

REGISTRATION MATERIALS

PRELIMINARY INFORMATION: PLEASE READ BEFORE PROCEEDING

The questions asked in the following pages will enable us to determine your student's eligibility to attend school in this district in accordance with New Jersey law. Please be aware that N.J.S.A. 18A:38-1 and N.J.A.C. 6A:22 specify that a free public education will be provided to any student between the ages of 5 and 20, and to certain students under 5 and over 20 as specified in other applicable law, who are:

- Domiciled in the district, i.e., living with a parent or guardian whose permanent home is located within the district. A home is permanent when the parent or guardian intends to return to it when absent and has no present intent of moving from it, notwithstanding the existence of homes or residences elsewhere.
- Living with a person, other than the parent or guardian, who is domiciled in the district and is supporting the student without compensation, as if the student were his or her own child, because the parent cannot support the child due to family or economic hardship.
- Living with a person domiciled in the district, other than the parent or guardian, where the parent/guardian is a member of the New Jersey National Guard or the reserve component of the U.S. armed forces and has been ordered into active military service in the U.S. armed forces in time of war or national emergency.
- Living with a parent or guardian who is temporarily residing in the district.
- The child of a parent or guardian who moves to another district as the result of being homeless.
- Placed in the home of a district resident by court order pursuant to N.J.S.A. 18A:38-2.
- The child of a parent or guardian who previously resided in the district but is a member of the New Jersey National Guard or the United States reserves and has been ordered to active service in time of war or national emergency pursuant to N.J.S.A. 18A:38-3(b).
- Residing on federal property within the State pursuant to N.J.S.A. 18A:38-7.7 et seq.

Note that the following do **not** affect a student's eligibility to enroll in school:

- Physical condition of housing or compliance with local housing ordinances or terms of lease.
- Immigration/visa status, except for students holding or seeking a visa (F-1) issued specifically for the purpose of limited study on a tuition basis in a United States public secondary school.
- Absence of a certified copy of birth certificate or other proof of a student's identity, although these must be provided within 30 days of initial enrollment, pursuant to N.J.S.A. 18A: 36-25.1.
- Absence of student medical information, although actual attendance at school may be deferred as necessary in compliance with rules regarding immunization of students, N.J.A.C. 8:57-4.1 et seq.

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- Absence of a student's prior educational record, although the initial educational placement of the student may be subject to revision upon receipt of records or further assessment by the district.

The following forms of documentation may demonstrate a student's eligibility for enrollment in the district. Particular documentation necessary to demonstrate eligibility under specific provisions in law will be indicated in the appropriate section of the registration form.

- Property tax bills, deeds, contracts of sale, leases, mortgages, signed letters from landlords and other evidence of property ownership, tenancy or residency.
- Voter registrations, licenses, permits, financial account information, utility bills, delivery receipts, and other evidence of personal attachment to a particular location.
- Court orders, State agency agreements and other evidence of court or agency placements or directives.
- Receipts, bills, cancelled checks and other evidence of expenditures demonstrating personal attachment to a particular location, or, where applicable, to support of the student.
- Medical reports, counselor or social worker assessments, employment documents, benefit statements, and other evidence of circumstances demonstrating, where applicable, family or economic hardship, or temporary residency.
- Affidavits, certifications and sworn attestations pertaining to statutory criteria for school attendance, from the parent, legal guardian, person keeping an "affidavit student," adult student, person(s) with whom a family is living, or others, as appropriate.
- Documents pertaining to military status and assignment.
- Any business record or document issued by a governmental entity.
- Any other form of documentation relevant to demonstrating entitlement to attend school.

The totality of information and documentation you offer will be considered in evaluating an application, and, unless expressly required by law, the student will not be denied enrollment based on your inability to provide certain form(s) of documentation where other acceptable evidence is presented.

You will *not* be asked for any information or document protected from disclosure by law, or pertaining to criteria which are not legitimate bases for determining eligibility to attend school. You may *voluntarily* disclose any document or information you believe will help establish that the student meets the requirements of law for entitlement to attend school in the district, but *we may not, directly or indirectly, require or request:*

- Income tax returns;
- Documentation or information relating to citizenship or immigration/visa status, unless the student holds or is applying for an F-1 visa;

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- Documentation or information relating to compliance with local housing ordinances or conditions of tenancy;
- Social security numbers.

Please be aware that any determination of the student's eligibility to attend school in this district is subject to more thorough review and subsequent re-evaluation, and that tuition may be assessed in the event that an initially admitted student is found ineligible. If your student is found ineligible, now or later, you will be provided the reasons for our decision and instructions on how to appeal.

If you experience difficulties with the enrollment process, please see Ms. Cynthia Randina, Superintendent of Schools, Secaucus Board of Education, 20 Centre Avenue, Secaucus, NJ 07094, 201-974-2004.

