

North Brunswick Twp. Public Schools Registration

North Brunswick Twp. Public Schools
308 Old Georges Road
North Brunswick, NJ 08902
Phone 732-289-3040

July-August Monday – Thursday 8:00 AM to 3:30 PM
School Year Wednesday 8:00 AM to 3:30 PM

STUDENTS ARE ELIGIBLE TO REGISTER FOR NORTH BRUNSWICK TOWNSHIP SCHOOLS IF THEY LIVE WITH A PARENT OR GUARDIAN WHO IS A LEGAL RESIDENT OF THE DISTRICT OR WITH ANOTHER LEGAL RESIDENT WHO PROVIDES FULL FINANCIAL SUPPORT OF THE STUDENT

Registration Checklist

REGISTRATIONS ARE BY APPOINTMENT ONLY

Please complete the online pre-registration process available on our website at www.nbtschools.org **BEFORE** scheduling an appointment. Once you have completed the online registration schedule your appointment date by clicking [here](#).

_____ **Completed Registration Forms:** May be obtained on our website or picked up at the Board of Education and completed before your scheduled appointment

_____ **Proof of Residency - Must present EACH of the following:**

- **Homeowners:** deed, current property tax, current mortgage statement
- **Renters:** current lease
- **Additional documentation (at least two (2) items) which include the parent's name and reflect the North Brunswick address such as:** Utility bill, cable bill, passport, current medical bills, bank statement, voter registration card, state agency documents, etc.
- **All bills/statements must be dated within 30 days of registration date**
- **Affidavit of Residency Forms (if applicable)**
These forms are for parents who do not rent or own property in North Brunswick but are residing in the home of a North Brunswick resident.

For appointment or questions concerning Residence Requirements call (732) 289-3000, ext 53067

_____ **Original Birth Certificate of your child(ren) (translated to English if in another language)**

_____ **Proof of custody (if applicable) – Legal document for divorce, separation, single parent or guardianship**

_____ **Immunization records (translated to English on a doctor's letterhead if in another language) for your child(ren) and a current physical exam (dated after Sept.5,2016) are required from family doctor.**

The student cannot be admitted without health records

_____ **Previous School Records if applicable:**

- **For all students:** copy of transfer card, report card, test scores and previous school phone number, mail and email addresses
- **For High School students:** an unofficial transcript
- **For Special Education students:** a current IEP

Pupil's Name _____
Last First Middle Grade (as of September)

Student ID #: _____ School: _____ Family Code: _____

North Brunswick Township Public Schools Registration Form

Child's Name: _____
Last First Middle

Child's Permanent or Home Address:

Address: _____ City/State/Zip _____

Rent: _____ Exp. Date _____ Own: _____ Lot # _____ Block # _____ Housing Type: _____ Affidavit: Yes _____ No _____

If applicable, what was the last grade completed by your child? _____

Previous School Attended: _____ Previous Grade: _____ Phone Number: _____

Address: _____ City/State/School: _____

PARENT / FAMILY INFORMATION SECTION

Parent Status: Married ___ Divorced ___ Separated ___ Single ___ Remarried ___ Custody/Child Lives with: _____

CUSTODIAL RIGHTS: Name _____ Relationship: _____ has **LEGAL CUSTODY** of the child.

Legal documents must be on file at the school the child is attending. The other parent/guardian May May Not speak with the child and/or sign the child out of school. Identification is required for parent/guardian.

Children in family (including pupil) in order of age, oldest first...

Name	Gender	Birth date	School Name, City, State	Grade
1. _____				
2. _____				
3. _____				
4. _____				
5. _____				

Does your child have an IEP? Yes ___ No ___ If yes, did you provide a copy of the IEP? Yes ___ No ___ Is your child homeless? Yes ___ No ___

Are there any educational problems that your child has which you feel the school should be aware of? Yes ___ No ___ If yes, please specify. _____

Does your child qualify to receive federal support as an immigrant? Yes ___ No ___ Is your child an immigrant? Yes ___ No ___

An immigrant is a student who is age 3 to 21 and was NOT born in the U.S. and has not been attending one or more schools in any one or more states for more than three full academic years.

