



Orange Township Public Schools

451 Lincoln Avenue Orange, New Jersey 07050

Tel: (973) 677-4000 Fax: (973) 677-4069

Website: <http://www.orange.k12.nj.us>

Ronald C. Lee

Superintendent of Schools

To All Persons Registering a Child:

Only **PARENTS OR LEGAL GUARDIANS** may register a student in the Orange Township Public School District. The following items must be provided to process a student's registration packet. At the time of registration, please present **ALL** of the following items:

STUDENT'S INFORMATION

- Birth Certificate (must be copied and kept in DR file)
- New Jersey State ID (in-state transfers)
- Immunization Records
- A Transfer Card
- Recent Report card and Test Scores
- Complete Transcript (high school students)
- Individual Educational Program (IEP) (if applicable)

PARENT/GUARDIAN PROOF OF IDENTITY

- Current Driver's License, State ID, or Passport

PROOF OF RESIDENCY

At the time of registration, you must present **ONE** of the following **primary** documents **PLUS TWO** of the following **secondary** documents. All documents must be **originals** dated within the last thirty (30) days:

Acceptable Primary Documents

- Contract of Purchase or Sale
- Tax bill
- Mortgage statement
- Current Lease
- Property Deed
- Water bill

Acceptable Secondary Documents

- Utility bill (must be in your legal name)
- Credit Card statement (must be current)
- Current Driver's license **or** Current Vehicle Insurance **or** Registration Card
- Current Paycheck stub
- State Benefit Statements or Public Assistance Documents
- Medical insurance bill
- Bank Statement
- Cable/Satellite bill

ALL PARENTS NEEDING AN OWNER/LANDLORD AFFIDAVIT MUST REPORT TO THE DISTRICT REGISTRAR'S OFFICE.

*****Please see special conditions that apply below*****

PROOF OF RESIDENCY SPECIAL CONDITIONS:

- If you **do not** have a lease and you and your child (ren) are residing with a friend or relative in a **private** home, the homeowner must provide proof of ownership. Additionally, the Owner/Landlord Affidavit Form must be completed by the homeowner. **Two (2)** additional proofs of residency from our secondary list of accepted documents must be provided by the parent/guardian of the child (ren) being registered.
- If you **do not** have a lease and you and your child (ren) are residing with a friend or relative in an apartment building, the Landlord or Managing Agency must complete the Owner/Landlord Affidavit Form **not the tenant renting the apartment**. **Two (2)** additional proofs of residency from our secondary list of accepted documents must be provided by the parent/guardian of the child(ren) being registered.

***** **NOTE** *****

For admission to kindergarten, a child must be five years of age **on or before** October 1st.

Registration for Guardian Affidavit, DYFS and Court Placements:

- DYFS Placement must submit court order or DYFS ID letter.
- For Guardianship and/or Legal Custody you must report to:

**Wilentz Justice Complex
212 Washington Street 13th Floor Room 1365
Newark NJ 07102
(973) 693-5560
Hours of Operation 8AM – 4:30PM**

Incomplete Registration Packets Will Not Be Accepted and May Delay Student's Enrollment



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STUDENT RESIDENCY

THE DISTRICT RESERVES THE RIGHT TO CONDUCT RESIDENCY CHECKS

Students not legally domiciled in Orange Township are not entitled to a free education in the Orange Public School District.

Please be advised that enrollment in Orange Public Schools is permissible only for those children whose parent(s)/guardian(s) are residents of Orange. Pursuant to **N.J.A.C. 6A:22-4.1**, eligibility for admission to the Orange Public 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 for the purpose of attending Orange Public Schools will be prosecuted to the fullest extent of the law and sued for the tuition for the period of ineligible attendance in the school district.

Residency checks are completed on students on a regular basis and may be conducted as early as 6:00am.

I attest to the best of my knowledge the residency information submitted is true and correct. I fully understand fraudulent statements, claims or documents will be prosecuted to the full extent of the law.