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IN CASE OF AN EMERGENCY NOTIFY (other than a parent):

Name: _____

Relationship to Student: _____

Address: _____

Telephone Numbers: _____ Mobile: _____

Home: _____ Work: _____

+++

Student's Physician: _____

Address: _____

Physician's Telephone Number: _____

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To the Person Enrolling the Student: Please complete the appropriate section A, B, C or D below, according to the situation best matching the student's circumstances:

Complete **SECTION A (DOMICILE)** (pages 7-8) if *the student is living with a parent or guardian whose permanent home is the address given on page 1 of this application and is located in the district.*

or

Complete **SECTION B ("AFFIDAVIT" STUDENT)** (pages 9-10) if *the student is living with a person domiciled in the district, other than the parent or guardian. The parent/guardian as well as the person domiciled in the district with whom the child is living must complete Residency Affidavits 2a and 2b in addition to this form.*

or

Complete **SECTION C (TEMPORARY RESIDENT)** (pages 11-12) if *the student is living with a parent or guardian temporarily residing within the district. You and the family domiciled in the district with whom you are residing must complete Residency Affidavits 3a and 3b in addition to this form.*

or

Complete **SECTION D (SPECIAL CIRCUMSTANCES)** (page 13) if *the student's situation is not addressed by Section A, B or C or if any of the circumstances in Section D apply.*

Finally, please remember to sign the acknowledgement on page 14.

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SECTION A (DOMICILE): Complete this section if *the student is living with a parent or guardian whose permanent home is the address given on page 1 of this application and is located in the district.* If you are the student's guardian, or will be the guardian of a student from out of state following expiration of the required 6-month waiting period, you will be asked to provide official papers proving guardianship. You will not be asked to produce "affidavit student" proofs of the type requested in Section B below.

How long have you lived in this home? _____

If you have lived in this home less than five years, set forth all residences of the applicant during the past five years: _____

Do you have any present intention of moving from this home? If so, when and to where? _____

Do you have residences elsewhere, and, if so, where are they and when do you live there? _____

Please attach an original or certified copy of a deed, contract of sale or lease instrument, as well as three additional forms of proof (see list in the Preliminary Information section, above) you will provide to demonstrate that the address given on page 1 of this application is your permanent home. If you do not have a written lease, attach a copy of "Residency Affidavit 1" signed by your landlord as well as three additional forms of proof.

1. _____
2. _____
3. _____

If the student's parents are domiciled in different districts, regardless of which parent has legal custody, please answer the following questions:

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.) _____

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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? _____

Please note: No district is required, as a result of being the district of domicile for school attendance purposes where a student lives with more than one parent, to provide transportation for a student residing outside the district for part of the school year, other than transportation based upon the home of the parent domiciled within the district to the extent required by law.

If you are claiming to be an emancipated student, are you living independently in your own permanent home in the district? If yes, please describe the proofs you will provide, in addition to those demonstrating domicile, to demonstrate that you are not in the care and custody of a parent or legal guardian.

Please note: Under New Jersey law, where a dwelling is located within two or more local school districts, or bears a mailing address that does not reflect the dwelling's physical location within a municipality, the district of domicile for school attendance purposes is that of the municipality to which the resident pays the majority of his or her property tax, or to which the majority of property tax for the dwelling in question is paid by the owner of a multi-unit dwelling.

END OF SECTION A

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SECTION B (“AFFIDAVIT” STUDENT): *Complete this section if the student is living with a person domiciled in the district, other than the parent or guardian. You must also provide the requisite sworn statements as detailed below.*

Is the person domiciled in the district, supporting the student without remuneration as if the student were his or her own child, keeping the student for a longer time than the school term and assuming all personal obligations for the student relative to school requirements? Please explain.

Students are not eligible to attend school as “affidavit” students unless the student’s parent or guardian is not capable of supporting or providing care for the student due to family or economic hardship, and unless it is clear that the student is not living in the district solely for purposes of receiving a public education there. Please explain the circumstances applicable in this case, with special attention to the parent/guardian’s family and/or economic hardship. (Both the parent/guardian and Secaucus Resident will be required to file sworn statements with documentation to support the claims made.) _____

You will be asked to file a sworn statement (“Residency Affidavit 2a”) regarding your non-support of your child, along with an original or certified copy of the Secaucus Resident’s deed or contract of sale (if a homeowner), lease (if a tenant), or “Residency Affidavit 1” (if a tenant without written lease). In addition, you will be asked to have the Secaucus Resident complete and file a sworn statement (“Residency Affidavit 2b”).

Please note: A student will not be considered ineligible because required sworn statements(s) cannot be obtained, so long as evidence is presented that the underlying requirements of the law are being met.

A student will not be considered ineligible when evidence is presented that the student has no home or possibility of school attendance other than with a non-parent district resident who is acting as the sole caretaker and supporter of the student.