US Entry Date: _____ First Entry Date into a U.S. School: _____

List any allergies: _____ List any medications your child is currently taking: _____

List any present or past physical conditions or special disabilities which might interfere with the normal function of your child in the classroom: _____

Special health recommendations you wish the school to consider: _____

Family Doctor _____ Address _____ Phone _____

Circle where applicable: Child wears contact lenses: Yes / No Hard / Soft Child has allergies: Yes / No Child wears dental appliances Yes / No

EMERGENCY INFORMATION:

If none of the above can be contacted, what do you wish the school to do if the child is sick or injured? _____

In case emergency room treatment becomes necessary, which medical facility do you prefer?

Circle One: Robert Wood Johnson Hospital or St. Peter's University Hospital.

Parent/Guardian Signature: _____ Date: _____

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 North Brunswick Schools and not living in North Brunswick, I will be responsible for payment of accrued tuition fees. In addition, I acknowledge that I will be responsible for any legal expenses incurred by North Brunswick Board of Education in relation to the situation.

Important:

I understand that in the final disposition of an emergency the judgement of the school authorities will prevail. The recommendation of the parent/guardian, as indicated here will be respected whenever possible.

**North Brunswick Township Schools
STUDENT HEALTH ASSESSMENT**

TO BE FILLED OUT BY PARENT

School: JA JD LP Prsns LMS NBTHS Date: _____

Student (Last, First) _____ Birth Date _____ Grade _____

Parent/Guardian _____

Address _____

Home Phone # _____ Work # _____ Mobile # _____ Other Day# _____

Physician _____ Phone # _____

Address _____

Dentist Name _____ Phone # _____

LIST OTHER CHILDREN IN THE FAMILY:

Name _____ Birth Date _____ Name _____ Birth Date _____

Name _____ Birth Date _____ Name _____ Birth Date _____

HEALTH HISTORY

FOR **ALL YES** RESPONSES: PLEASE GIVE DETAILED INFORMATION ON **REVERSE SIDE**

	Yes	No		Yes	No		Yes	No
Pregnancy Problems			Birth was premature			Mother has Chronic or Serious Illness		
Delays in Walking			Labor & Delivery Problems			Father has Chronic or Serious Illness		
Delay in Talking								

DOES YOUR CHILD HAVE:				HAS YOUR CHILD <i>EVER</i> HAD:							
	Yes	No		Yes	No		Yes	No			
Frequent Colds			Vision Problems			Convulsions			Nervous Habits		
Frequent Sore Throat			Eyeglasses			Epileptic Seizures			Serious Illness		
Life Threatening Allergies (Submit Medical Documentation)			Hearing Problems			Coordination Problems			Chicken Pox		
Allergies (explain)			Hearing Aid			Operation (explain)			Other (explain)		
Asthma			Emotional Problems			Serious Injury					
			Poor Eating Habits			Frequent Stomachaches					
			Poor Sleep Patterns			Frequent Headaches					

Presently, is your child under medical treatment? (Yes? Explain) _____

Does your child take any medication? (Yes? Explain) _____

Has your child been *ever* referred to a physician for further care for VISION, HEARING, and/or SCOLIOSIS? _____

PLEASE USE THE REVERSE SIDE TO NOTE ANYTHING ABOUT YOUR CHILD THAT MIGHT PRESENT A SPECIAL PROBLEM

PARENT/GUARDIAN PERMISSION TO RELEASE AND EXCHANGE CONFIDENTIAL INFORMATION

I hereby authorize an exchange of health information to occur between my child's physician(s), the School Health Services Nursing Staff and all Staff Members who are in contact with my child.

Parent/Guardian Signature _____ Relationship to Child _____ Date _____

Parent/Guardian Signature _____ Relationship to Child _____ Date _____

North Brunswick Township Schools

North Brunswick, New Jersey 08902

IMMUNIZATION and PHYSICAL EXAMINATION REQUIREMENTS

All Students are required to have complete immunizations and a physical exam upon entry into school, as required and stipulated in the *New Jersey State Sanitary Code Requirement*, Chapter 14 Regulations, within 30 days of this registration. The exam must have been done no more than 365 prior to the first day of school entry. This examination should be conducted by your private physician. A Certified School Nurse will review immunization records and will notify parents/guardians of any deficiencies.

RETURN THIS FORM TO THE SCHOOL NURSE ONCE COMPLETED BY YOUR PHYSICIAN, PRIOR TO YOUR CHILD'S FIRST DAY OF SCHOOL.

