



# THE EWING PUBLIC SCHOOLS

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**OFFICE OF CENTRAL REGISTRATION**

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[www.ewing.k12.nj.us](http://www.ewing.k12.nj.us)

## EWING TOWNSHIP PUBLIC SCHOOLS RESIDENCY REQUIREMENTS

**All Registrations are by Appointment Only.**

Registration forms can be found at [www.ewing.k12.nj.us](http://www.ewing.k12.nj.us); click on District Information, then Registration.

In order to verify residency for a RESIDENT, GUARDIANSHIP, or HOST FAMILY registration, please provide Ewing Township Public Schools with the following:

### HOMEOWNERS AND RENTERS ARE ASKED TO PROVIDE ONE (1) OF THE FOLLOWING:

- |   |  |
|---|--|
| <input type="checkbox"/> Property Deed                    | <input type="checkbox"/> Property Tax Bill                               |
| <input type="checkbox"/> Settlement Agreement             | <input type="checkbox"/> Current Lease OR Notarized Letter from Landlord |
| <input type="checkbox"/> Mortgage Statement/Mortgage Book |  |

### ADDITIONALLY, ALL REGISTRANTS ARE ASKED TO PROVIDE AT LEAST (4) OF ANY OF THE FOLLOWING DOCUMENTS SHOWING EWING ADDRESS:

- |   |  |
|---|--|
| <input type="checkbox"/> Current Driver's License           | <input type="checkbox"/> Car Insurance Card                      |
| <input type="checkbox"/> Vehicle Registration Card          | <input type="checkbox"/> Home Owners/Renter's Insurance          |
| <input type="checkbox"/> Bank Statement or Letter from Bank | <input type="checkbox"/> Cable TV Bill                           |
| <input type="checkbox"/> Paystub or Letter from Employer    | <input type="checkbox"/> Utilities Bill Showing Name and Address |
| <input type="checkbox"/> Telephone/Cell Phone Bill          | <input type="checkbox"/> Any Recently Dated Business Mail        |

### ALL OF THE FOLLOWING ITEMS ARE ALSO REQUIRED AT THE TIME OF REGISTRATION:

- Your child's birth certificate
- Immunization records
- A current health physical (valid for one year)
- Transfer Card (if it applies from prior school)
- Most current report card, progress report and state testing results.
- Special Education Records (if it applies) such as Child Study Team evaluations and student's IEP
- Court custody paperwork (if it applies)

### STUDENTS WILL NOT BE REGISTERED FOR SCHOOL IN CASES WHERE THEY ARE CLEARLY NOT ELIGIBLE.

If you experience difficulties with the enrollment process, please contact Mr. Harry Louth, Director, Special Services 609-538-9800 ext. 7181 for assistance.

# EWING PUBLIC SCHOOLS REGISTRATION / RESIDENCY VERIFICATION FORM

For Registration Office Use Only:

Assigned School: \_\_\_\_\_ Grade: \_\_\_\_\_ Home School: \_\_\_\_\_ Registration Date: \_\_\_\_\_ Start Date: \_\_\_\_\_ ID#: \_\_\_\_\_

Who does student reside with? \_\_\_\_\_ Affidavit Type(s): HF  Custody  Tuition  Homeless

Both Parents: \_\_\_ Single Parent: \_\_\_ Guardian: \_\_\_ Ward of State: \_\_\_ Foster Placement: \_\_\_ Proofs: \_\_\_\_\_ Approved By: \_\_\_\_\_  
LEA: \_\_\_\_\_

**Student's Full Name:** \_\_\_\_\_

(First, Middle, Last, Suffix)

**Home Address:** \_\_\_\_\_

(Street, Apt#, Zip)

**Gender:** Male  Female

**Date Moved Into Ewing:** \_\_\_\_\_

**Are you Homeless/Displaced?** Yes  No  **Reason:** Eviction  Foreclosure  Domestic  Other

**Home Phone:** \_\_\_\_\_ **Landline**  **Cell**

Date of Birth:	City/State of Birth:	Country of Birth:	Date Came to US:	Proofs:
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**Is student Hispanic or Latino/a?** Yes  No  **Language spoken at home:** \_\_\_\_\_

