

COLTS NECK TOWNSHIP SCHOOL DISTRICT

Registration Department

732-946-0055 x4114

Susan Gill, District Registrar

WELCOME TO COLTS NECK TOWNSHIP SCHOOLS

REGISTRATION REQUIREMENTS

Before proceeding, parents/guardians must read the information contained in this document to ensure all required paperwork is in order before you register your child(ren). A completed registration packet and copies of all requirements listed below must be uploaded when you are pre-registering your child(ren) in Genesis (our Student Information System -(Step 2) in the registration process under New Student Registration on the district website.

1. Proof of Age – Original Birth Certificate:

A photocopy of your child(ren)'s birth certificate with official raised seal of the municipality in which the child(ren) was born.

AGE REQUIREMENTS:

Kindergarten: A child must be five (5) years of age on or before October 1 to be eligible to enter Kindergarten in September.

First Grade: A child must be six (6) years of age on or before October 1 to be eligible to enter First Grade in September.

2. Custody Agreement (if applicable):

If divorced, you must provide attached supporting documentation of residential custody. Upload all documentation regarding custody issues, restraining orders or visitation schedules that the district needs to know about.

3. SIX (6) Proofs of Residency:

A total of **SIX (6) Proofs of Residency** in Colts Neck Township are required for student registration. Photocopies of the below items must be uploaded during the pre-registration process or emailed/dropped off to Susan Gill in the Administration Building.

A. THREE (3) Required Proofs of Residency:

- Deed
- Photo Driver's License
- Property Tax Bill
- Valid Lease or Rental Agreement **ALONG WITH** the Sworn Statement of Tenancy (to be completed and notarized by your Landlord)
- Certificate of Domicile (if you are residing with another family in Colts Neck)

B. THREE (3) from the following list:

- Closing Disclosure
- Current monthly mortgage statement or online statement
- Certificate of Occupancy
- Current Utility bill or online statement (ie: gas, water, cable, electric etc. – any statement with your name and address on it)
- Voter Registration

EARLE RESIDENTS: Must provide their Lease, Military Orders, EARLE Housing Letter, Earle Housing form. (Packet A)

EARLE LIAISON: Christopher Hendrix [Email: christopher.p.hendrix2.naf@us.navy.mil](mailto:christopher.p.hendrix2.naf@us.navy.mil)

Please note:

- Post office boxes are not considered legal documents for proof of residency. Parents who have entered into a contract to purchase or lease a home, but have not yet moved into the township, are eligible to register their child(ren) pursuant to the district's **Eligibility of Resident/Non-Resident Pupils – 5111** and have sixty (60) days to provide proof of residency.

4. Proof of Current Physical:

A photocopy of the current physical exam dated, signed and stamped by the physician's office.

5. Immunization Records:

A photocopy of the child's Immunization record is required for students enrolling in grades Preschool – 8:
Health forms are available on the nurses' websites. **(SEE STEP 3 in the Registration Process under New Student Registration on the district website).**

7. Special Services Information: If your child has an **Individualized Education Plan (IEP)**, and/or receives any additional special services and/or accommodations such as **ESL Services or a 504 Plan**, a copy for our records **MUST** be uploaded during your pre-registration process or emailed to Susan Gill.

Colts Neck Township Schools

Superintendent of Schools
MaryJane Garibay, Ed.D.



70 Conover Road, Colts Neck, NJ 07722
Phone: 732-946-0055
Fax Board Office: 732-837-0785
www.coltsneckschools.org

Business Administrator/Board Secretary
Vincent S. Marasco

AFFIDAVIT OF RESIDENCY
(REQUIRED TO COMPLETE)

STATE OF NEW JERSEY:

SS:

COUNTY OF MONMOUTH:

I, _____, of full age, being duly sworn according to law, upon my oath depose and say:

I, _____, parent/guardian, hereby certify that my child(ren) and I

are officially residing at _____, in the Township of Colts Neck, NJ.