Please sign below:

Signature of Parent/Guardian

Date

Signature of Parent/Guardian

Date

STUDENT INFORMATION FORM

PLEASE COMPLETE ALL SECTIONS (As it appears on the birth certificate)

Last Name	First Name	Middle Name
Home Address	City, State, Zip	Date Moved In
Previous Address	City, State, Zip	Current Home Telephone Number () - -
Date of Birth	City and State of Birth	Country of Birth
State Identification # (SID)	Sex: Female <input type="checkbox"/> Male <input type="checkbox"/>	
Ethnic Group: <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Alaskan Native <input type="checkbox"/> Pacific Islander <input type="checkbox"/> Asian <input type="checkbox"/> Hispanic <input type="checkbox"/> American Indian		
Entering Grade <input type="checkbox"/> K <input type="checkbox"/> 1 ST <input type="checkbox"/> 2 ND <input type="checkbox"/> 3 RD <input type="checkbox"/> 4 TH <input type="checkbox"/> 5 TH <input type="checkbox"/> 6 TH <input type="checkbox"/> 7 TH <input type="checkbox"/> 8 TH <input type="checkbox"/> 9 TH <input type="checkbox"/> 10 TH <input type="checkbox"/> 11 TH <input type="checkbox"/> 12 TH		
Language Spoken in home? _____		
Student Is Living with: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Other		
School: <input type="checkbox"/> Central Elementary <input type="checkbox"/> Cleveland Street <input type="checkbox"/> Forest Street <input type="checkbox"/> Heywood Avenue <input type="checkbox"/> Lincoln Avenue <input type="checkbox"/> Oakwood Avenue <input type="checkbox"/> Orange Prep Academy <input type="checkbox"/> Park Avenue <input type="checkbox"/> Rosa Parks <input type="checkbox"/> OHS		
Previous School Information		
School Name	Location	Grade Date(s) of Attendance
_____	_____	_____

HAS THE STUDENT BEEN CLASSIFIED OR RECEIVED SPECIAL EDUCATION CLASSES?

Yes No

HAS THE STUDENT BEEN RECEIVING ACCOMODATIONS THROUGH A 504 PLAN?

Yes No

INSURANCE INSURANCE PROVIDER _____

Yes No

I attest 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.

Signature of the Person Filling Out This Application Relationship to the Student Date

(FOR OFFICE USE ONLY) Entry Date _____ Student Number _____

Signature of Staff Member Completing Registration Packet Date:

MOTHER / LEGAL GUARDIAN

PLEASE PRINT CLEARLY

Last Name	First Name	Relationship to Student
Home Address	City, State, Zip	Date Moved In
Home Telephone Number	Cell Telephone Number	Email Address
Ethnic Group: <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> American Indian <input type="checkbox"/> Pacific Islander <input type="checkbox"/> Asian <input type="checkbox"/> Hispanic		
Residency Information: <input type="checkbox"/> Homeowner <input type="checkbox"/> Single Family House <input type="checkbox"/> Two Family House <input type="checkbox"/> Multi-Dwelling House <input type="checkbox"/> Renter <input type="checkbox"/> Apartment Building <input type="checkbox"/> Apartment in a Private Home		
Previous Address	City	State Zip Code
Employer	Occupation	
Work Address	City State Zip	Work Telephone Number () - _____

FATHER / LEGAL GUARDIAN

Last Name	First Name	Relationship to Student
Home Address	City, State, Zip	Date Moved In
Home Telephone Number	Cell Telephone Number	Email Address
Ethnic Group: <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> American Indian <input type="checkbox"/> Pacific Islander <input type="checkbox"/> Asian <input type="checkbox"/> Hispanic		
Residency Information: <input type="checkbox"/> Own <input type="checkbox"/> Single Family House <input type="checkbox"/> Two Family House <input type="checkbox"/> Multi Dwelling House <input type="checkbox"/> Rent <input type="checkbox"/> Apartment Building <input type="checkbox"/> Apartment in a Private House		
Previous Address	City	State Zip Code
Employer	Occupation	
Work Address	City State Zip	Work Telephone Number () - _____



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REQUEST FOR PUPIL RECORDS

Date of Request _____

Name of Previous School _____

Student's Name

Date of Birth

Grade

Pursuant to the authority of P.L. 2002, c63 (N.J.S.A. 18A:36-25.1) and section 1 of P.L. 1982, c. 79 (N.J.S.A. 2A:4A-60), the Orange Township Public School District request your assistance in providing any and all information and records you may have on the above named child. This request is being made pursuant to this student entering our school system.