**Federal Race – Check at least one (for state reporting)**

Black or African American  
 White

Asian

American Indian or Alaskan Indian  
 Native Hawaiian or other Pacific Islander

**Student Programs – check all that apply:**

Gifted & Talented: Reading  Math  Language Arts   
Basic Skills: Reading  Math  Language Arts   
504 Plan: Yes: \_\_\_\_\_  
Special Education: Yes: \_\_\_\_\_ Classification: \_\_\_\_\_ Evaluated in prior District: \_\_\_\_\_

**Previous School History:**  
Has student ever been suspended? Yes  No  Has student ever been expelled? Yes  No  Has student ever been retained? Yes  No   
If yes, what grade? \_\_\_\_\_

**Previous home address and phone number:**

Previous school(s) attended by student:	School Name(s):	School Address, City, State, Zip	Grades
Has student ever attended school in Ewing? Yes <input type="checkbox"/> No <input type="checkbox"/>			

I understand that falsification of residency is a disorderly offense and if the student is found not to be a resident of Ewing Township, "the law provides for payment of an appropriate tuition."

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

Revised 10/5/18

# EWING PUBLIC SCHOOLS REGISTRATION / RESIDENCY VERIFICATION FORM

**CONTACTS LIVING WITH STUDENT** *(Please provide as much information as possible):*

Relationship	Name	E-Mail	Cell Phone	Work Phone	Home Phone
<i>(Guardian 1)</i>					

**Second Parent at DIFFERENT Address** *(if applicable) (Please provide as much information as possible):*

Relationship	Name and Address	E-Mail	Cell Phone	Work Phone	Home Phone

**Other children living at the same address:**

Name	Age	Gender	School	Grade	Who is legal guardian of this child?

**Other/Emergency Contacts:** *Who should the school contact if parent/guardian cannot be reached?*

Relationship	Name	Cell Phone	Work Phone	Home Phone	Emergency Contact?	May Pick Up from School?
					Yes    No	Yes    No
					Yes    No	Yes    No
					Yes    No	Yes    No
					Yes    No	Yes    No



**PARENT ACCESS APPLICATION/UPDATE FORM**

Date \_\_\_\_\_

Parents of students attending the Ewing Township Public Schools are required to monitor student progress (such as grades, attendance, schedules, documents, lunch balance and fines) and to complete required forms via the Genesis Parent Access portal. In order to create your user account and ensure that all of your children are associated with that one account, please complete the form below for each student grades K-12.

Parent/Guardian Name: \_\_\_\_\_

Primary E-mail Address: \_\_\_\_\_

Residence Address: \_\_\_\_\_

Please list all Ewing students for whom you are legal guardian.

Student Name	School	Grade	My Relationship to Student

Important: If your primary e-mail address changes, please be sure to notify the school office.

**EWING PUBLIC SCHOOLS**

**Guidance Registration Information**

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

**Today's Date:** \_\_\_/\_\_\_/\_\_\_

**Birth Date:** \_\_\_/\_\_\_/\_\_\_

Dear Parent / Guardian:

Welcome to The Ewing Public Schools! We are committed to serving your child and would like to work closely with your family to provide your student with the best possible education. Please provide the following information so that we can get to know your child better.

**Parent/Guardian contact information (please print clearly):**

Mother's Name: \_\_\_\_\_ Lives w/ student  Yes  No  
 Home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_  
 Father's Name: \_\_\_\_\_ Lives w/ student  Yes  No  
 Home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

**Please answer as accurately as you can.** It is easier for us to help your child receive proper placement and services.

**SCHOOL HISTORY**

**Grades PreK through 5<sup>th</sup> Grade**

Name of Daycare attended: \_\_\_\_\_ Name of Pre-School attended: \_\_\_\_\_

**All Grade Levels**

Has your child received any special help?

Please **check any** that apply:

- Speech therapy
- Language therapy
- Occupational therapy
- School counseling
- Basic Skills Instruction
- ESL (English as Second Language)
- Other \_\_\_\_\_

List **ALL** previous schools attended:

(Please include school name & address)

\_\_\_\_\_  
\_\_\_\_\_

Does your child have an **IEP** (Individualized Education Plan)?  Yes  No

Does your child have a **504 PLAN**?  Yes  No

Has your child been identified as *gifted*?  Yes  No

Has your child ever repeated a grade?  Yes  No

If yes, which grade? \_\_\_\_\_

What is the last grade that your child completed? \_\_\_\_\_

How long has it been between schools? \_\_\_\_\_

What is your child's favorite subject? \_\_\_\_\_

What is your child's most difficult subject? \_\_\_\_\_

**SOCIAL, EMOTIONAL AND BEHAVIORAL HISTORY**

Counselors are available in each of our schools to help your child with social, emotional and behavioral issues. In order to help the counselors understand a child's family, we ask that you respond to the following items, if you are comfortable doing so.

