



# Public Schools of Edison Township

ENROLLMENT CENTER  
312 PIERSON AVENUE \* EDISON, NEW JERSEY 08837  
TELEPHONE (732) 452-4570 FAX (732) 452-4576

**Richard O'Malley, Ed. D.**  
Superintendent of Schools

**Richard Benedict**  
Manager

January, 2012

## **KINDERGARTEN 2012-2013 REGISTRATION**

Dear Parent/Legal Guardian:

Welcome to Edison Township Public Schools! We are pleased to offer you the opportunity to begin your child's enrollment process at your convenience. The following forms, which make up the Kindergarten packet, should be filled out **neatly and accurately in black ink**. (Packets are also available at the Enrollment Center, online at [www.edison.k12.nj.us](http://www.edison.k12.nj.us) and at Edison's public elementary schools.) You will need to bring your completed packet **when you return to the Enrollment Center to complete the enrollment process**. See enclosed schedule for list of schools and dates.

Please note: **Your child will not need to be present for this portion of the enrollment process.** At a later date, you and your child will report to the school to meet with the nurse and possibly the Reading Specialist.

On the designated enrollment date, please bring these completed forms and all required documents (see enclosed list of requirements) to the Enrollment Center. At that time, all documentation will be reviewed and the enrollment process completed.

**NOTE:** Kindergarten Registration will take place **at the Enrollment Center – not at the school – on the designated dates**. Hours are from **9:00 AM – 3:00 PM**.

Below are instructions for completing the forms. If you have any questions, please feel free to call 732-452-4570 for assistance.

**Student Enrollment Data Form:** Leave the top portion of the form blank. Start with the *student's Name*. Complete all of the items on the front and back of the form. Please remember to sign and date the form.

**Health History, Form #16D:** Please start **under the dotted line**, under *Childhood Illnesses*, leaving the top portion of the form blank. Please read each item on the front carefully and indicate yes or no on the lines provided. Be specific with any "yes" answers, providing dates and details when possible. Complete the back of the form and sign.

## **KINDERGARTEN REGISTRATION 2012-2013**

Children must be 5 years of age on or before October 1, 2012 to be eligible for Kindergarten.

SCHOOL	REGISTRATION DATES
MENLO PARK	February 6 through February 10
WASHINGTON	February 21 through February 24
JAMES MADISON	February 27 through March 2
LINDENEAU	March 5 through March 9
BENJAMIN FRANKLIN	March 5 through March 9
LINCOLN	March 12 through March 16
JOHN MARSHALL	March 19 through March 23
WOODBROOK	March 26 through March 30
JAMES MONROE	April 2 through April 5
MARTIN LUTHER KING	April 2 through April 5

Registration will take place at the Enrollment Center, 312 Pierson Ave., Edison, NJ 08837, NOT at the school.

Registration hours are between 9:00 and 3:00 PM.

Only the parent or legal guardian may enroll the child. The child does NOT need to be present for registration. Please go to the district website at [www.edison.k12.nj.us](http://www.edison.k12.nj.us) and click on the ENROLLMENT tab for required documents or you may pick up a Kindergarten registration packet at any of the elementary schools or at the Enrollment Center beginning January 2, 2012. The packet contains a requirement sheet and the forms that can be filled out prior to coming in for the scheduled registration date.

Please call the Enrollment Center at 732 452-4570 if you need any further assistance.



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## **ENROLLMENT REQUIREMENTS**

- \* PARENT OR GUARDIAN MUST ENROLL A STUDENT (UNLESS STUDENT IS AN ADULT)
- \* STUDENT MUST LIVE IN EDISON
- \* STUDENT MUST BE PRESENT IN ORDER TO ENROLL OR RE-ENROLL

**THE FOLLOWING DOCUMENTS SHOULD BE PRESENTED AT THE TIME OF ENROLLMENT:**

### **PREFERRED PROOFS OF RESIDENCY:**

**FOUR (4) OF THE FOLLOWING PROOFS OF RESIDENCY MAY BE SUBMITTED:**

**Current** property tax bill, deed, lease, lease renewal or signed letter from landlord, indicating residency  
**Current** utility bill with name and address  
Photo ID of parent/guardian (Driver's license, passport, etc.)  
Paid rent receipts or cancelled rent checks  
Current automobile registration or insurance card  
Bank or credit card statement  
Documents pertaining to military status and assignment  
Court orders, State agency agreements and other evidence of court or agency placements or directives

(Note: Alternate documentation of residency will be considered.)

