

Welcome to the Township of Union Board of Education.

For questions regarding residency and registration, please contact Donna Hubbard at (908)851-6403.

FOR OFFICIAL USE ONLY			
Your designated school is:			
Elementary (Grades: Pre-K – Grade 4)			
<input type="checkbox"/> Battle Hill	Grade: _____	<input type="checkbox"/> Connecticut Farms	Grade: _____
<input type="checkbox"/> Franklin	Grade: _____	<input type="checkbox"/> Hannah Caldwell	Grade: _____
<input type="checkbox"/> Livingston	Grade: _____	<input type="checkbox"/> Washington	Grade: _____
Grade 5			
<input type="checkbox"/> Central Five Jefferson			
Middle School (Grades: 6th – 8th)			
<input type="checkbox"/> Burnet	Grade: _____	<input type="checkbox"/> Kawameeh	Grade: _____
High School (Grades: 9th – 12th)			
<input type="checkbox"/> Union High School			
Grade: _____			
Name of Registering Official: _____			

Listed below are the required documents that you will need to register your child(ren) into our school district.

ALL RECORDS MUST BE IN ENGLISH

YOU WILL NEED:

- Transfer card from prior school with NJ Smart ID#
- Medical records and immunizations
- Last report card
- Copy of most current standardized testing
- IEP Records if applicable
- Original birth certificate or Current Passport
- Proof of custody
- Legal documentation for divorce or separation
- Relevant Court Orders (visitation schedules, restraining orders)
- Photo ID

You are also required to fill out:

- _____ Residency Verification Form
- _____ Student Master File
- _____ Registration Form
- _____ Universal Child Health Record
- _____ District’s Residency Check

Please note: The one-time \$500 fee for Pre-School registration is non-refundable and must be paid in the form of a money order only.

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

UNION TOWNSHIP BOARD OF EDUCATION
RESIDENCY VERIFICATION FORM

Date: _____
School _____

Child's Last Name: _____	First Name: _____	Middle Name: _____
Address of Residence: Street: _____		
Apt # _____	City: _____	State: _____ Zip Code: _____
Home Phone # _____		
Mother's/Guardian's	Work Phone #1 _____	Cell Phone # _____
Father's/Guardian's	Work Phone #2 _____	Cell Phone # _____

List all children being registered and/or are presently enrolled.

NAME	SCHOOL	GRADE LEVEL
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please contact Julia Vicidomini, District Homeless Liaison, at 908-851-6407 if special circumstances are involved such as: doubled up in a home with another family, living in a shelter or temporary housing, living in a hotel, etc.

THE FOLLOWING IS A LIST OF RESIDENCY REQUIREMENTS THAT YOU ARE TO PROVIDE TO THE DISTRICT FOR ADMISSION.

PLEASE PROVIDE AT LEAST FIVE (5) FROM THE LIST BELOW FOR RESIDENCY VERIFICATION.

MUST PRESENT ONE OF THE FOLLOWING:

- _____ **DEED**
- _____ **CURRENT PROPERTY TAX BILL**
- _____ **CURRENT LEASE OR 5C FORM**
- _____ **MORTGAGE**
- _____ **6-C AFFIDAVIT Individual providing housing (if applicable).**

FOUR OF THE FOLLOWING. ALL MUST HAVE YOUR NAME AND ADDRESS:

- | | |
|--------------------------------------|-------------------------------------|
| _____ CURRENT GAS BILL | _____ CREDIT CARD BILL |
| _____ CURRENT CABLE BILL | _____ DELIVERY RECEIPT |
| _____ CURRENT ELECTRIC BILL | _____ MEDICAL REPORTS |
| _____ CURRENT WATER BILL | _____ BENEFIT STATEMENT |
| _____ CURRENT CELL PHONE BILL | _____ SEWER BILL |
| _____ HOMEOWNER/CAR | _____ CAR INS. ID CARD |
| _____ INSURANCE POLICY | |
| _____ PAY STUB | _____ ANY BUSINESS RECORD |
| | _____ OR DOCUMENT ISSUED |
| _____ DRIVER'S LICENSE | _____ BY A GOVERNMENT ENTITY |
| _____ BANK STATEMENT | |

***I HAVE BEEN ADVISED THAT A RESIDENCY CHECK WILL BE MADE BY THE BOARD OF EDUCATION**

PARENT/GUARDIAN

DATE

UNION TOWNSHIP REGISTRATION FORM

STUDENT MASTER FILE

Student Information

School: _____

District Student ID: _____ (For official use)