**Check as many of the following that describe your child's family:**

- Single parent
- Multi-generational family
- Divorced and remarried
- Nuclear family
- Blended family
- Divorced-shared custody
- Foster family
- Military family
- An only child
- One of several children
- Divorced -no shared custody

**Comments:**

\_\_\_\_\_  
\_\_\_\_\_

**If your child has had a traumatic experience that might affect his/her adjustment to a new school, please tell us about it by checking the item and then explaining.**

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> An absent parent                 | <input type="checkbox"/> An incarcerated parent                          | <input type="checkbox"/> A parent who suffers from alcoholism or drug addiction |
| <input type="checkbox"/> The death of a parent            | <input type="checkbox"/> A burglary                                      | <input type="checkbox"/> Other _____  |
| <input type="checkbox"/> The death of a sibling           | <input type="checkbox"/> A serious car accident                          |   |
| <input type="checkbox"/> A difficult divorce              | <input type="checkbox"/> A close family member with a terminal illness   |   |
| <input type="checkbox"/> Domestic violence                | <input type="checkbox"/> A parent or sibling with a major mental illness |   |
| <input type="checkbox"/> A house fire                     |  |   |
| <input type="checkbox"/> A violent school or neighborhood |  |   |

**Comments:** \_\_\_\_\_

**Describe your child by checking any of the following words that apply and feel free to include additional information:**

- |  |                                      |  |  |                                      |
|--|--------------------------------------|--|--|--------------------------------------|
| <input type="checkbox"/> Afraid of loud noises | <input type="checkbox"/> Athletic    | <input type="checkbox"/> Curious           | <input type="checkbox"/> Friendly      | <input type="checkbox"/> Relaxed     |
| <input type="checkbox"/> Afraid of school      | <input type="checkbox"/> Awkward     | <input type="checkbox"/> Disorganized      | <input type="checkbox"/> Funny         | <input type="checkbox"/> Respectful  |
| <input type="checkbox"/> Aggressive            | <input type="checkbox"/> Boisterous  | <input type="checkbox"/> Disrespectful     | <input type="checkbox"/> Hesitant      | <input type="checkbox"/> Shy         |
| <input type="checkbox"/> Angry                 | <input type="checkbox"/> Challenging | <input type="checkbox"/> Eager to learn    | <input type="checkbox"/> Insecure      | <input type="checkbox"/> Thoughtful  |
| <input type="checkbox"/> Anxious               | <input type="checkbox"/> Clumsy      | <input type="checkbox"/> Easily distracted | <input type="checkbox"/> Kind          | <input type="checkbox"/> Very active |
| <input type="checkbox"/> Argumentative         | <input type="checkbox"/> Compliant   | <input type="checkbox"/> Easy-going        | <input type="checkbox"/> Leader        | <input type="checkbox"/> Withdrawn   |
| <input type="checkbox"/> Assertive             | <input type="checkbox"/> Confident   | <input type="checkbox"/> Fearful           | <input type="checkbox"/> Non-assertive | <input type="checkbox"/> Worried     |
| <input type="checkbox"/> Other _____           | <input type="checkbox"/> Cooperative |  | <input type="checkbox"/> Positive      |                                      |
|  | <input type="checkbox"/> Creative    |  | <input type="checkbox"/> Quiet         |                                      |

List strengths: \_\_\_\_\_

List areas needing improvement: \_\_\_\_\_

**Fisher Middle School & Ewing High School Only**

Has your child studied a World Language?  Yes  No

If you answered yes, please indicate which language was studied and for how long? \_\_\_\_\_

**All Students must** study a World Language. Please select one and every effort will be made to give your child his/her first choice:  French  Spanish  Italian (EHS Only)

Please check all activities that are of interest to your child.

