
Township of Union Public Schools

The Presidential Model School District

Residency Office

Welcome to the Township of Union Board of Education listed below are the required 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#'s
- Medical records and immunizations
- Last report card
- Copy of most current standardized testing
- Original birth certificate
- Proof of custody
- Legal documentation for divorce or separation

Please contact Mrs. Hubbard for the appropriate paperwork at 908-851-6403 if special circumstances are involved:

Living in someone's home

Homeless

Living in a motel

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 \$500 registration fee for Pre-School is non refundable. Certified Check or Money Order will be accepted.

UNION TOWNSHIP BOARD OF EDUCATION
RESIDENCY VERIFICATION FORM

Date: _____
School _____

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
_____	_____	_____
_____	_____	_____
_____	_____	_____

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

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

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 INSURANCE POLICY | _____ CAR INS. ID CARD |
| _____ PAY STUB | _____ ANY BUSINESS RECORD OR DOCUMENT ISSUED 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 _____		
Language spoken at 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: _____

Date of Last Medical Exam: ____/____/____ Date of Last Lead Test: ____/____/____

Lead Level _____ Date of Initial Polio Immunization: ____/____/____

List other children in district:

Name	School	Grade Level
_____	_____	_____
_____	_____	_____
_____	_____	_____

Name of Parent (or Guardian) completing this form: _____

If the information provided is false, the Board of Education will seek reimbursement of tuition at an approximate cost of \$10,000.00 annually. The Board of Education will file a criminal charge against for any willfully false statement.

I affirm the above facts to be true

Signature and relationship to student

Date:

Copy of Star Base registration 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) requires 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: _____

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 _____

Ethnic Group: _____ Please be specific

Previous Address:

Street City State Zip
Employer: _____ Occupation: _____

Work Address: _____
Street City State Zip

Work Phone # _____

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 _____

Ethnic Group: _____ Please be specific

Previous Address:

Street City State Zip
Employer: _____ Occupation: _____

Work Address: _____
Street City State Zip

Work Phone # _____

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 _____

Parent's/Guardian's Signature _____

Date _____

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