



# East Brunswick Public Schools

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Please use the checklist below to ensure all necessary documents are submitted for student registration. **ALL of the documentation requested below is necessary to process registration.** Please understand that failure to provide requirements or complete online steps may delay registration. If you have any questions, please call 732-613-6980.

## **REGISTRATION CHECKLIST**

**All Registration Steps (1-2) online ([www.ebnet.org/register](http://www.ebnet.org/register)) MUST be completed for each student.** Registration paperwork should be dropped off at the Administration Building located at 760 Route 18. Your student is not registered for school until hard copies of registration paperwork listed below are dropped off and processed by the District Registration Department.

\_\_\_\_\_ **Proof of Residency**

**Documents must be in the name of the parent/guardian.** A copy of the Deed, a currently dated mortgage statement or current lease agreement **must be provided** at time of registration. TWO additional UTILITY bills must also be provided to complete the residency requirement. Online statements and confirmation of service are acceptable. If you have just moved into your home, bills must be provided within 30 days of registration. If the home is not in the name of parent/guardian, please call 732-613-6751 for residency affidavit instructions.

\_\_\_\_\_ **Parent/Guardian Photo ID**

\_\_\_\_\_ **Student's Birth Certificate (provide a copy – no originals)**

\_\_\_\_\_ **Student's current immunization record (MUST be provided at time of registration)**

\_\_\_\_\_ **NJ Transfer Card for students transferring from another NJ public school**

\_\_\_\_\_ **For grades K-8 current/previous school report cards**

\_\_\_\_\_ **For grades 9-12 a copy of unofficial transcript**

\_\_\_\_\_ **IEP/504 Plan** if applicable

\_\_\_\_\_ **Custody Documentation** if applicable

\_\_\_\_\_ **Registration Packet** printed (single sided) and all forms completed (one packet per student)

\_\_\_\_\_ **Registration Data Form**

All fields and check boxes must be filled in completely. **Guardian boxes are for parents/legal guardians only.** Please provide all contact information.

\_\_\_\_\_ **Student Health History**

\_\_\_\_\_ **Student Physical Exam Form**

(must be completed by physician and returned to school nurse within 30 days of registration)

\_\_\_\_\_ **Record Release Letter** (returned to District Registration Office with registration paperwork.

Parent/Guardian should NOT send to previous school.)

\_\_\_\_\_ **Elective Forms for grades 5, 6 & 7**

\_\_\_\_\_ **Athletic Form for grades 9-12**

\_\_\_\_\_ **Technology Device Coverage Form**

# EAST BRUNSWICK PUBLIC SCHOOLS

## REGISTRATION DATA SHEET

SCHOOL \_\_\_\_\_ DATE \_\_\_\_\_ STUDENT ID \_\_\_\_\_

PLEASE PRINT CLEARLY – ALL INFORMATION MUST BE COMPLETED

Student Last Name \_\_\_\_\_ Student First Name (Legal) \_\_\_\_\_ M. I. \_\_\_\_\_ Nickname \_\_\_\_\_  
 Date of Birth: (M)/\_\_\_\_\_(D)/\_\_\_\_\_(Y) \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_ Grade: \_\_\_\_\_

Student Street Address \_\_\_\_\_ Town \_\_\_\_\_ Zip Code \_\_\_\_\_

Student resides with (Relationship): \_\_\_\_\_ Parent Status:  Married  Divorced  Separated  Single  Remarried

If divorced or separated, who has legal custody? \_\_\_\_\_ Who has residential custody? \_\_\_\_\_

Student's previous Address & Telephone #: \_\_\_\_\_

If you have a residence elsewhere, what is the address and when do you live there? \_\_\_\_\_

Student's previous School & Address: \_\_\_\_\_

Do you have other children attending East Brunswick Public Schools? Yes  No  (List Full Names Below)