<u>Name of Children</u>	<u>Age</u>	<u>Grade</u>	<u>School</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

I hereby submit the following forms of proof, which certify that my child(ren) and I are domiciled in the Township of Colts Neck, NJ, County of Monmouth:

THREE (3) REQUIRED:

- Deed
- Driver's License with Name and Current Address
- Property Tax Bill
- Valid Lease or Rental Agreement **ALONG WITH** the Sworn Statement of Tenancy (to be completed and notarized by your Landlord)
- Certificate of Domicile (notarized - if you are living with a family in Colts Neck, NJ)

THREE (3) OF THE FOLLOWING:

- Closing Disclosure
- Current monthly Mortgage Statement
- Certificate of Occupancy
- Current Utility bill or online statement (any statement with your name and current address on it)
- Voter Registration

Please note that additional documentation may be required.

I further state that this form and the attached documents constitute true and accurate proof that the student(s) listed above reside in the Township of Colts Neck, NJ and will continue to do so.

"If it is determined by investigation that the address stated in this Affidavit is not my valid Colts Neck residence where the child(ren) named in this affidavit also reside, I acknowledge that I will be responsible to pay the tuition to the Colts Neck Board of Education for those children listed in this Affidavit while attending the Colts Neck Township Public School District, and that unless the District approves continued school attendance as a tuition-paying student, the child(ren) may be removed from the school. I hereby certify that the foregoing statements made by me are true. I am aware that if any of the foregoing statements made by me are willfully false, I am subject to punishment".

The person signing this affidavit fully understands that any false statement, answers, or declarations contained in this affidavit may subject the affiant to criminal prosecution for the crime or false swearing in violation of **N.J.S.A. 2C:28-2**. If a person is convicted of such a crime, he or she may be punished by a fine of up to \$10,000, or be imprisoned for up to 18 months, or both.

(CANNOT BE NOTARIZED BY A FAMILY MEMBER)

Sworn and subscribed before me this _____ day, month of _____, 20____.
Notary Public Signature: _____
Commission Expires: _____



REGISTRATION CERTIFICATION
(Complete ONLY if you own a home)

As the parent or guardian of this student, I hereby request enrollment of the named child in the Colts Neck Township School District, Monmouth County, New Jersey. I certify that my child is eligible for a free public education in the Colts Neck Township School District by virtue of legal residency within the district. I also understand that my child's right to attend school in this district will be investigated, and that falsified residency information may result in the child's removal and the assessment of tuition charges.

I further give my permission to disclose information from my child's education records to local, state, and federal agency representatives for the sole purpose of Medicaid reimbursement of related services described in my child's Individual Education Plan (IEP), if applicable.

I further understand that the School Health Examination form is required for enrollment, and that until this form is submitted and approved by our nursing staff, my child will not be allowed to participate in district athletic programs.

Signature of Parent/Guardian

Date

Student Name



HOME LANGUAGE SURVEY

It is required by New Jersey Administrative Code (N.J.A.C. 6A:15-1.3) that each school district will collect a Home Language Survey form to identify students who may need to be assessed for English Language Proficiency. To meet this state requirement, your cooperation in completing this form is greatly appreciated.

PLEASE PRINT CLEARLY AND FILL IN FORM COMPLETELY.

Student's Name		Grade
Student's Place of Birth	[City]	[State] [Country]
Year of Entry into the U.S. (If born in U.S. and re-entering, Date of Re-entry)	[Month]	[Year]
First Date of Entry in a U.S. School	[Month]	[Year]
Relationship of Person Completing Survey <input type="checkbox"/> Parent 1 <input type="checkbox"/> Parent 2 <input type="checkbox"/> Guardian <input type="checkbox"/> Other <i>Specify</i>		

Directions: Check the correct response for each of the following questions:

- | | English | Other |
|--|----------------|--------------|
| 1. What was the first language used by the child?
If "Other" - proceed to question 2a | _____ | _____ |
| | YES | NO |
| 2. At home, does the child hear or use a language other than English more than half of the time?
If "Yes" – proceed to question 7 If "No" – proceed to question 4 | _____ | _____ |
| 3. Does the child understand a language other than English?
If "Yes" – proceed to question 4 If "No" – Survey Complete | _____ | _____ |
| 4. When interacting with his/her parents or guardians, does the child use a language other than English more than half of the time?
If "Yes" – proceed to 7 If "No" – proceed to question 5 | _____ | _____ |
| 5. When interacting with caregivers other than their parents or guardians, does the child use a language other than English more than half of the time? | _____ | _____ |
| 6. Has the child recently moved from another school district/charter school where he/she was identified as an English language learner? | _____ | _____ |
| 7. Please list the name of the "Other" language in which you indicated above. _____ | | |

Signature of Person Completing Survey

Date Signed



MILITARY FORM

(Complete ONLY if you are in the Military)
**** THANK YOU FOR YOUR SERVICE ****

Date: _____ Grade: _____

Student Last Name: _____ Student First Name: _____

Address on Base: _____

Parent #1: _____ Parent #2: _____

BROTHERS AND SISTERS ENROLLED IN OUR DISTRICT:

Name _____ Birth Date _____ School _____

Name _____ Birth Date _____ School _____

Name _____ Birth Date _____ School _____

BROTHERS AND SISTERS NOT ENROLLED IN OUR DISTRICT:

Name _____ Birth Date _____ District _____

Name _____ Birth Date: _____ District _____

Name _____ Birth Date: _____ District _____

OTHERS NOT ALREADY LISTED ABOVE LIVING IN HOUSEHOLD (both relatives and non-relatives)

**

**

ACTIVE MILITARY

1. **Are you or anyone in your household Active Military?** No Yes Mother Father Both

Branch of Service: Army Navy Marines Air Force Coast Guard

Military Rank/Grade:

2. **Do you or anyone in your household WORK on a Military base?** No Yes

If yes, please list Name and Address of the Base:

2 a. **Duties Performed:**

3. Please list the Name and Address of the Employer for which you are working for on NWS Earle, other base, on other Federal Property, or other non-Federal Property:

4. Do you or anyone in your household RESIDE on a Military Base?
If yes, please list the Name and Address of the Military Base:

No Yes

Name of Base

**

**

RESERVES & NATIONAL GUARD

1. Are you or anyone in your household in the Military? No Yes Mother Father Both
Branch of Service Reserves National Guard
Military Rank/Grade:

2. Do you or anyone in your household WORK on a Military base?
 Mother Father Both
If yes, please list Name and Address of the Base:

No Yes

2 a. Duties Performed:

3. Please list the Name and Address of the Employer for which you are working for on NWS Earle, other base, on other Federal Property, or other non-Federal Property:

4. Do you or anyone in your household RESIDE on a Military Base?
If yes, please list the Name and Address of the Military Base:

No Yes

Name of Base

Military Orders are required at time of Registration (For School Office Only)



PARENT AUTHORIZATION FOR RELEASE OF SCHOOL RECORDS
(For General Education Students Only)

In accordance with New Jersey Administrative Code, Title 6:3- 2.5 the release of school records is authorized by the undersigned, regarding the child(ren) named below, to the Colts Neck School District:

Name

Sex

Grade

Birthdate

Name and complete address of prior school, including **contact person and phone number.**

SCHOOL ADDRESS: (required) _____

SCHOOL PHONE NUMBER: (required) _____

SCHOOL EMAIL: (required) _____

Signature Parent/Guardian

Date

.....
REQUEST FOR TRANSCRIPT OF STUDENT RECORDS

Date: _____

The child(ren) named above have been registered in a Colts neck Township School for the _____ school year. To facilitate proper placement, please send the school records as authorized to:

Principal (Pk-2)
Conover Road Primary School
56 Conover Road
Colts Neck, NJ 07722
732-946-0055 x 4700

Principal (3-5)
Conover Road Elementary School
80 Conover Road
Colts Neck, NJ 07722
732-946-0055 x 4300

Principal (6-8)
Cedar Drive Middle School
73 Cedar Drive
Colts Neck, NJ 07722
732-946-0055 x 4500