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A student will not be considered ineligible solely because a parent or guardian provides gifts or limited contributions, financial or otherwise, toward the welfare of the student, provided that the resident keeping the student receives no payment or other remuneration from the parent or guardian for the student's actual housing and support. Receipt by the resident of social security or other similar benefits on behalf of the student do not render a student ineligible.

It is not necessary that legal guardianship or custody be obtained before a student will be considered for enrollment on an "affidavit" basis.

END OF SECTION B

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SECTION C (TEMPORARY RESIDENT): *Complete this section if the student is living with a parent or guardian temporarily residing within the district, even if the parent has a domicile elsewhere. You must also provide a sworn statement ("Residency Affidavit No. 3a") signed by the individual(s) with which you are presently residing. Those individual(s) must also provide proof of residency as if he or she were enrolling a child pursuant to Section A above in addition to an affidavit demonstrating proof of temporary residency.*

How long have you lived in this residence? _____

Do you have a domicile or residences(s) elsewhere, and, if so, where are they and when do you live there? _____

Please list four forms of proof (see list in the Preliminary Information section, above) you will provide to demonstrate that you are residing at the address given on page 1 of this application, and that such residence is not solely for the purpose of the student attending school in the district.

1. _____
2. _____
3. _____
4. _____

Please note: Under New Jersey law, where a dwelling is located within two or more local school districts, or bears a mailing address that does not reflect the dwelling's physical location within a municipality, the district of domicile for school attendance purposes is that of the municipality to which the resident pays the majority of his or her property tax, or to which the majority of property tax for the dwelling in question is paid by the owner of a multi-unit dwelling.

If the student's parents are domiciled in different districts, regardless of which parent has legal custody, please answer the following questions:

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? _____

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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? _____

Please note: No district is required, as a result of being the district of temporary residence for school attendance purposes where a student lives with more than one parent, to provide transportation for a student residing outside the district for part of the school year, other than transportation based upon the home of the parent residing within the district to the extent required by law.

END OF SECTION C

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SECTION D (SPECIAL CIRCUMSTANCES): *Please indicate if any of the following apply.*

- The student is the child of a parent or guardian who has moved to another district as the result of being homeless.
- The student has been placed in the home of a district resident other than the parent or guardian by court order. *(You will be required to provide a copy of the order).*
- The student has been placed in the district by the Division of Youth and Family Services acting as the student's legal guardian.
- The student is a child of a parent or guardian who previously resided in the district and is a member of the New Jersey National Guard or the United States reserves ordered to active service in time of war or national emergency.
- The student is kept in the home of a person domiciled in the district, other than the parent or legal guardian, and the parent/guardian a member of the New Jersey National Guard or the reserve component of the United States armed forces and has been ordered into active military service in the United States armed forces in time of war or national emergency. If this applies, when is the parent or guardian expected to return from active military duty? _____

- The student resides on federal property located at: _____

- The student's circumstances do not appear to be addressed anywhere in this application. I understand that I will be contacted by Dr. Loretta Bellina, Superintendent of Schools, or his designee, for further information.

END OF SECTION D

If you experience difficulties with the enrollment process, please see Ms. Cynthia Randina, Superintendent of Schools, Secaucus Board of Education, 20 Centre Avenue, Secaucus, NJ 07094, 201-974-2004.

ACKNOWLEDGEMENT

This Registration Form is submitted for the purpose of inducing the Secaucus Board of Education to accept my/our child/children as a student in the Secaucus Public Schools on a tuition-free basis. I/We state that the information contained in this Form is true and accurate and acknowledge the Secaucus Board of Education's reliance upon the truthfulness and accuracy of this information. If any of the statements contained in this Registration Form are willfully false, I/we are aware that I/we are subject to the criminal penalties provided by law for perjury and/or false swearing, and I/we will be personally liable for the payment of tuition for the child retroactive for the period of ineligible attendance of said child/children in the Secaucus Public Schools as well as any related costs and/or fees, including attorneys fees, incurred as a result of such ineligible attendance.

Signature of Applicant(s): _____

Date: _____

Signature of Applicant(s): _____

Date: _____

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**Residency Affidavit 1
Landlord’s Affidavit (Where No Written Lease Exists)**

State of New Jersey)
) ss:
County of Hudson)

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

1. I am the owner of property located at _____ in the Town of Secaucus, County of Hudson, and State of New Jersey. I am attaching with this affidavit an original or certified copy of a deed or contract of sale, together with three (3) additional forms of proof showing residence within the Secaucus School District (hereinafter referred to as “the District”), to demonstrate that I own the property listed above.

2. I am renting the property to _____ for a term of _____. The tenancy commenced on _____ and expires on _____. The tenant has _____ child/children, named _____. The parties have not entered into written lease for the property.