### **PROOF OF STUDENT'S DATE OF BIRTH**

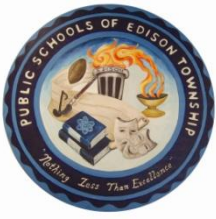
Birth Certificate / Passport / Other Official Document Indicating Age

### **UPDATED IMMUNIZATION RECORD**

Document in English, with student's name, doctor or clinic name, and month, date & year of shots

**SCHOOL RECORDS** (if available) – Transfer Card / Withdrawal or Leaving Certificate / Report Card / Letter from previous school, confirming attendance and grade level / Test Scores / IEP

**PROOF OF CUSTODY** , if applicable, may be requested.



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STUDENT ENROLLMENT FORM: DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

***For Office Use ONLY***

**NEW ENROLLMENT: YES | NO RE-ENROLLMENT: YES | NO CHANGE OF ADDRESS: YES | NO**

SSID# \_\_\_\_\_ LOCAL ID# \_\_\_\_\_ PCC CODE \_\_\_\_\_

Affidavit of Residency: \_\_\_\_ Affidavit of Domicile: \_\_\_\_ Change of Custody: \_\_\_\_ Homeless: \_\_\_\_

Edison School: \_\_\_\_\_ Grade: \_\_\_\_\_ Previous School: \_\_\_\_\_ Grade: \_\_\_\_\_

Previous School Address \_\_\_\_\_ School Records Submitted: YES | NO

**Special Education: YES | NO [IEP Submitted: YES | NO] Basic Skills: \_\_\_\_ Speech: \_\_\_\_ ESL: \_\_\_\_**

**Student Information (PLEASE PRINT CLEARLY)**

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Middle Name \_\_\_\_\_ Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender: Male | Female  
MM DD YYYY (Circle one)

\_\_\_\_ White  
\_\_\_\_ Black  
\_\_\_\_ Hispanic  
Ethnicity: \_\_\_\_ American Indian / Alaskan  
\_\_\_\_ Asian  
\_\_\_\_ Hawaiian native/other Pacific Islander

Birth City: \_\_\_\_\_

Birth State: \_\_\_\_\_

Birth Country: \_\_\_\_\_

U.S. Citizen: YES / NO - If no, citizen of \_\_\_\_\_ Original Entry in U.S.: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Country of origin MM DD YYYY

First Entry in U.S. School: \_\_\_\_/\_\_\_\_/\_\_\_\_ Student's Primary Language \_\_\_\_\_  
MM DD YYYY

**Special Education: YES | NO [IEP Submitted: YES | NO] Basic Skills: \_\_\_\_ Speech: \_\_\_\_ ESL: \_\_\_\_**

**Previous Home Address** \_\_\_\_\_ Apt #: \_\_\_\_\_  
Street Address / Zip Code

PLEASE LIST ANY CHILD RESIDING AT THIS ADDRESS ELIGIBLE TO ATTEND SCHOOL

NAME	GENDER	BIRTHDATE	CURRENT SCHOOL	GRADE

**Nothing Less Than Excellence**

**Current Student Address Information (PLEASE PRINT CLEARLY)**

Student Legal Home Address \_\_\_\_\_ Apt #: \_\_\_\_\_

Street Address / Zip Code

Legal Home Phone Number ( \_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_ Cell Phone ( \_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

**Parent/Legal Guardian Information (PLEASE PRINT CLEARLY)**

Who has legal custody of the student? \_\_\_\_\_

*Note: If the parents are divorced or separated, or someone other than the parents has legal custody of the child, you are required to submit legal proof of residential custody.*

Legal proof of custody submitted? \_\_\_\_ YES \_\_\_\_ NO

**Parent/Legal Guardian Address Information (Complete address only if different from the student)**

Parent/Legal Guardian Name \_\_\_\_\_ Language Spoken: \_\_\_\_\_

Apt #: \_\_\_\_\_

Street Address / Zip Code

Home Phone Number ( \_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_ Cell Phone ( \_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

Occupation \_\_\_\_\_ Work Phone ( \_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