**SPORTS & MUSIC**

- |   |  |  |  |                                    |
|---|--|--|--|------------------------------------|
| <input type="checkbox"/> Baseball           | <input type="checkbox"/> Cross Country       | <input type="checkbox"/> Lacrosse (EHS Only) | <input type="checkbox"/> Tennis (EHS Only)       | <input type="checkbox"/> Choir     |
| <input type="checkbox"/> Basketball         | <input type="checkbox"/> Field Hockey        | <input type="checkbox"/> Soccer              | <input type="checkbox"/> Track-Spring            | <input type="checkbox"/> Band      |
| <input type="checkbox"/> Bowling (EHS Only) | <input type="checkbox"/> Football (EHS Only) | <input type="checkbox"/> Softball            | <input type="checkbox"/> Track-Winter (EHS Only) | <input type="checkbox"/> Orchestra |
| <input type="checkbox"/> Cheerleading       | <input type="checkbox"/> Golf (EHS Only)     | <input type="checkbox"/> Swimming (EHS Only) | <input type="checkbox"/> Wrestling               | <input type="checkbox"/> Other     |

If your child was involved in Band or Orchestra in the last school, please indicate what instrument was played.

Band: \_\_\_\_\_ Orchestra: \_\_\_\_\_

**OTHER CLUBS/ACTIVITIES**

Please list clubs/activities that your student is interested in, or that they have participated in at their previous school.

A list of clubs offered at Ewing High School can be found online in the EHS Curriculum Guide 2017-2018 on the Guidance portion of the Ewing High School's webpage ([www.ewing.k12.nj.us](http://www.ewing.k12.nj.us))

\_\_\_\_\_  
\_\_\_\_\_

**THANK YOU FOR TAKING THE TIME TO COMPLETE THIS FORM.  
WE LOOK FORWARD TO MEETING YOU AND YOUR CHILD.**

EWING PUBLIC SCHOOLS  
**LANGUAGE SURVEY**

Student's Name:	School:
Parent/Guardian:	Grade:
Home Address:	Home Phone:

As required by state and federal law (State-Bilingual Education Act of 1975, Federal – Lau vs. Nichols Supreme Court ruling of 1974), all parents must be surveyed as to the home language of their public school children.

To be completed by parent or guardian:

Please answer the following six questions. We need the languages your child speaks in order to provide a good instructional program for your child.

1. What language did your child first learn to speak?  
English  **OR** Other  Please specify:
2. What language do **you** use most often when speaking to your child?  
English  **OR** Other  Please specify:
3. What language does your child use most often when speaking to you, his parents, at home?  
English  **OR** Other  Please specify:
4. What language does your child use most often when speaking to brothers and sisters?  
English  **OR** Other  Please specify:
5. What language does your child use most often when speaking to other relatives?  
English  **OR** Other  Please specify:
6. What language does your child use most often when speaking to friends at home?  
English  **OR** Other  Please specify:

Thank you for your cooperation.

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

cc: School  
Dr. Ishibashi

01/21/11

# HEALTH ASSESSMENT FORM

(To be completed by parent/guardian)

**Student Name** (First, Middle, Last, Suffix): \_\_\_\_\_ **School:** \_\_\_\_\_

**Date of Birth** (mm/dd/yyyy): \_\_\_\_\_ **Gender:** Male:  Female:  **Grade:** \_\_\_\_\_

**Medical History** (check all that apply):

<input type="checkbox"/> ADD/ADHD <input type="checkbox"/> Asthma <input type="checkbox"/> Autism Spectrum Disorder <input type="checkbox"/> Birth Complications <input type="checkbox"/> Chicken Pox	<input type="checkbox"/> Concussion <input type="checkbox"/> Congenital Disorder <input type="checkbox"/> Diabetes <input type="checkbox"/> Ear Infection <input type="checkbox"/> Fainting Spells	<input type="checkbox"/> Heart Disease <input type="checkbox"/> Mental Health <input type="checkbox"/> Pneumonia <input type="checkbox"/> Seizures <input type="checkbox"/> Strep Infection <input type="checkbox"/> Tuberculosis
<b>Severe Injuries:</b>	<b>Surgeries (Name &amp; Date):</b>	<b>Other Significant Health History Concerns:</b>
<b>Vision Problems:</b>	<b>Hearing Problems:</b>	

If yes, please describe below.