3. This affidavit is submitted for the purpose of inducing the Secaucus Board of Education (hereinafter referred to as “the Board”) to accept a child as a student in the District on a tuition-free basis. I state that the information contained in this Affidavit is true and accurate and acknowledge the Board’s reliance upon the

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truthfulness and accuracy of this information. I am aware that if any of the statements contained in this Affidavit are willfully false, I am subject to the criminal penalties provided by law for perjury and/or false swearing, and I will be personally liable for the payment of tuition for the child retroactive for the period of ineligible attendance of said child in the District's schools as well as any related costs and/or fees, including attorneys fees, incurred as a result of such ineligible attendance.

Signature(s) of Landlord(s)

Street Address

City State Zip

Telephone Number

Sworn and subscribed to before me

this ___ day of _____, 20___

Notary Public

My Commission Expires: _____

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**Residency Affidavit 2a
Affidavit Pupils (Parent/Guardian)**

State of New Jersey)
) ss:
County of Hudson)

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

1. I am the parent/guardian of a child by the name of _____
_____ (hereinafter referred to as "my child").

2. I am domiciled and reside at _____
_____. This has been my place of domicile and residence since _____

3. My child is living with _____
(hereinafter referred to as "the District resident").

4. The District resident resides at _____
_____ in the Town of Secaucus in the County of Hudson and State of New Jersey.

5. I am not capable of supporting or providing care for my child due to the following family or economic hardship (circle one or both): _____

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and, therefore, my child is living with the District resident, _____

_____ for reasons other than to receive a free public education in the Secaucus School District (hereinafter referred to as "the District"). I am attaching to this affidavit any and all documentation that supports my claim of hardship.

6. My child is living in the District resident's home identified above and is being supported by the District resident, without any financial contribution from me or anyone else, as if he/she was the District resident's own child.
7. No other person is making any financial contribution for food, clothing or lodging on behalf of my child.
8. The District resident intends to keep and support my child gratuitously for a longer time than merely through the school year.
9. The District resident shall assume all personal obligations of my child relative to school requirements and shall ensure that the child complies with all of the policies, rules and regulations of the District and the laws of the State of New Jersey. In addition, I also assume joint and several liability, along with the District resident signing Residency Affidavit 2b, for any tuition assessed if my child is determined to have been ineligible for tuition-free enrollment in the District during any period of tuition-free enrollment that was allowed by the Secaucus Board of Education (hereinafter referred to as "the Board").

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10. I have read the affidavit of the District resident (Residency Affidavit 2b) and hereby declare that the statements contained therein are absolutely true to the best of my knowledge and belief.
11. I agree to submit additional documentation that the District may request in order to support the validity of the statements I have made herein.
12. I am aware that I have an obligation to notify the District immediately if any of the above circumstances change.
13. This Affidavit is submitted for the purpose of inducing the Board to accept my child as a student in the District on a tuition-free basis. I state that the information contained in this Affidavit is true and accurate and acknowledge the Board's reliance upon the truthfulness and accuracy of this information. If any of the statements contained in this Affidavit are willfully false, I am aware that I am subject to the criminal penalties provided by law for perjury and/or false swearing, and will remain subject to all other obligations and/or liabilities which I have assumed elsewhere in this Affidavit. Specifically, I am aware that I will be personally liable for the payment of tuition for the child retroactive for the period of ineligible attendance of the child in the District's schools as well as any related costs and/or fees, including attorneys fees, incurred as a result of such ineligible attendance.

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14. Furthermore, I understand that if I have fraudulently claimed to have given up custody of my child to the District resident, I may be found guilty of a disorderly persons offense under N.J.S.A. 18A:38-1(c).

Signature(s) of Non-Resident Parent(s)

Telephone Number

Sworn and subscribed to before me

this ___ day of _____, 20___

Notary Public

My Commission Expires: _____

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**Residency Affidavit 2b
Affidavit Pupils (Non-Parent Resident)**

State of New Jersey)
) ss:
County of Hudson)

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

1. I am domiciled and reside at _____ in the Town of Secaucus, County of Hudson and State of New Jersey. This has been my place of domicile and residence since _____.
2. I own/rent (circle one) the premises identified above. If the premises are rented, I have attached an original or certified copy of the lease or a sworn statement from the landlord (if there is no lease) ("Residency Affidavit 1"), together with three (3) additional forms of proof showing residence within the Secaucus School District (hereinafter referred to as "the District"). If the premises are owned, I have attached an original or certified copy of the deed or contract of sale, together with three (3) additional forms of proof showing residence within the District.
3. I desire to register a child by the name of _____ (hereinafter referred to as "the child") in the District.

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4. The child's parents are not capable of supporting or providing care for the child due to the following family or economic hardship (circle one or both): _____

Furthermore, the child is not residing with me solely for the purpose of receiving a free public education in the District.