(1) \_\_\_\_\_ (2) \_\_\_\_\_ (3) \_\_\_\_\_ (4) \_\_\_\_\_

First U.S. School Entry Date: (M)\_\_\_\_\_(D)\_\_\_\_\_(Y) \_\_\_\_\_ Original U.S. Entry Date: (M)\_\_\_\_\_(D)\_\_\_\_\_(Y) \_\_\_\_\_

**SPECIAL EDUCATION:** Yes  No  **IEP?** Yes  No  **In Basic Skills?** Yes  No  **Have a 504 Plan?** Yes  No

**Required for State/Federal Reports:** (these questions must be answered)

**Race:**  White  Black  Asian  Pacific Islander  American Indian/Alaskan Native **Ethnicity:** Hispanic Yes  No

**PARENT/GUARDIAN INFORMATION**

<p><b>Please Circle: Parent Guardian Other</b> _____</p> <p>(Ms.) (Mrs.) (Mr.) (Dr.)</p> <p>Last Name: _____</p> <p>First Name: _____</p> <p>Address: _____</p> <p>City: _____ State: _____ Zip: _____</p> <p>Parent Preferred E-mail Address: _____</p> <p>Home Phone #: ( ) _____</p> <p>Cell Phone #: ( ) _____</p> <p>Business #: ( ) _____</p> <p>Occupation: _____</p> <p>Employer's Name: _____</p> <p>Employer's Address: _____</p>	<p><b>Please Circle: Parent Guardian Other</b> _____</p> <p>(Ms.) (Mrs.) (Mr.) (Dr.)</p> <p>Last Name: _____</p> <p>First Name: _____</p> <p>Address: _____</p> <p>City: _____ State: _____ Zip: _____</p> <p>Parent Preferred E-mail Address: _____</p> <p>Home Phone #: ( ) _____</p> <p>Cell Phone #: ( ) _____</p> <p>Business #: ( ) _____</p> <p>Occupation: _____</p> <p>Employer's Name: _____</p> <p>Employer's Address: _____</p>
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**I certify that the foregoing statements made by me are true. I am aware that if any of them are willfully false, I will be subject to legal action. As per State Law and Board Policy, if it is discovered that my child (children) is (are) illegally attending the East Brunswick Schools and not living in East Brunswick, I will be responsible for the payment of all accrued tuition fees. In addition, I acknowledge that I will be responsible for any legal expenses incurred by the East Brunswick Board of Education in relation to the situation.**

Print Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

It is necessary that the following confidential information concerning the health history, growth and development of your child be completed. This information is essential for a total understanding of each child as an individual. It also assists in planning the child's individual education plan.

Student Name : \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Preschool experience: Yes  No  Preschool attended: \_\_\_\_\_ How Long? \_\_\_\_\_

Primary language spoken at home: \_\_\_\_\_ Language(s) spoken by child: \_\_\_\_\_

Physician Name and Phone: \_\_\_\_\_

List siblings (name, age, general health):

Does your child have vision problems? Yes  No  If yes, please indicate: \_\_\_\_\_

Does your child wear glasses? Yes  No  Does your child wear contact lenses? Yes  No

Does your child have hearing problems? Yes  No  If yes, please indicate: \_\_\_\_\_

Does your child have any allergies? Yes  No  If Yes, please indicate: \_\_\_\_\_

Does your child require Epinephrine? Yes  No  If Yes, please indicate reason: \_\_\_\_\_

Does your child have any skin conditions (eczema, etc.)? Yes  No  If yes, please indicate: \_\_\_\_\_

Does your child have difficulty concentrating and/or a short attention span? Yes  No

If yes, list any medication given if applicable : \_\_\_\_\_

Has your child been treated for a medical condition/mental illness? Yes  No  List illness, duration, medications given: \_\_\_\_\_

List any serious accidents (i.e. head injury, etc), operations, hospitalizations, emergency room visits:

Infections/Illness	Circle One		Infections/Illness	Circle One	
Chicken Pox	Yes/ Age: _____	No	Strep	Yes/ Age: _____	No
Measles	Yes/ Age: _____	No	Lyme Disease	Yes/ Age: _____	No
Mumps	Yes/ Age: _____	No	Arthritis	Yes/ Age: _____	No
Seizures/Convulsions	Yes/ Age: _____	No	Pneumonia	Yes/ Age: _____	No
Tuberculosis	Yes/ Age: _____	No	Migraines	Yes/ Age: _____	No
Asthma	Yes/ Age: _____	No	Hepatitis	Yes/ Age: _____	No

List any information you wish to share with the school which might be beneficial to your child and helpful to the school:

Screening procedures are conducted on students in the East Brunswick Public Schools according to the following regulations and Board of Education policies. PLEASE READ AND SIGN this form to indicate your approval of these procedures for your child. This form will become part of the student's permanent health record. The school nurse will answer any questions you may have concerning these procedures.

**HEIGHTS, WEIGHTS AND BLOOD PRESSURE** will be done annually on all students in grades K-12. **AUDIOMETRIC SCREENING: NJAC 6A:16-2.2, NJSA 18A:40-4** - Audiometric screening for hearing acuity is done annually for all students in preschool programs, grades K-3, 7 and 11, students new to the district with no available record of audiometric screening, students referred to the Child Study Team for evaluation, students at risk of hearing impairment and those referred by teacher, parent or self. **VISION SCREENING: NJAC 6A:16-2.2** - Vision screening is done annually on students in preschool programs, grade K-1, 3, 5-8 and 10, students referred to the Child Study Team for evaluation or review, students entering the district with no available record of vision screening and those referred by teacher, parent or self.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**East Brunswick Public Schools**  
**East Brunswick, New Jersey 08816**  
**Student Services**

**Student Physical Examination Form**

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

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

Dear Parent:

Please present this form to your physician at the time of your child's examination. **Upon completion, please return this form within 30 days of student's registration.** Thank you.

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ B.P.: \_\_\_\_\_ Pulse: \_\_\_\_\_

Vision-Right: \_\_\_\_\_ Left: \_\_\_\_\_ Both: \_\_\_\_\_

Glasses-Right: \_\_\_\_\_ Left: \_\_\_\_\_ Both: \_\_\_\_\_

Physical Findings	Please indicate with a √ (check) in the appropriate column.		Specify and Recommend
	Normal	Abnormal	
EYES			
VISION			
COLOR PERCEPTION			
EARS - OTOSCOPIC			
HEARING			
Left			
Right			
TEETH/MOUTH			
NOSE			
THROAT			
LYMPH GLANDS			
THYROID			
HEART			
LUNGS			
ABDOMEN			
HERNIA			
GENITO-URINARY			
ORTHOPEDIC (STRUCTURAL)			
SCOLIOSIS SCREENING			
SKIN			
NUTRITION			
NERVOUS SYSTEM			
SPEECH			
OTHER			
GENERAL APPEARANCE			

## Student Physical Examination Form

Student Name: \_\_\_\_\_

**DATE OF MOST RECENT MANTOUX TUBERCULIN:**

TEST: \_\_\_\_\_ RESULT: \_\_\_\_\_ FOLLOW-UP: \_\_\_\_\_

**COMPLETE IMMUNIZATION HISTORY (OR ATTACH COPY)**

DPT/DTaP					
Tdap (Grade 6)					
Polio					
MMR					
Measles (on or after 1 <sup>st</sup> birthday)					
Mumps (on or after 1 <sup>st</sup> birthday)					
Rubella (on or after 1 <sup>st</sup> birthday)					
Hib					
Hepatitis B (min spacing intervals)					
Varicella (on or after 1 <sup>st</sup> birthday)					
Meningococcal (Grade 6)(after 10 <sup>th</sup> birthday)					
Pneumococcal (Pre-School)					
Influenza (Pre-School)					