School _____ Grade _____

Student (Last, First) _____ Student Id# _____

Date of Birth _____ Sex _____ Height _____ Weight _____

BP _____ Resting Pulse _____

Scoliosis _____

MD Documentation: _____ **Vision:** _____ **Hearing:** _____

Developmental Delay: _____

Allergies: _____

Current Medications: _____

Handicap(s) that would effect school performance: _____

Emotional or Behavioral Abnormalities (such as excessive activity level or attention deficit): _____

Enter Immunization Record (MM/DD/YR)

DPT	1. _____	2. _____	3. _____	4. _____	5. _____	Tdap
Polio	1. _____	2. _____	3. _____	4. _____	5. _____	
Hepatitis B	1. _____	2. _____	3. _____			
MMR	1. _____	2. _____				
Measles	1. _____	Mumps _____	Rubella _____	HIB _____		
	2. _____					
Meningitis _____	PNEUMOCOCCAL _____		INFLUENZA _____			

Varicella Vaccine _____ Varicella Lab Evidence _____ Varicella Disease (Age) _____

Mantoux Test /Date Given: _____ Date Read: _____

Negative: _____ mm Positive: _____ mm

Chest x-ray /Date: _____ Normal: _____ Abnormal: _____

Therapy: Case Reactor Date Started: _____ Date Finished: _____

Physical Examination	Please Describe Each Area
General Appearance, Posture, Gait	
Behavior during examination	
Skin	
Eyes: External	
Eyes/Optic Fundi	
Ears/External Canals	
Ears/Tympanic membranes	
Nose, Mouth, Pharynx	
Teeth and Gums	
Lymph Nodes	
Heart	
Lungs	
Abdomen (including hernia)	
Genitalia	
Bones, Joints, Muscles	
Reflexes- Symetry	

ARE ANY FURTHER TESTS, TREATMENT OR CONSULTATIONS RECOMMENDED?

Yes

No

MAY THIS STUDENT PARTICIPATE IN A FULL PHYSICAL ACTIVITY PROGRAM AT SCHOOL?

Yes

No

If YES, please describe: _____

Significant observations and comments (Include only findings that are relevant to education): _____

Summary of current medical information/relevance to educational performances: _____

Date of examination _____ Physician's signature: _____

Physician's Name (Please print): _____

Physician's Address: _____

Physician's Phone Number: _____

Genesis Parent Portal Form

Student Information System

New Registration

The North Brunswick Township Public School Parent Portal is available for students in grades K-12. Please complete the information below.

You will receive a confirmation email when your account has been created.

Parent/Guardian Information

(Please Print)

First Name: _____ Last Name: _____

Telephone Number (daytime): _____ Email: _____

Signature: _____ Date: _____

Student Information

(Please Print)

First Name: _____ Last Name _____

Date of Birth: _____ Grade: _____

First Name: _____ Last Name _____

Date of Birth: _____ Grade: _____

First Name: _____ Last Name _____

Date of Birth: _____ Grade: _____

Verified by (print): _____

Signature: _____

Date: _____

School: _____

6th Grade Life Skills Selections 2017-2018

ONE PERFORMANCE MUSIC SELECTION PERMITTED (NOT REQUIRED)

Band _____ (Full Year)
Chorus _____ (Full Year)
Strings _____ (Full Year)

PLEASE RANK ORDER 1-3, 1 BEING YOUR FIRST CHOICE

Music Appreciation _____ (1 Semester)
Art 6 _____ (1 Semester)
World Art _____ (1 Semester)

WORLD LANGUAGE , PLEASE RANK ORDER 1-4 (REQUIRED)

French _____ German _____ Italian _____ Spanish _____

** If you have selected Spanish, please indicate whether Spanish is the primary language spoken at home by checking this box.

STUDENT'S NAME _____

7TH Grade Life Skills Selections 2017-2018

PERFORMANCE MUSIC (Full Year)

Only one performance music selection permitted. (Band and Strings can only be selected if your child is currently playing an instrument.)

Band _____
Chorus _____
Strings _____

If a performance music is not selected, please rank the following 1-5, 1 being your 1st choice.

Semester Courses: (1 Semester each)

Music Appreciation _____
Art 7 _____
Mixed Media _____
Computer Aided Design _____
Keyboarding & Computer Application _____

WORLD LANGUAGE, PLEASE RANK ORDER 1-4, (REQUIRED)

French _____ German _____ Italian _____ Spanish _____

** If you have selected Spanish, please indicate whether Spanish is the primary language spoken at home by checking this box.

STUDENT'S NAME _____

8TH Grade Life Skills Selections 2017-2018

PERFORMANCE MUSIC (Full Year)

Only one performance music selection permitted. (Band and Strings can only be selected if your child is currently playing an instrument.)