PARENT AUTHORIZATION FOR RELEASE OF SCHOOL RECORDS
(For Special Education Students Only)

From Public/Private/Nonpublic or Out of State School/District or County Educational Services Commission

I, _____ (parent/guardian name), authorize the Colts Neck Department of Special Services to receive the complete Special Education Records and School Records (including but not limited to educational performance, medical information, social/emotional functioning, Child Study Team evaluation reports and IEP) regarding my child, _____, from the following public, private, nonpublic or out of state school, district, or county Educational Services Commission:

Name of School/District: _____

School Address: _____

Phone Number: _____

Contact Person Name (If Available): _____

Contact Person Email: _____

Parent/Guardian Signature

Date

Send all records to:

Colts Neck Township School District
Attn: Special Services Department
70 Conover Road
Colts Neck, NJ 07722
732-946-0055 x4124

MAILING ADDRESS (IF DIFFERENT FROM CURRENT ADDRESS):

Street: _____

Apt. Number: _____

City/State/Zip: _____

PREVIOUS ADDRESS:

Street: _____

Apt. Number: _____

City/State/Zip: _____

How long did you live at this address: _____ Years _____ Months

PARENT/GUARDIAN INFORMATION:

Name of Person Enrolling Student: _____

Relationship to Student if other than Parent: _____

This child lives with (check one):

- Both Parents
- Parent 1 only
- Parent 2 only
- DCP&P Placement
- Parent 1 and Stepparent
- Parent 2 and Stepparent
- Foster Home
- Guardian

Parent's Marital Status: Married _____ Separated _____ Divorced _____ Widowed _____
Single _____

IIF DIVORCED, PLEASE PROVIDE DIVORCE DECREE FOR PARENT OF PRIMARY RESIDENCE!

*The information below must be filled out for **BOTH** parents. If a student has a guardian, parent information must also be completed.*

Parent 1's Name: _____
(Last) (First)

Parent 1's Address: _____

Parent 1's Day Phone (during school hours): _____

Parent 1's Home Phone: _____ Parent 1's Cell Phone: _____

Parent 1's Email Address: _____

Parent 1's Employer: _____ Work Phone: _____

Parent 2's Name: _____
(Last) (First)

Parent 2's Address: _____

Parent 2's Day Phone (during school's hours): _____

Parent 2's Home Phone: _____ Parent 2's Cell Phone: _____

Parent 2's Email Address: _____

Parent 2's Employer: _____ Work Phone: _____

Stepparent's Name (if applicable): _____
(Last) (First)

Stepparent's Cell Phone: _____ Work Phone: _____

Stepparent's Employer: _____

PLEASE BE SURE TO CHECK OFF AN ANSWER : "YES", "NO" or "N/A".

1. Is/Are the student's parents domiciled (live) in different districts, regardless of which parent has custody? Yes No N/A

PLEASE BE SURE TO CHECK OFF THE FOLLOWING.

2. Does the student reside with one parent for the entire year? If so, with which parent and at what addresses? **Mother** _____ **Father** _____ **Both** _____
Other: _____ (please list):

Address: _____

1. If the student lives (sleeps) 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? Yes No N/A

Please note: If Colts Neck/NWS Earle is the district of domicile (lives) for school purposes, the district is not legally obligated and will not provide transportation to any student residing outside the district, even on a part-time basis. The district will only provide transportation during those times during which the student is residing at an address in Colts Neck/NWS Earle.

PLEASE BE SURE TO CHECK OFF AN ANSWER : "YES", "NO" or "N/A" - DO NOT LEAVE BLANK

GUARDIAN INFORMATION *(complete only if child does not reside with a parent, if not check)*

Student Name: _____
Guardian's Name: _____
Guardian's Relationship to Student: _____
Guardian's Address: _____
Guardian's Day Phone: (during school hours) _____
Guardian's Home Phone: _____
Guardian's Cell Phone: _____
Guardian's Email address: _____
Guardian's Employer: _____
Guardian's Work Phone: _____

