. Second Parent Mailing: Yes No IF YES, complete numbers 33 – 38

35. Parent/Guardian Name: _____
(SECONDARY) (First) (Last) (Middle)

36. Relationship to child: Mother Father Other: _____

37. Home Address: _____
(Street) (PO Box)

(City) (State) (Zip)

38. Home phone: () _____ Email: **Needed for Genesis Parent Portal**

39. Cell Phone: () _____ 40. Work phone number: () _____

If the student's parents are domiciled in different districts, regardless of which parent has custody, please complete the 41.

41.
Is there a court order or written agreement between the parents designating the district for school attendance, and if so, where does it require the student to attend school? (You will be asked to provide a copy of this document.)

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

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

If the student lives with both parents on an equal-time, alternating week/month or other similar basis, with which parent did the student reside on the last school day prior to October 16 preceding the date of this application?

42. Child of District Employee or Board Member: Yes No

43. Privacy (*Military*) Yes No

44. Media Release Yes No

45. SIBLING INFORMATION

| NAME | BIRTH DATE | SCHOOL | GRADE |
|------|------------|--------|-------|
| 1) | | | |
| 2) | | | |
| 3) | | | |
| 4) | | | |

46. Physician's Name: Dr. _____
(Elementary Use Only)

47. ()

48. _____
Print Parent/Guardian's Name

49. _____
Signature Parent/Guardian

50. _____
Date

51. _____
Signature of School Official Registering the Student

PARSIPPANY-TROY HILLS TOWNSHIP SCHOOLS

Anytime any information on this form changes, it is necessary to tell the school in order to update our files. Since this system utilizes one central file, it is essential that this information be accurate at all times.

DIRECTIONS FOR COMPLETING STUDENT REGISTRATION FORM

1. Print the name of the school.
2. Print the student's first name, middle name, and last name.
3. Print Student's Nick Name.
4. Enter student's birth date in month/day/year.
5. Print city of birth, print state of birth, and print country of birth.
6. *Disregard enrollment/entry date.*
7. Enter **present** grade.
8. Check whether student is male or female.
9. If applicable write Gender Preferred.
10. Check all that apply regarding ethnicity and race.
11. Print name of previous school child attended. Print city, state or country of that school. If none put N/A.
12. Print primary language, including dialect, of family.
13. Print language spoken at home.
14. Print date first entered a US School (*including Preschool*), if applicable.
15. Print date entered USA, if applicable.
16. If student has participated in any of the programs listed, please check.
17. Print number and street, apartment number, city, state, and zip code of **student's home address**.
18. Print Student's Cell number if she/he has one.
19. Print home phone number.
20. Check marital status of parent/guardian. If any custodial restrictions, please indicate under comment.
21. GUARDIAN 1 Print first name, middle name, and last name of parent/guardian. (PRIMARY)
22. Indicate relationship of parent/guardian to this student.
23. Print the mailing address. **(If different from Line 16 above)**
24. Print cell phone number of parent/guardian and email address of parent/guardian if you have one.
25. Print Work phone number.
26. GUARDIAN 2 - Print first name, middle name, and last name of spouse.
27. Indicate relationship of spouse to this student.
28. Print spouse's address **(If different from Line 16 above)**
29. Print spouse's cell phone number and email address of spouse if you have one.
30. Print Work phone number.
31. Print name of **emergency contact** person.
32. Print relationship of **emergency contact** person to student.
33. Enter emergency contact person's telephone number. **THIS MUST BE A DIFFERENT NUMBER FROM STUDENT'S HOME TELEPHONE.**
34. Check yes or no for Second Parent Mailing. (SECONDARY) If a second parent mailing (**This means to a different address**) for correspondence from the school is required complete numbers 33-38 with pertinent information.
35. Print first name, middle name, and last name of parent/guardian. (SECONDARY)
36. Indicate relationship of parent/guardian to this student.
37. Print number and street, apartment number, city, state, and zip code of home address.
38. Print home phone number and email address of parent/guardian if you have one.
39. Print cell phone number of parent/guardian if you have one.
40. Print Work phone number.
41. Complete if student's parents are **domiciled in different districts.**
42. Is student a child of district employee of board Member? Check Yes or No.
43. Check yes or no for student information to be restricted. **Checking yes does not remove the information from the computer, but rather indicates your wish to have the information restricted from being sent to outside agencies.**
44. Check yes or no for receipt of Media Release. Yes allows student classroom pictures to be in newsletter or on website.
45. **Sibling Information must be completed.** Print name(s), birth date(s), school, and grade of other child(ren) in the family.
46. Print name of student's physician.
47. Enter physician's telephone number.
48. Print parent/guardian's name.
49. Write signature. (*can be typed in*)
50. Print date.
51. *Disregard.*