PLEASE LIST ANY HEALTH PROBLEMS WHICH MIGHT INTERFERE WITH THE STUDENT'S EDUCATIONAL PROGRAM OR LIMIT HIS/HER PARTICIPATION IN THE REGULAR PHYSICAL EDUCATION PROGRAM:

INDICATE ANY RESTRICTIONS:

COMMENTS:

DATE OF EXAMINATION: \_\_\_\_\_

SIGNATURE OF PHYSICIAN: \_\_\_\_\_

PRINTED NAME, ADDRESS AND TELEPHONE: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_



# East Brunswick Public Schools

District Registration  
Telephone: 732-613-6980

## Release of Records Form

Previous School: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_

(office use)

Date: \_\_\_\_\_

To Whom It May Concern:

\_\_\_\_\_ has registered to attend \_\_\_\_\_ grade in our district.  
(name of student)

In order to ensure that effective instruction begins as quickly as possible, we ask that you please forward the following information (if applicable) to the East Brunswick Public School named above. Any other pertinent data that you are able to send will be greatly appreciated. Thank you in advance for your cooperation.

- NJ State ID#
- Report Cards (2 previous years)
- Transcripts
- Attendance Records
- Standardized Test Results
- Discipline Records
- Special Education Records (IEPs, reports, etc.)
- 504 Accommodation Plan
- Health and Immunization Records
- State Immunization Card (A-45)
- Student Transfer Card

Sincerely,  
*Sonu Patti*  
District Registration

\_\_\_\_\_  
(Parent/Guardian Print Name)

\_\_\_\_\_  
(Parent/Guardian Signature)

\_\_\_\_\_  
(Date)

**NEW JERSEY STATE INTERSCHOLASTIC ATHLETIC ASSOCIATION**

1161 Route 130 North, Robbinsville, NJ 08691-1104

**STUDENT-ATHLETE RESIDENCY AFFIDAVIT**

\_\_\_\_\_

Print Student's Full Name	School	Date
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I, \_\_\_\_\_, of full age, being duly sworn to law, upon my oath  
depose and say:

1. I am the parent/legal guardian of the above listed student. (circle)
  2. I currently reside at: \_\_\_\_\_  
I have resided at the above address since: \_\_\_\_\_
  3. The above-named student moved with me at my new address on: \_\_\_\_\_
  4. Prior to moving to the new residence address listed above, I resided at the following address:  
\_\_\_\_\_
  5. Prior to moving to the new address listed in #2 above, the student resided at the following address:  
\_\_\_\_\_
- with named parent/legal guardian \_\_\_\_\_
6. I hereby authorize the New Jersey State Interscholastic Athletic Association ("NJSIAA") to investigate and confirm any and all Statements made by me in this affidavit. I agree to provide any additional information that may be requested by the NJSIAA.
  7. I will notify the present school immediately, in writing, if any of the conditions recited herein are changed.
  8. This residence may not be associated with, leased, or provided by anyone associated with the school or acting at the direction of the school, including but not limited to administration, staff, coaches, students, parents, booster clubs, or any organization having a connection with the school.

I hereby certify that the forgoing statements are true, and I am aware that if any of the foregoing statements are willfully false, I am subject to punishment.

\_\_\_\_\_

Parent/Guardian Signature	Print Parent/Guardian Full Name
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STATE OF NEW JERSEY, COUNTY OF \_\_\_\_\_. The above-named affiant appeared before me, a notary public of the State of New Jersey, on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_ and I made known to him/her the contents of the above affidavit which was then sworn and subscribed to by said affiant before me on this date.

Notary Public: \_\_\_\_\_

***Copies of this Affidavit must be sent to the New Jersey State Interscholastic Athletic Association upon request***

# East Brunswick Public Schools

## Student Technology Device Coverage Plan

A \$35.00 fee per student provides coverage for one device through August 31, 2023.