Band _____
Chorus _____
Strings _____

If a performance music is not selected, please rank the following 1-7, 1 being your 1st choice.

Semester Courses: (1 Semester each)

Music Appreciation _____
Art 8 _____
Painting & Drawing _____
Introduction to 21st Century Skills _____
Advanced Computer Applications _____
Robotics _____
Keyboarding & Computer Applications _____

WORLD LANGUAGE, PLEASE RANK ORDER 1-4, (REQUIRED)

French _____ German _____ Italian _____ Spanish _____

** If you have selected Spanish, please indicate whether Spanish is the primary language spoken at home by checking this box.

STUDENT'S NAME _____

North Brunswick Township School District - Permission to Request/Transfer Student Records

John Adams Elementary School
1450 Redmond Street
North Brunswick, NJ 08902
732-289-3100 Fax: 732-249-4521

Livingston Park Elementary School
1128 Livingston Avenue
North Brunswick, NJ 08902
732-289-3300 Fax: 732-249-5283

Linwood Middle School
25 Linwood Place
North Brunswick, NJ 08902
732-289-3600 Fax: 732-247-7033

Judd Elementary School
1601 Roosevelt Ave.
North Brunswick, NJ 08902
732-289-3200 Fax: 732-297-0036

Parsons Elementary School
899 Hollywood St.
North Brunswick, NJ 08902
732-289-3400 Fax: 732-435-1709

North Brunswick Twp. High School
98 Raider Road
North Brunswick, NJ 08902
732-289-3700 Fax: 732-289-3784

No. Brunswick Twp. Early Childhood Ctr.
44 Cleveland Avenue
Milltown, NJ 08850
732-317-6300 Fax: 732-317-6319

Please send transfer records to the school circled above. Attn.: _____

Student Transferring to North Brunswick (Request records from previous school)

SID Number _____

Student Name (Last, First): _____ Grade: _____

North Brunswick School: _____

Current Address: _____

Previous Address: _____

Previous School's Name and Address _____

Student Transferring from North Brunswick (Transfer records to new school)

SID Number _____

Student Name (Last, First): _____ Grade: _____

Student's Last Day of Attendance _____ North Brunswick School: _____

Previous Address: _____

Current Address: _____

New School's Name and Address _____

Parent/Guardian Name (print): _____

Parent/Guardian Phone Number: _____

Parent/Guardian Signature: _____ **Date:** _____

Original Signature Is Required

NORTH BRUNSWICK TOWNSHIP HIGH SCHOOL SCHOOL COUNSELOR REQUEST FOR NEW STUDENTS RECORD OF ACADEMIC HISTORY

Student Email Address: _____

Parent Email Address: _____

The following information/documents are requested for enrollment for each student either from the parent/guardian or from the previous school:

Contact Information

❖ Name and Address of previous school: _____

❖ Previous School Website: _____

❖ Main Office phone number of previous school/s: _____

❖ Main Office fax number of previous school/s: _____

❖ Name of previous School Counselor: _____

❖ Phone Number of School Counselor: _____

❖ School Counselor's Email : _____

❖ What type of schedule did you have? (ex: 9 period, block, rotating): _____

❖ Does your former school have multiple academic levels of classes? If so what level or track were you on? (regular, College Prep, Honors) _____

Documents Needed

- Most recent report card
- Official school transcript
- All students from another country must provided a translated official school transcript
- Description of all courses taken (this can be found in your previous school's curriculum guidebook or online)
- Copy of all standardized tests
- Copy of next year's course placement (if applicable)
- Any student interested in moving up a level (i.e. moving from college prep to honors or from honors to advanced placement) in their core academic courses must provide a letter of recommendation from their former teacher.

Failure to provide any of the above requested information may affect credits earned, courses to be taken and proper course placement.

High School Registrants with Foreign High School Records:

All overseas student records from a student's former school – (birth certificate, official copy of most recent transcript, current report card, current schedule, standardized test scores and IEP or 504, if applicable) – MUST be translated into English and certified. It is advisable for foreign records to be translated and converted to an American system by World Education Services. Those translations can then be used by students when they apply to colleges and universities. All overseas grades will be reflected as a PASS or FAIL on the students North Brunswick Township High School transcript.

All students entering NBTHS must fill out the front page of the [Elective Sheet](#). Please reference the back page for requirements. Please utilize our [Online Course Guide](#) on the school website to identify courses that would be of interest. All lines must be filled out and brought with you at the time of the registration appointment.