5. The child is living with me in my home at the address listed in Paragraph 1 above and is being supported by me, without any financial contribution from his/her parent(s) or anyone else, as if he/she was my own child.
6. No other person is making any financial contribution for food, clothing or lodging on behalf of the child.
7. I intend to keep and support the child gratuitously for a longer time than merely through the school year.
8. I agree to submit additional documentation which the District may request in order to support the validity of the statements I have made herein.
9. I shall assume all personal obligations for the child relative to school requirements, and I shall also ensure that the child complies with all of the policies, rules and regulations of the District and the laws of the State of New Jersey. In addition, I also assume joint and several liability, along with the

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child's parent(s)/guardian(s), for any tuition assessed if the child is determined to have been ineligible for tuition-free enrollment in the District during any period of tuition-free enrollment that was allowed by the Secaucus Board of Education (hereinafter referred to "the Board") either partially or entirely based upon this Affidavit as well as any related costs and/or fees, including attorneys fees, incurred as a result of such ineligible attendance.

10. I shall immediately notify the Board if any of the above conditions change.
11. This Affidavit is made in compliance with N.J.S.A. 18A:38-1 and is submitted for the purpose of inducing the Board to accept the child as a student in the District on a tuition-free basis. I state that the information contained in this Affidavit is true and accurate and acknowledge the Board's reliance upon the truthfulness and accuracy of this information.
12. If any of the statements contained in this Affidavit are willfully false, I am aware that I am subject to the criminal penalties provided by law for perjury and/or false swearing, and will remain subject to all other obligations and /or liabilities which I have assumed elsewhere in this Affidavit.

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13. Furthermore, I understand that if I fraudulently allow the child to use my residence and I am not the primary financial supporter of the child, I may be found guilty of a disorderly persons offense under N.J.S.A.18A:38-1(c).

Signature(s) of Resident(s)
Supporting Child

Telephone Number

Sworn and subscribed to before me

this ____ day of _____, 20____

Notary Public

My Commission Expires: _____

Residency Affidavit 3a
Family Temporarily Living with a District Resident

State of New Jersey)
) ss:
County of Hudson)

I/we, _____, of full age, being duly sworn according to law, on my/our oath depose and say:

1. I/We reside at _____
in Town of Secaucus, County of Hudson , and State of New Jersey. This has been my/our place of residence since _____
2. I/We do not own or rent the premises in which I/we reside. I/we and my/our child/children are residing in the premises with the approval of the owner/tenant (circle appropriate term).
3. I desire to register my child/children, _____ in the Secaucus School District (hereinafter referred to as “the District”).
4. I/We shall retain all personal obligations of our child/children relative to school requirements and shall ensure that our child/children comply with all of the policies, rules and regulations of the District and the laws of the State of New Jersey.
5. I am aware that I have the obligation to notify Secaucus Board of Education (hereinafter referred to as “the Board”) immediately if any of the above circumstances change.

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6. This Affidavit is made in compliance with the provisions of N.J.S.A. 18A:38-1 and is submitted for the purpose of inducing the Board to accept the child as a student in the District on a tuition-free basis. I state that the information contained in this Affidavit is true and accurate and acknowledge the Board’s reliance upon the truthfulness and accuracy of this information. I am aware that if any of the statements contained in this Affidavit are willfully false, I am subject to the criminal penalties provided by law for perjury and/or false swearing, and I will be personally liable for the payment of tuition for the child retroactive for the period of ineligible attendance of said child in the District’s schools as well as any related costs and/or fees, including attorneys fees, incurred as a result of such ineligible attendance.

Signature(s) of Parents

Telephone Number

Sworn and subscribed to before me

this ___ day of _____, 20___

Notary Public

My Commission Expires: _____

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**Residency Affidavit 3b
Resident Providing Housing for Another Family**

State of New Jersey)
) ss:
County of Hudson)

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

1. I am domiciled and reside at _____

in the Town of Secaucus, County of Hudson and State of New Jersey. This has been my place of domicile and residence since _____.

2. I own/rent (circle one) the premises identified above. If the premises are rented, I have attached an original or certified copy of the lease or a sworn statement from the landlord (if there is no lease) ("Residency Affidavit 1"), together with three (3) additional forms of proof showing residence within the Secaucus School District (hereinafter referred to as "the District"). If the premises are owned, I have attached an original or certified copy of the deed or contract of sale, together with three (3) additional forms of proof showing residence within the District.

Secaucus Public Schools

20 Centre Avenue

Secaucus, NJ 07094

Phone: (201) 974-2004 ♦ Fax: (201) 617-0197

3. I hereby certify and declare, under penalty of law, that the following persons are in full-time residence in our home as an entire family, at no cost, for the period of _____ through _____. (This Affidavit is valid only through the current school year.)