<b>COVERAGE APPLIES TO</b>
Broken hinges
Camera failure
Charger failure
Cracks or damages to the device screen
Damage due to liquid spills that are repairable
Device damage cannot be repaired (a deductible payment of \$25.00 applies to Chromebooks and \$50.00 applies to laptops)
Disk failure
Electrical or mechanical breakdown
Faulty battery or loose port
Keyboard replacement
LCD failure
Loaner devices
Memory failure
Physical damage to device chassis
Stolen device (coverage applies upon providing a police report of the theft and is limited to one instance per student)
Stylus failure

<b>COVERAGE DOES NOT APPLY TO</b>
Defacing the device
Lost charger
Lost device
Lost stylus
Use of the device in violation of: <ul style="list-style-type: none"> <li>• Board Policy and Regulation No. 2361 – Acceptable Use of Computer Networks/Computers &amp; Resources</li> <li>• Board Policy No. 7523 – School District Provided Technology Devices to Students</li> </ul>

<b>ADDITIONAL CONDITIONS</b>
Open enrollment for the 2022-2023 school year is through October 15, 2022.
Parents must accept or decline coverage. Parents who do not reply to the enrollment opportunity shall be deemed to decline coverage.
Parents of new students must accept or decline coverage at the time of registration.
Families qualifying for free or reduced-price meals are automatically covered at no cost.
Coverage becomes effective upon payment of the coverage fee.
Coverage fees shall not be prorated or refunded.



# East Brunswick Public Schools

## Student Technology Device Coverage Plan

Coverage is valid through August 31 following the end of the school year. For students who cease to be enrolled in the East Brunswick Public School District, coverage expires on the last day of enrollment.

The District's Information Technology Department shall make all repair and replacement determinations.

Parents shall not allow a device to be repaired by any party other than the District's Information Technology Department. Any attempted repair by other party shall result in the device being deemed irreparable.

### FEES FOR DEVICES NOT COVERED

*Fees are as of September 2022 and include labor costs.*

	Chromebook	Laptop
Battery replacement	\$50.99	\$59.23
Broken hinge (cost per hinge)	\$48.95	\$75.64
Charger replacement	\$27.15	\$31.50
Chassis replacement	\$43.65	\$67.17
Cracked LCD display	\$49.45	\$267.54
Damaged camera	\$23.85	\$49.78
Full device replacement	\$215.00	\$414.33
Keyboard replacement	\$75.35	\$86.32
Sticker removal	\$25.00	\$25.00
Stylus replacement	N/A	\$60.00

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# East Brunswick Public Schools

## Student Technology Device Coverage Plan

Student Name: \_\_\_\_\_

I have reviewed the terms and conditions of the Student Technology Device Coverage Plan presented above and I elect to **decline coverage** for the District device assigned to my child. In the event that, the District device issued to my child sustains any damage, I understand that a charge will be assessed in accordance with the above fee schedule. I further understand that, as the parent/guardian, I am responsible to promptly pay any such charge. Lastly, I understand that I will not have another opportunity to purchase Student Technology Device Coverage Plan this school year.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I have reviewed, understand, and agree to the terms and conditions of the Student Technology Device Coverage Plan presented above, and I elect to **purchase coverage** for the District device assigned to my child. I understand that, as the parent/guardian, I am responsible to promptly pay the coverage fee.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I authorize East Brunswick Public Schools to charge the credit card indicated below for \$35.00 for the Student Technology Device Coverage Plan for the remainder of the 2022-2023 school year.

Visa       Mastercard       Discover

Name on the Credit/Debit Card: \_\_\_\_\_

Billing Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ CCV Code (security code located on back of card): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Note: If you complete a free/reduced lunch application within 14 calendar days of your child's enrollment and are deemed eligible; and you elect and pay for coverage, the fee will be refunded to you. If you had declined coverage, you will be enrolled free of charge. If you complete a free/reduced lunch application beyond the 14 calendar days and qualify, the fee will NOT be refunded.

**For Office Use Only:**

Student ID#: \_\_\_\_\_ School: \_\_\_\_\_