Please include the following:

- _____ Official Transcripts
- _____ Test Results
- _____ Key to your grading system
- _____ Health/Immunization Records or medical reports
- _____ Attendance Records/Data
- _____ Disciplinary Records including disciplinary actions taken by your school district
- _____ Notification that the district has obtained information pursuant to N.J.S.A. 2A:4A-60 (i.e., charges of juvenile delinquency)
- _____ Special Education testing results and/or reports (IEP's, psychological reports, ect.)
- _____ Guardianship Papers if applicable

Staff Member Requesting Records

Signature of Parent/Guardian



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Student's Health History

Student's Name

Female Male

Student's Home Address

Date of Birth

Home Telephone Number

Student Lives with:

Parent / Guardian (**circle one**)
Address (**omit if same as above**)
Phone Number

Parent / Guardian (**circle one**)
Address (**omit if same as above**)
Phone Number

Student's Physician

Physician's Phone Number

Physician's City & State

Health History

Normal Pregnancy Yes No

Normal Infancy and Childhood Yes No

Place of Birth: _____
Birth Weight: _____
Length of Pregnancy: _____

Has your child had or have any of the following?

- | | | |
|--|---|---|
| <input type="checkbox"/> Allergies | <input type="checkbox"/> Lead Poisoning | <input type="checkbox"/> Urinary Tract Infections |
| <input type="checkbox"/> Food Allergies | <input type="checkbox"/> Anemia | <input type="checkbox"/> Kidney Problems |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Speech Impairment | <input type="checkbox"/> Bladder Problems |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Tuberculosis | <input type="checkbox"/> Speech Problems |
| <input type="checkbox"/> Heart Murmurs | <input type="checkbox"/> Measles | <input type="checkbox"/> Hearing Problems |
| <input type="checkbox"/> Seizures | <input type="checkbox"/> Mumps | <input type="checkbox"/> Rheumatic Fever |
| <input type="checkbox"/> Sickle Cell Disease | <input type="checkbox"/> Whooping Cough | <input type="checkbox"/> Chicken Pox |
| <input type="checkbox"/> Sickle Cell Trait | <input type="checkbox"/> Anemia | <input type="checkbox"/> Heart Problems |
| <input type="checkbox"/> Heart Problems | <input type="checkbox"/> Developmental Delays | |

Please give more information about anything that was checked off: _____

Please answer all of the following questions:

- Has your child ever been hospitalized? Yes No
If yes, when and why? _____
- As your child had any eye problems? Yes No
- Does your child need/wear glasses? Yes No
- Does your child see a dentist at least every six months? Yes No
- Does your child have any dental problems? Yes No
- Has your child ever had seizures? Yes No
- Is your child taking medication regularly?
If so, what medication? _____ Yes No
- Does your child have frequent ear infections? Yes No
- Is your child in good physical shape to participate in all school activities Yes No
- Please inform us of any medical, emotional, or dental concerns you would like to discuss: Yes No
- Any medical or dental concerns that may affect your child's educational experience? Yes No
- History of concussion or serious head injury? Yes No
- History of broken bones? Yes No
- Has your child ever had any surgery?
If so, what was done? _____ Yes No
- Has your child ever had a hernia?
If so, what type? _____ Yes No
- Does your child have any physical impairment? Yes No
- Family History**
Does either parent have any health problems? Yes No
If so, explain: _____

Students are expected to have a physical exam completed (within the last 12 months) and given to the school nurse upon entrance to Orange Township Public Schools. Failure to comply within 30 days may result in your child being excluded by the building principal.

Parent / Guardian Signature

Date

MUST BE COMPLETED BY SCHOOL NURSE ONLY:

Grade: _____ Previous School: _____ State or Country: _____ Language: _____
PE Done: _____ Immunizations UTD _____ Provisional Status: _____
PE Due: _____ Immunizations Needed _____ A45 Done: _____
Medical Authorization Given: _____ VSP Given: _____
Date: _____

School Nurse Signature:

Date:



HOME LANGUAGE SURVEY

Student's Name: _____ School: _____

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

Was your child in an ESL/Bilingual Program in another 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 her 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: _____ **Date:** _____



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VERIFICATION SIGN OFF SHEET

Secretary/Registrar:

Name

Date

Counselor/Social Worker:

Name

Date

Principal:

Name

Date

School Nurse:

Name

Date