

Wanaque Public Schools
Preschool Registration Form
(Please Print or Type)

For School Office Use Only
Date received: _____
Time received: _____

<input type="checkbox"/> I am registering for the 3 year old AM class 9:00-11:30 <i>Must be 3 years old by October 1, 2017</i>		<input type="checkbox"/> I am registering for the 4 year old PM class 12:30-3:00 <i>Must be 4 years old by October 1, 2017</i>
Enroll Date: / /	School:	Student ID #: <i>Office use only</i>
Students Last Name:	First Name:	Middle:
Date of Birth: / / <i>Must be the proper age by 10/01/2017</i>	Age:	Toilet Trained <input type="checkbox"/> Yes <input type="checkbox"/> No
Gender: Female <input type="checkbox"/> Male <input type="checkbox"/>	Parent (s) / Guardian Names:	Person Enrolling Student:
Relationship if other than parent:	Student's Physical Address:	Mother / Guardian Physical Address:
Father / Guardian Physical Address:	Mailing Address (Only if Different):	<input type="checkbox"/> Same as Student's Physical Address Mother/ Guardian Mailing Address (Only if Different):
Father/ Guardian Mailing Address (Only if Different):	Student's Home Telephone #	Mother/Guardian Home #
		Mother/ Guardian Cell #
		Father/ Guardian Cell #
Ethnicity: <i>Response's Optional</i>	Mother/ Guardian Work #	Father/ Guardian Work #
<input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic	Ext.	Ext.
<input type="checkbox"/> Black, African American <input type="checkbox"/> White <input type="checkbox"/> Asia <input type="checkbox"/> Pacific Islander/Hawaiian <input type="checkbox"/> American Indian, Alaska Native	Email Address:	Email Address:
Native Language of Student :	<input type="checkbox"/> Check here If English is spoken & understood by student	<input type="checkbox"/> Check here If English is spoken & understood by parent/ guardian
Student's Prior School's Name:	Prior School's City/Town, State:	
Please list: Special Program Needs (Special education, English as a Second Language (ESL), Basic Skills, Speech/ language delays Please describe:		
Please list other special considerations (e.g., custody, medical, etc.):		
Siblings in Household (full name) :	Age:	Grade:
<input type="checkbox"/> I understand I <u>must</u> provide transportation to and from the program for my child. <input type="checkbox"/> I agree to pay a deposit of \$250.00 with this application to secure an available opportunity followed by nine (9) monthly payments of \$250.00 which are due by the 15th of every month beginning July 15th. If a lottery is needed due to limited space, and my child is not chosen, I understand my deposit will refunded.		

Parent/ Guardian Signature

Date

Please fill out back of form



(Domicile/Permanent Residence): *Complete this section if the student is living with a parent/guardian whose permanent home is the address given on the front of this form and is located in the district.*

How long have you lived in this home? _____

Do you have any present intention of moving from this home? No Yes

If yes, when and to where? _____

Do you have residence elsewhere? No Yes

If yes, where are they and when do you live there? _____

Documentation of Residency

All parents/guardians must provide copies of current documents as proof of residence in the Wanaque Borough. Documents are required to clearly indicate the names and addresses provided for registration of all students.

Individuals must provide one (1) document from Category A and three (3) documents from Category B.

Category A	Category B – Three (3) documents	
<input type="checkbox"/> Contract of Sale <input type="checkbox"/> Mortgage document of payment book <input type="checkbox"/> Property tax bill <input type="checkbox"/> Recorded deed <input type="checkbox"/> Signed lease	<input type="checkbox"/> Bank Statement (blocked out figures) <input type="checkbox"/> Cable Bill <input type="checkbox"/> Credit Card Statement <input type="checkbox"/> Telephone/Cell bill <input type="checkbox"/> Vehicle Registration <input type="checkbox"/> Voter registration <input type="checkbox"/> Driver License	<input type="checkbox"/> Electric Bill <input type="checkbox"/> Financial account information <input type="checkbox"/> Gas Bill <input type="checkbox"/> Insurance Bill <input type="checkbox"/> Paycheck Stub <input type="checkbox"/> Water/Sewer Bill



*Only fill in the information below, if the student’s parents are domiciled (permanent residents) in **different districts**, regardless of which parent has custody.*

Is there a court order or written agreement between the parents designating the district for the school attendance, and if so, where does it require the student to attend school? _____
 (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?
 Parent: _____ Address: _____

If not, for what portion of time does the student reside with each parent and at what addresses?

**** If the following applies to you, these additional forms can be attained in the Main Office of each school.**

- Affidavit Form B1 and B2** -If your child is living with a Wanaque resident other than the parent or guardian and **NOT** being supported by the parent / guardian.
- Affidavit Form A1**-There is not deed or written lease.
- Affidavit Form C1**-If a Wanaque resident is housing an out of district family.
- Section D-** for Special circumstances not listed above.

For Guardians Only

Guardians must provide proof of legal guardian ship by providing a copy of the Court orders, State agency agreements, or other evidence of court or agency placements or directives.

OR

Affidavits, certifications and sworn attestations pertaining to statutory criteria for school attendance, from the parent, legal guardian, person keeping an “affidavit student,” person(s) with whom a family is living , or others as appropriate.

 Parent / Guardian Signature

 Date