Please complete the following if the child has been placed with the above-named Guardian by a State agency and/or the Courts. If you choose "Yes", a copy of the State agency and/or Court document must be provided. **If no, Choose N/A.**

Agency Name: _____ N/A

1. Have parental rights been terminated in favor of the Guardian?

Yes No N/A

If "Yes," on what date? _____

Please list the following:

BROTHERS AND SISTERS ENROLLED IN OUR DISTRICT:

Name _____ Birth Date _____ School _____
Name _____ Birth Date _____ School _____

BROTHERS AND SISTERS NOT ENROLLED IN OUR DISTRICT:

Name _____ Birth Date _____ District _____
Name _____ Birth Date _____ District _____

OTHERS NOT ALREADY LISTED ABOVE LIVING IN HOUSEHOLD (both relatives and non-relatives) _____

1. Is there any individual NOT permitted to have contact with your child? (Legal documentation required.)

Yes No N/A

Name: _____

Why? _____

2. Is there a Restraining Order in place against any individual? Yes No N/A

Are there other Court documents relating to who can and cannot have contact with the student? Yes No N/A

(If yes, please attach copies of applicable Court documents.)

ADDITIONAL INFORMATION

Please provide any additional information about your child and his/her education, social or emotion needs, or special considerations due to religious beliefs, not already requested.

EDUCATIONAL PROGRAM INFORMATION (Please check (✓) any/all that apply.)

<u>PROGRAM</u>	<u>GRADE LEVEL</u>	<u>DATE STARTED</u>	<u>DATE ENDED</u>
_____ Basic Skills Improvement Program or Small Group Instruction	_____	_____	_____
_____ English As a Second Language/Bilingual	_____	_____	_____
_____ Gifted and Talented	_____	_____	_____
_____ Special Education Services: (Check the ones that apply)			
_____ Early Intervention	_____	_____	_____
_____ In-Class Resource	_____	_____	_____
_____ Resource Center Replacement	_____	_____	_____
_____ Self-Contained Class	_____	_____	_____
_____ 504 Plan	_____	_____	_____
_____ Speech Therapy	_____	_____	_____
_____ Other _____	_____	_____	_____
_____ Attached is a copy of my child's IEP (must be attached)			

Is your child currently in an "out-of-district" Placement? Yes No

Name of School: _____

(Attach a separate sheet if needed for additional schools/districts.)

EDUCATIONAL INFORMATION: (Please complete)

Was your child enrolled in Pre-School before entering Kindergarten?

Yes No

Was the program (if any)? Half Day _____ Full Day _____

Name of Pre-School _____

Was your child retained or did he/she repeat a grade?

Yes No

If Yes, What grade? _____

Has your child been evaluated by a Child Study Team?

Yes No

If Yes, Date: _____

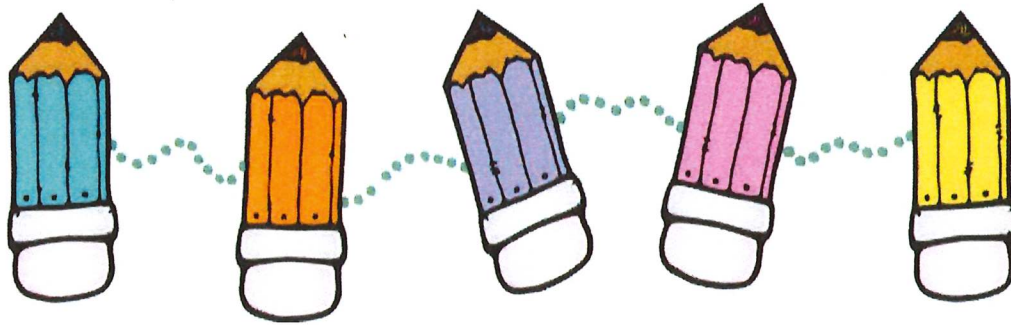
Does your child have any learning difficulties?

Yes No

Was your child enrolled in a special education class or resource room?