**Allergies** Does your child have any allergies? Yes  No

	Allergy 1	Allergy 2	Allergy 3
What is your child allergic to?			
Describe the reaction:			
Describe the treatment:			
Is there a history of <b>ANAPHYLAXIS</b> ?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

**Health Insurance Information**

Does your child have health insurance? Yes  No

If yes, what is the name of the Insurance Company? \_\_\_\_\_

**NJ FamilyCare** provides free or low cost health insurance for uninsured children and certain low income parents. My signature below authorizes Ewing Public Schools to release my name and address to the NJ FamilyCare program so they can contact me about health insurance.

**Does your child have a personal physician?** Yes  No

If yes: Doctor's Name \_\_\_\_\_ Phone Number: \_\_\_\_\_

**Students new to Ewing Public Schools must have a physical examination (refer to Doctor's Medical Form). Also, students must provide a copy of immunizations.** If you are transferring from a school within the State of NJ, you must provide a copy of immunization upon registration. If you are transferring from out of state or country, you must provide an immunization record within 30 days. If you do not have insurance to cover the cost of the required physical, our school doctor can perform the physical for you.

**Medications**

<p><b>Medication to be Taken at School</b> (if any): <i>(Indicate name, dose, frequency and reason)</i></p> <p>1. _____</p> <p>2. _____</p> <p>3. _____</p> <p><b>Note: You must provide a <u>physician's written order</u> for medication to be administered at school. Please ask nurse for a <u>Medication Form</u>.</b></p>	<p><b>Medication Taken at Home</b> (if any): <i>(Indicate name, dose, frequency and reason)</i></p> <p>1. _____</p> <p>2. _____</p> <p>3. _____</p>
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**May we share pertinent health information with school staff?** Yes  No

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



**EWING PUBLIC SCHOOLS  
PHYSICAL EXAMINATION**

Name \_\_\_\_\_ School \_\_\_\_\_ DOB \_\_\_\_\_

Address \_\_\_\_\_ Grade \_\_\_\_\_

BP \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_

Eyes: RT \_\_\_\_\_

LT \_\_\_\_\_

Ears: RT \_\_\_\_\_

LT \_\_\_\_\_

Teeth: \_\_\_\_\_

Gums: \_\_\_\_\_

Tonsils: \_\_\_\_\_

Nose: \_\_\_\_\_

Glands: Cervical \_\_\_\_\_

Thyroid \_\_\_\_\_

Heart: \_\_\_\_\_

Lungs: \_\_\_\_\_

Posture/Scoliosis: \_\_\_\_\_

Skin: \_\_\_\_\_

Hernia: \_\_\_\_\_

Speech: \_\_\_\_\_

Restrictions: \_\_\_\_\_

May the child participate in a full school activity program? \_\_\_\_\_

Date of exam \_\_\_\_\_ Physician's Signature \_\_\_\_\_

Today's date \_\_\_\_\_ Physician's Stamp \_\_\_\_\_

## RECORD RELEASE FORM

Student Name:

Date of Birth:

Last Grade Attended:

Last Date Attended:

Name of Previous School:

Address of Previous School:  
(Street, City, State, Zip Code)

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I hereby authorize you to forward all documents pertaining to the student named above to the school indicated below.

- **Cumulative Records** (e.g., report cards, progress reports)
- **Health Records** (e.g., immunizations)
- **Guidance Records** (e.g., transcripts, standardized test results, scholastic evaluations, attendance records)
- **Discipline Records** (All information related to disciplinary actions and any notice that the student committed juvenile offenses)
- **Free/Reduced Lunch Form**
- **Child Study Team Records** (e.g., IEP's, social history, psychological and learning evaluations, annual reviews, etc.)
- **Other** \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Ewing Schools Official

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Please forward **all** student records to the following school office:

Antheil Elementary School	339 Ewingville Rd., Ewing, NJ 08638	Fax: 609-883-4604
Lore Elementary School	13 Westwood Dr., Ewing, NJ 08628	Fax: 609-883-1027
Parkway Elementary School	446 Parkway Ave., Ewing, NJ 08618	Fax: 609-637-9721
Fisher Middle School	1325 Lower Ferry Rd., Ewing, NJ 08618	Fax: 609-771-0738
Ewing High School	900 Parkway Ave, Ewing, NJ 08618	Fax: 609-771-9132
Special Services	220 Ewingville Rd., Ewing, NJ 08638	Fax: 609-883-3458