Name Relationship (Grade if Applicable)

Name Relationship (Grade if Applicable)

Name Relationship (Grade if Applicable)

Name Relationship (Grade if Applicable)

4. _____ (hereinafter referred to as the "parent(s)") and his/her/their child/children _____ (hereinafter referred to as the "child/children") are residing temporarily with me in my home.

5. The parent(s) shall retain all personal obligations of the child/children relative to school requirements and shall ensure that the child/children complies with all of the policies, rules and regulations of the District and the laws of the State of New Jersey.

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6. I am aware that I have the obligation to notify the Secaucus Board of Education (hereinafter referred to as "the Board") immediately if any of the above circumstances change.

7. This Affidavit is made in compliance with the provisions of N.J.S.A. 18A:38-1 and is submitted for the purpose of inducing the Board to accept the child as a student in the District on a tuition-free basis. I state that the information contained in this Affidavit is true and accurate and acknowledge the Board's reliance upon the truthfulness and accuracy of this information. I am aware that if any of the statements contained in this Affidavit are willfully false, I am subject to the criminal penalties provided by law for perjury and/or false swearing, and I will be personally liable for the payment of tuition for the child retroactive for the period of ineligible attendance of said child in the District's schools as well as any related costs and/or fees, including attorneys fees, incurred as a result of such ineligible attendance.

Signature(s) of Owner(s)/Renter(s)

Telephone Number

Sworn and subscribed to before me

this ___ day of _____, 20 ___

Notary Public

My Commission Expires: _____

SECAUCUS BOARD OF EDUCATION

20 Centre Avenue
Secaucus, New Jersey 07094

STUDENT INFORMATION

PLEASE ANSWER ALL QUESTIONS

Student Name _____
Last First Middle Generation (Jr.)

Address _____ Secaucus, NJ 07094 Home Phone _____

Gender of Child Male Female Date of Birth _____

Authenticity of Birth (office use only) _____

The Commissioner of Education has authorized school districts to request this information, which will be used in the generation of a State Identification Number (SID) to uniquely identify students enrolled in public schools. The SID is used to monitor student performance data so that higher quality research can be obtained for the purpose of determining improved policies and programs in New Jersey's public education system. Strict privacy and security policies are adhered to (punishable by law) once social security numbers are collected.

Child's City of Birth _____ State _____ Country _____

Date of entry in US _____

Date student started school in US _____

Is your child able to read and write English? Yes No

Native Language of Child. The language or dialect first learned or used by the Parent/Guardian with child. _____

Race/Ethnicity of Child. Check one or more to indicate the race/ethnicity that you consider your child to be.

American Indian or Alaska Native - A person having origins in any of the original peoples of North and South America (including Central America) and who maintains tribal affiliation or community attachment.

Asian - A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, or Vietnam.

Black or African American - A person having origins in any of the black racial groups of Africa.

Spanish/Hispanic/Latino - A person of Cuban, Mexican, Puerto Rican, South or Central American or other Spanish culture or origin, regardless of race.

Native Hawaiian or other Pacific Islander - A person having origins in any of the original peoples of Hawaii, Guam, Samoa or other Pacific Islands.

White - A person having origins in any of the original peoples of Europe, Middle East, or North Africa.

Are there religious or cultural customs you wish the school to know and understand? _____

NOTE: Please read the following definitions pertaining to resident status carefully before answering the questions.

Is the student homeless? _____Yes _____No

A student shall be considered homeless if any of the following conditions apply:

1. Resides in a supervised publicly or privately operated shelter designed to provide temporary living accommodations.
2. Resides in an institution that provides a temporary residence of individuals intended to be institutionalized.
3. Resides in a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings.
4. Lives with a parent in a domestic violence shelter.
5. A runaway living in a shelter.
6. A school-aged mother residing in a home for adolescent mothers.
7. A sick or abandoned child residing in a hospital and would otherwise be released if he or she had a permanent residence.
8. The child of a homeless family, which is out of necessity living with relatives or friends.
9. The child of a migrant family, which lacks adequate housing.
10. A child or youth shall be considered homeless when a dispute occurs regarding the determination of homelessness, the involved districts shall immediately notify the county superintendent of schools (regional assistant commissioner), who shall decide the status of the child within 48 hours.

What is the name and location of the school, which provided education, and/or services to the student prior to this enrollment?