New Student _____ **Re-Entry** _____

Today's Date: _____

Last Name: _____	First Name: _____	Middle Name: _____
Generation Suffix (i.e., Jr., II) _____	Gender (circle):	Male Female
Date of Birth: ____ / ____ / ____	City of Birth: _____	State of Birth: _____
Country of Birth: USA Other (Please Specify): _____		
Address of Residence: Street: _____		
Apt # _____	City: _____	County: _____ State: _____ Zip Code: _____
Student resides with? Parents / Mother / Father /Guardian / Other _____ (circle one)		
Parent's/Guardian's Name(s): _____		
Are custody papers available? _____		
Home Phone # _____	Work Phone #1 _____	Cell Phone # _____
	Work Phone #2 _____	Cell Phone # _____
Emergency Contact _____	Emergency Phone # _____	
Emergency Contact Relation to Student _____		
Primary Language spoken in the home: _____		

Ethnicity (<u>Answer "Yes" or "No"</u>): _____ Hispanic or Latino – Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.
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Race (<u>Check all that apply</u>) Note that a non-Hispanic student ("No" above) will check off at least one race category below. A Hispanic student ("Yes" above) <u>can</u> have all race categories blank below. _____ American Indian – American Indian or Alaska Native _____ Asian – Origins from the Far East, Southeast Asia or the Indian subcontinent including, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam. _____ Black or African American _____ Pacific Islander (i.e., Hawaiian) – Origins from Hawaii, Guam, Samoa, or other Pacific Islands _____ White – Origins from Europe, the Middle East or North Africa
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HAS THE STUDENT EVER BEEN REFERRED TO OR EVALUATED BY A CHILD STUDY TEAM?

_____ Yes _____ No

(over, signature required)

Health-Related Information – Optional

Does the student have health insurance?(Circle one): Yes No

If “Yes” Health Insurance Company: _____

List other children in district:

Name	School	Grade Level

Please answer the following questions:

1. Is the student’s home address a temporary living arrangement? Yes No
2. Is this a temporary living arrangement due to loss of housing or economic hardship? Yes No
3. Is this student in temporary or emergency foster care placement? Yes No
4. As a student, are you living with someone other than your parent or legal guardian? Yes No

If you answered yes to any of the above questions please bring it to the attention of the school secretary. You may qualify for additional services.

If the information provided is false, the Board of Education will seek reimbursement of tuition at an approximate cost of \$14,707.00 annually. The Board of Education will file criminal charges for any willfully false statement.

I affirm the above facts to be true

Signature and relationship to student Date:

Copy of Genesis’ form to transportation: _____Yes _____No (for official use only)

Since privacy and security concerns all of us, you should know that the Family Educational Rights and Privacy Act (FERPA) require the board of education and State of New Jersey to protect the privacy of education records. As such, the information requested as part of NJ SMART is protected under FERPA and is done so through a series of electronic means and safeguards. The release of private information to anyone other than local school or state/federal officials for legitimate educational interests may be done only by written consent from the parent or student. Unauthorized release (download, access, etc.) of private records will result in prosecution to the fullest extent of the law.

UNION TOWNSHIP BOARD OF EDUCATION

2369 Morris Avenue, Union, NJ 07083

908-851-6403

Parental Information

Student Name:

Last Name: _____	First Name: _____	Middle Name: _____
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Parents / Mother / Father /*Guardian / Other _____ (circle one)

*must supply court documents

Parent/Guardian Information

Last Name: _____	First Name: _____	Middle Name: _____
Address: _____		
Street: _____		
Apt # _____	City: _____	County: _____
State: _____	Zip Code: _____	
Home Phone # _____	Work Phone #1 _____	Cell Phone # _____
City and State of Birth _____	Relationship to student _____	
Ethnic Group: _____ Please be specific		
Parent's email address: _____		
Employer: _____	Occupation: _____	
Work Address: _____		
Street	City	State
Work Phone # _____		Zip

Parent/Guardian Information

Last Name: _____	First Name: _____	Middle Name: _____
Address: _____		
Street: _____		
Apt # _____	City: _____	County: _____
State: _____	Zip Code: _____	
Home Phone # _____	Work Phone #1 _____	Cell Phone # _____
City and State of Birth _____	Relationship to student _____	
Ethnic Group: _____ Please be specific		
Parent's email address: _____		
Employer: _____	Occupation: _____	
Work Address: _____		
Street	City	State
Work Phone # _____		Zip

REQUEST FOR RESIDENCY CHECK
UNION TOWNSHIP PUBLIC SCHOOLS

RESIDENCY REPORT FORM

Student's Name _____

Address _____

School _____ Grade _____

Home Phone _____ Cell Phone _____

Parent's/Guardian's Name _____

Former Address _____

Former School _____

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BOARD OF EDUCATION**

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Parent's/Guardian's Signature _____

Date _____