PARSIPPANY-TROY HILLS TOWNSHIP SCHOOLS

DOCUMENTATION OF RESIDENCY

SCHOOL USE ONLY

Documentation of Residency

All parents/guardians must provide current documents as proof of residency in the Township of Parsippany-Troy Hills. Documents are required to clearly indicate the names and addresses provided for the registration of all students. **Individuals must provide one (1) document from Category A and two (2) documents from Category B.**

| Category A – One (1) document | Category B – Two (2) documents | |
|-------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------|
| Contract of sale Mortgage document or payment book Property tax bill Recorded deed Signed lease | Bank Statement (block out figures) Cable Bill Credit Card Statement Driver’s License Electric Bill Financial account information | Gas Bill Insurance Bill Paycheck Stub Telephone bill Vehicle Registration Voter registration Water/Sewer Bill |
| | <i>or any other evidence of personal attachment to your residence of domicile.</i> | |

For Guardians Only

Guardians must provide proof of legal guardianship by providing a copy of Court orders, State agency agreements, or other evidence of court or agency placements or directives.

OR

Affidavits, certifications and sworn attestations pertaining to statutory criteria for school attendance, from the parent, legal guardian, person keeping an "affidavit student," person(s) with whom a family is living, or others as appropriate.

Verified by Building Principal (*Signature*)

(*Date*)

◆-----◆

FOR SCHOOL USE ONLY

3. Needs to make an appointment with Office of the Superintendent for Verification of Residency.

Form received from Superintendent on _____.

Please email the completed registration form
to the designated staff member at your school

Eastlake – Marianne Felger – mfelger@pthsd.net
Intervale – Leticia Lombardi – llombardi@pthsd.net
Knollwood – Ileana Cascio – icascio@pthsd.net
Lake Hiawatha – Narmada Iyengar – naiyengar@pthsd.net
Lake Parsippany – Lynne Fornini – lfornini@pthsd.net
Littleton – Carol DePugh – cdepugh@pthsd.net
Mt. Tabor – Sharon Dickerson – sdickerson@pthsd.net
Northvail – Judy Stander – jstander@pthsd.net
Rockaway Meadow – Carmen Rosa – crosa@pthsd.net
Troy Hills – Donna Martinez - dmartinez@pthsd.net
Brooklawn – Janice DiNapoli – jdinapoli@pthsd.net
Central – Barbara Shannon – bshannon@pthsd.net

If you are unable to email the completed forms and attachments you can mail them
your school at the address below:

Brooklawn Middle School

250 Beachwood Road
Parsippany NJ 07054

Central Middle School

1620 Route 46 West
Parsippany NJ 07054

Eastlake School

40 Eba Road
Parsippany NJ 07054

Intervale School

60 Pitt Road, PO Box 52,
Boonton, NJ 07005

Knollwood School

445 Knoll Road
Lake Hiawatha, N.J. 07034

Lake Hiawatha School

1 Lincoln Avenue
Lake Hiawatha NJ 07034

Lake Parsippany School

225 Kingston Road
Parsippany, NJ 07054

Littleton School

51 Brooklawn Drive,
Morris Plains, NJ 07950

Mt. Tabor School

900 Park Road & Route 53
Mt. Tabor, NJ 07878

Northvail School

10 Eileen Court
Parsippany, NJ 07054

Rockaway Meadow School

160 Edwards Road
Parsippany, NJ 07054

Troy Hills School

509 S. Beverwyck Road
Parsippany, NJ 07054