School Name: _____ School Phone: _____

Address: _____

City: _____ State: _____ Country: _____ Zip: _____

What was the last grade completed by the student? _____

Did your child attend school regularly? Yes No

Did your child participate in sports/clubs? Yes No

Is your child a classified student eligible to receive special education/related services? Yes No

If yes, does your child have (or had) an Individual Education Plan (IEP)? Yes No

If yes, have you submitted a copy of the IEP to our school? Yes No

Check all services your child received(s):

SERVICE *DATE OF SERVICE* *LOCATION OF SERVICE*

Early Intervention Yes No _____

Pre-School Disabled Yes No _____

Speech/Language Yes No _____

ELL/ESL/Bilingual Yes No _____

Remedial/Basic Skills/Supplemental Yes No

If Yes, which area(s) Language Arts Math Other: _____

Is your child eligible for Free/Reduced lunch Yes No

Date last application was approved/denied _____

FAMILY INFORMATION

PARENT 1	PARENT 2
Name: Mr/Mrs/Ms	Name: Mr/Mrs/Ms
Address:	Address:
Occupation:	Occupation:
Work Phone: Cell Phone: () - () -	Work Phone: Cell Phone: () - () -

Are either Mother or Father deceased? _____ If yes, how long? _____
 Marital Status (Optional) _____ Single _____ Married _____ Separated _____ Divorced
 Who has Custody of the student? _____ N/A
 Are Legal Papers on file with the school records? _____ YES _____ NO _____ N/A

Legal Guardian 1 (Other than Parent)	Legal Guardian 2 (Other than Parent)
Name:	Name:
Address:	Address:
Occupation:	Occupation:
Work Phone: Cell Phone: () - () -	Work Phone: Cell Phone: () - () -

EMERGENCY CONTACT NAME	EMERGENCY CONTACT PHONE #	RELATIONSHIP TO STUDENT
1.		
2.		

SIBLING NAME	SIBLING AGE	SCHOOL ATTENDING
1.		
2.		
3.		
4.		

Parent/Guardian Permission to Release and Exchange Confidential Information

I hereby authorize an exchange of all school related information between the Secaucus Board of Education, Student Health Services, Administration and previous school district as needed.

Student's Name: _____ Date of Birth: _____
 Previous School: _____ Address: _____
 Phone #: _____

 Parent/Guardian Name (Print) Signature Date

For Official School Use Only

EFFECTIVE ENTRANCE DATE _____ HOMEROOM: _____ COUNSELOR: _____

DISTRICT ID: _____ NJ SMART SID: _____ LOCKER # _____

ADMINISTRATOR'S APPROVAL: _____

If Applicable cc: CST ELL Test Coordinator Free/Reduced Lunch Coordinator

SECAUCUS BOARD OF EDUCATION

20 Centre Avenue
Secaucus, New Jersey 07094

REQUEST FOR RECORDS

Request for Records

School Address:

The following child has registered in our school for the current year.

Name _____ Grade _____

Please forward the following information to us at the address below:

- _____ OFFICIAL TRANSCRIPT
- _____ STANDARDIZED TEST RECORDS
- _____ HEALTH RECORDS
- _____ DISCIPLINARY RECORDS
- _____ STATE ISSUED SID
- _____ CHILD STUDY TEAM RECORDS (IF APPLICABLE)
- _____ FREE/REDUCED LUNCH APPLICATION

We appreciate your response as soon as possible so that we may properly complete our records.

- | | | | |
|-----------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Clarendon School
685 Fifth Street
Secaucus, NJ 07094
(201) 974-2012
(201) 974-0530 FAX | <input type="checkbox"/> Huber Street School
1520 Paterson Plank Rd
Secaucus, NJ 07094
(201) 974-2055
(201) 974-0626 FAX | <input type="checkbox"/> Secaucus Middle School
11 Millridge Road
Secaucus, NJ 07094
(201) 974-2025
(201) 974-0275 | <input type="checkbox"/> Secaucus High School
11 Millridge Road
Secaucus, NJ 07094
(201) 974-2033
(201) 974-0026 |
|-----------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------|

I hereby give my consent to _____ to
Name of former school

transfer copies of all mandated and permitted records of my
son/daughter/ward.

Parent/Guardian Signature



SECAUCUS PUBLIC SCHOOLS

“Excellence in Education”

Susan Smahl
Director of Special Services

Administration Building
20 Centre Avenue
P.O. Box 1496, Secaucus, N.J. 07094-1496
Telephone 201-974-2068 Fax: 201-974-1911
Email: ssmahl@sboe.us

Dear Parent/Guardian:

In order to administer any medication to a student during school hours, a written request by a physician and parent must be submitted. “Medication” includes any prescription drug or over-the-counter medicine or nutritional supplement.

All medications, including over-the-counter medication (Tylenol, Advil, Tums, cough drops, etc.) must be delivered to the school nurse in its original labeled container by the pupil’s parent/guardian. It must be accompanied by the parent/guardian’s written request and by the physician’s written and signed statement including the name of medication, purpose, proper timing and dosage, possible side effects and when its use will be discontinued.

No student may carry any medication with them unless they have asthma or another potentially life-threatening illness. In this case, forms to self-administer medication are available in the school nurse’s office and must be completed by a parent/guardian and their private physician.