Parent/Legal Guardian Email: \_\_\_\_\_

**Other Parent Address Information (Complete address information only if different from above)**

Name \_\_\_\_\_ Language Spoken: \_\_\_\_\_

Apt #: \_\_\_\_\_

Street Address / Zip Code

Home Phone Number ( \_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_ Cell Phone ( \_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

Other Parent Email: \_\_\_\_\_ Other Phone: ( \_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

**Emergency Contact (Other than parent/legal guardian)**

Name \_\_\_\_\_ Relation to Student \_\_\_\_\_

Apt #: \_\_\_\_\_

Street Address / Zip Code

Phone Number ( \_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_ Email \_\_\_\_\_

*I/we fully understand that the Edison School District retains the full right to verify any information contained in this application at any time during the period for which enrollment is pending or after enrollment has actually taken place. If at any time the pupil registered no longer qualifies as an Edison pupil, I/we shall forthwith advise the office of the Superintendent of Schools, 312 Pierson Avenue, Edison, NJ 08837. I/we fully understand that failure to do so shall hold me/us legally responsible for all tuition costs, legal costs, and any other expenses incurred by the Edison School District during that period of time for which the pupil was not so qualified for enrollment. I/we understand that no documents or pupil records, awards, or diplomas shall be issued to the pupil or to his parent/guardian or be forwarded to any other school district or school until such costs have been settled with the Edison School District. I/we swear that the information contained herein is true. Any false information concerning residency shall be penalized according to N.J. Statute 18A:38-1.*

\_\_\_\_\_  
Parent/Legal Guardian Signature

\_\_\_\_\_  
Date

Enrolled by: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Input by: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ (Rev. 12/2011)

**Nothing Less Than Excellence**

PUBLIC SCHOOLS OF EDISON TOWNSHIP  
EDISON, NEW JERSEY 08837  
HEALTH SERVICES

**REGISTRATION HEALTH HISTORY**

Student's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

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

Grade: \_\_\_\_\_

**IMMUNIZATION RECORD**

Immunization Document Received Date \_\_\_\_\_

Requested from parents/guardian Date \_\_\_\_\_

**CHILDHOOD ILLNESSES, INJURIES, OPERATIONS, ORTHOPEDIC CONDITIONS:  
Please give age of child when illness, injury, occurred explain:**

Asthma \_\_\_\_\_

Measles \_\_\_\_\_

Chicken Pox \_\_\_\_\_

Mononucleosis \_\_\_\_\_

Diabetes \_\_\_\_\_

Ear Infections \_\_\_\_\_

Heart Condition \_\_\_\_\_

Pneumonia/Bronchitis \_\_\_\_\_

Kidney/Bladder Condition \_\_\_\_\_

Rheumatic Fever \_\_\_\_\_

Strep Infection \_\_\_\_\_

Seizure(s) \_\_\_\_\_

**Other**

Any known speech/hearing problem: \_\_\_\_\_

Any known Visual Problem: \_\_\_\_\_

Allergies or Eczema: \_\_\_\_\_

Behavioral Difficulties: \_\_\_\_\_

Gastrointestinal Problem: \_\_\_\_\_

Toileting Difficulties: \_\_\_\_\_

Neurological Disorders: \_\_\_\_\_

Muscle or Bone Problems: \_\_\_\_\_

Other Medical Conditions: \_\_\_\_\_

Previous Injuries/Accident: \_\_\_\_\_

Sleeping Problems: \_\_\_\_\_

Significant or Frequent Illness: \_\_\_\_\_

Surgery: \_\_\_\_\_

Breathing Difficulties: \_\_\_\_\_

Nutritional/Eating Problems: \_\_\_\_\_

Other difficulties: \_\_\_\_\_

Has the child ever had prolonged use of medication, or is any medication or therapy being given at this time? If so, please explain: \_\_\_\_\_

Physical Limitations:

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Has your child ever been confined to a hospital? If so, please explain:

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Has your child ever been advised not to participate in a sport or to reduce activity? If so, please explain:

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Has your child had a loss of, or serious impairment of a paired organ such as a kidney, eye, lung, etc. If so, please explain:

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List additional health information.

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I/we give permission for the nurse to share any health-related information with principal, guidance counselors & teachers on a "need to know" basis for as long as my child is a student in Edison Public Schools.

My child is covered by health insurance \_\_\_ yes \_\_\_ no

My child receives his/her health care at: \_\_\_\_\_  
Name of health care provider or clinic

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date