Yes No

If Yes, Date: _____ Explain: _____



Conover Road Primary School Kindergarten Registration Student Inventory

Child's Name:

_____ (Last) _____ (First) _____ (Middle)

Preferred Name to be used in school: _____

Birthdate: ____/____/____

Male Female

Siblings (Names and Ages):

Mother/Father's Name _____ Occupation _____

Mother/Father's Name _____ Occupation _____

Has student attended Colts Neck Schools previously? Yes No

Has student been enrolled in Special Education Classes/Program? Yes No

Has student been enrolled in Gifted and Talented/Enrichment Programs? Yes No

Has student been enrolled in Basic Skills Classes? Yes No

Is there any physical condition that restricts student's activities? Yes No

If yes, please explain: _____

Form being completed by:

Mother _____ Father _____ Stepparent _____ Grandparent _____ Other _____

Who does the child live with?

Is there anything about your child's medical history or other information that would be helpful for the school to know?

Does your child have any food or environmental allergies? (Please describe)

List all schools your child has attended. Please give a brief summary of his or her experiences.

Name of School	Type of Program (full day, 2 hrs. per day, etc.)	Number of days per week	Summary of Experience

Do you anticipate any adjustment/behavior or other problems in Kindergarten? If so, what?

What hand does your child write, cut, eat with? Right Left No Preference

Is your child able to read books to you by:

- a. Pretending to read? Yes No
- b. Looking at picture clues? Yes No
- c. Reading actual words? Yes No
- d. Reading whole books independently? Yes No

Does your child know how to write his or her name? Yes No

Does your child write any words by attempting to sound them out independently? Yes No

Describe special activities your child is involved in (i.e., gymnastics, art class, piano, etc.):

What does your child like to do during free time at home? _____

Describe your child as you see his or her personality, attitudes, etc.: _____

What are your child's responsibilities at home? _____

If your child cannot do something, what does he or she do? _____

List some of your child's strengths: _____

Is there additional information about your child that you wish to share? _____



SWORN STATEMENT OF TENANCY

(Complete ONLY if you are Leasing or Renting)

(To be Completed by your Landlord)

Name of Student: _____
(Last) (First)

School _____

I, _____, of full age, make this sworn statement:
(Circle one: Landlord or Apartment Manager)

I certify that _____
(Name of Parent/Guardian)

And their child/children (please list each child separately):

(child's last name) (child's first name)

(child's last name) (child's first name)

Reside at _____
(Building Number/Street dress)

Apt. Number City

Date Lease Begin: _____ Date Lease Ends: _____

Signature of Landlord Date

(CANNOT BE NOTARIZED BY A FAMILY MEMBER)

Apartment Official Seal Notary Public Seal Notary Signature: _____

Date: _____



CERTIFICATE OF DOMICILE -NON-GUARDIAN

(Complete Only if you are living with another family in the district)

STATE OF NEW JERSEY:

SS

COUNTY OF MONMOUTH:

To the Colts Neck Township Board of Education

_____ of full age, being duly sworn by oath depose and say: (Name of Colts Neck Resident)

1. I do hereby swear or affirm that _____ and _____
(Name of Parent/Guardian of Child Name of Child

are now domiciled within the Township of Colts Neck at the following address:

It is anticipated that said child will be residing at this address until _____ (mm/dd/yyyy).

2. I am submitting this affidavit in order that the Colts Neck Township Board of Education may permit

_____ to attend school free of charge and as required by **N.J.S.A 18A:38-1.**
(Name of Child)

3. If it is determined that this child is not domiciled within the district as required by law, I will pay tuition of the said child during the time that the child attends school in the Colts Neck Township school system.

I certify that the foregoing statements made by me are true. I have read and understand this affidavit. Any false statements, answers or declarations contained in this affidavit may subject us too criminal prosecution for the crime of false swearing in violation of **N.J.S.A. 2C:28-2**, and upon conviction thereof, I may be punished by a fine of up to \$7,500, or be imprisoned for up to 18 months, or both.

CANNOT BE NOTARIZED BY A FAMILY MEMBER.

Signature of Resident

Sworn and subscribed before me this _____

day of _____ 20_____.

Address: _____

Phone: _____