We have enclosed the Authorization to Administer Medication in School form as well as the district policy regarding same. The attached form must be completed and signed by a physician and a parent/legal guardian. Each medication requires a separate form. Additional forms are available in the schools nurse’s office.

Thank you for your cooperation in this matter.

Respectively yours,

Cynthia M. Randina
Superintendent of Schools

Eugene DeSimone, M.D.
Medical Director

The following medication is to be administered, by the school nurse, to my patient,

MEDICATION _____ DOSE & ROUTE _____

TIME GIVEN _____ DIAGNOSIS _____

SIGNIFICANT SIDE EFFECTS _____

LENGTH OF TREATMENT _____

M.D. Signature

School Physician Approval

Print M.D. Name

Date

DOCTOR'S REQUEST/INSTRUCTIONS FOR STUDENT

**SELF-ADMINISTRATION OF MEDICATION FOR POTENTIALLY LIFE
THREATENING ILLNESS**

TO BE FILLED OUT BY PHYSICIAN

The following medication is to be **self-administered** by my patient,

_____ grade _____

I hereby certify that my patient has a life threatening illness and that my patient is capable of and have been instructed in the proper administration of the required medication.

MEDICATION _____ DOSE & ROUTE _____

TIME GIVEN _____ DIAGNOSIS _____

SIGNIFICANT SIDE EFFECTS _____

LENGTH OF TREATMENT _____

M.D. Signature

School Physician Approval

Print M.D. Name

Date

**PARENT REQUEST AND RELEASE-TO BE COMPLETED BY
PARENT/GUARDIAN**

I request my child, _____, to receive/self-administer the medication designated above. I have been informed by the school district, its agents, servants, and employees shall incur no liability whatsoever as a result of any untoward reaction arising from the administration of medicine by my child. I hereby indemnify and hold harmless the Secaucus Board of Education, its agents, servants, and employees from any and all claims and shall defend any lawsuit that may arise out of or in connection with the administration of medicine by my child.

Date

Parent/Guardian Signature

**THIS PERMISSION MUST BE RENEWED ANNUALLY. IF AT ALL POSSIBLE,
MEDICINE SHOULD BE GIVEN AT HOME.**



SECAUCUS PUBLIC SCHOOLS

“Excellence in Education”

Cynthia M. Randina
Superintendent of Schools

Administration Building
20 Centre Avenue
P.O. Box 1496, Secaucus, N.J. 07094-1496
Telephone 201-974-2004 Fax: 201-617-0197
Email: crandina@sboe.us

STUDENT RELEASE FORM

Dear Parents or Guardians:

As part of their education experience, students participate in special curriculum projects, a variety of contests, concerts, school plays and field trips. Pictures and videos of our students are often taken to capture these moments in time. We would like your permission to share some of the photographs and videos of your children with the public for communication and/or publicity purposes.

Photographs or videos will be used for publicity purposes, including newspaper and Secaucus School District newsletters. This use includes the Secaucus School District Internet Website and Public Access Television Channel 34. No compensation shall be made to the Secaucus Board of Education for the above usage; and there will be no personal compensation paid to individuals from pictures or the likeness of. Permission, if given, shall remain in effect unless later withdrawn by the legal parent/guardian and communicated to the Secaucus Board of Education in writing.

If you should have any questions or concerns, please do not hesitate to contact your Principal’s office.

Sincerely,

Cynthia M. Randina
Superintendent of Schools

YES – I give permission for my child to be photographed and/or videotaped.

NO – I do not give permission for my child to be photographed and/or videotaped.

Please return this form to your child’s school office as soon as possible.

Name of Student (Please Print)

Grade School

Name of Parent or Guardian (Please Print)

Signature of Parent or Guardian

Date

SECAUCUS SCHOOL DISTRICT

Our school district is participating in a system where the federal government's Medicaid will pay state and local school districts for a portion of the costs of health-related special education services provided to Medicaid eligible children. Your child will continue to receive services at no cost to you under this new system. This initiative simply helps us maximize federal funds in support of local education. The information you voluntarily provide by completing this consent form will only be used for the purposes identified.

Please fill in the information below, sign the form, and return it to the address indicated.

CONSENT FOR RELEASE OF INFORMATION TO ACCESS MEDICAID REIMBURSEMENT FOR HEALTH RELATED SUPPORT SERVICES

Child's Name: _____
(First) (Mid. Initial) (Last)

Child's Date of Birth: ____ / ____ / ____
(Month) (Date) (Year)

As parent/guardian of the child named above, I give permission to disclose information from my child's educational records to local, state, and federal agency representatives for the sole purpose of claiming Medicaid reimbursement for health related support services in my child's Individualized Education Program (IEP).

Signature: _____ Date: _____
(Parent or person in parental relationship) (Month/Day/Year)