

# Palmyra School District

301 Delaware Avenue | Palmyra | New Jersey | 08065

Registrar: Lisa Muir-Jablonski 856-786-9300 x1000  
856-829-9638 fax  
[Ljablonski@palmyra.k12.nj.us](mailto:Ljablonski@palmyra.k12.nj.us)

## Your Registration Appointment

Day: \_\_\_\_\_

Date: \_\_\_\_\_

Time: \_\_\_\_\_

## New Student Enrollment is by Appointment Only

Palmyra School District administers *New Student Enrollment* at the Board of Education offices located in the Delaware Avenue School Building. During the school year (**September through June**) registration appointments may be scheduled on

**Monday through Thursday from 8am to 2pm** (as long as school is open that day).

*During the summer (July & August) registration appointments may be scheduled on Monday through Wednesday from 8am to 1pm. Summer hours are subject to change and the most current schedule will be posted on the District webpage: [www.palmyraschools.com](http://www.palmyraschools.com)*

Please contact our Registrar, Lisa Muir-Jablonski, 856-786-9300 x1000 or [Ljablonski@palmyra.k12.nj.us](mailto:Ljablonski@palmyra.k12.nj.us) to schedule an appointment. Please note that appointments are subject to staff availability and only scheduled during the regular school day.

**When you arrive for your registration appointment, you MUST BRING originals of the following documents: All documents provided will be copied and filed as a part of the Application Package**

### Parent /Guardian must supply:

- Valid photo driver's license or State ID
- AND
- First Proof of Residency
  - a) Mortgage statement, Tax Bill or Title
  - b) Formal Lease, Rental Agreement
- AND
- Second Proof of Residency-must reflect address & subscriber as provided in "First Proof" Section:
  - a) Utility Bill (PSE&G, NJ American Water, Cable Bill, etc.)
  - b) Credit Card statement OR Bank Statement
  - c) Vehicle Registration

### Bring for EACH of your STUDENTS:

- Original Birth Certificate **OR** Passport
- Transfer Card from previous school
- Immunization Record
- Medical Records
- Most recent Physical Report
- Recent Report Card  
&/OR Unofficial Transcript (Grades 9-12)

**Completing the registration documents in advance of your registration appointment will significantly decrease the time spent at the registration appointment.**

To accelerate the process **you are encouraged to stop into the Delaware Avenue School and pick up a registration packet** or download a copy from our webpage at [www.palmyraschools.com](http://www.palmyraschools.com) prior to your registration appointment.

### Special Circumstances- District Registrar will determine if any of the information below is necessary

1. Property Owner/Temporary Residence Affidavit  
**AND**  
Choose a. or b. below providing ALL documents called for
  - a. Mortgage statement, **OR** Title, **OR** Tax Bill of Property Owner
  - b. Formal Lease **OR** Rental Agreement of Tenant **AND** Owner/Landlord Affidavit of Tenant
2. Affidavit of Domicile and Support  
**AND**  
Choose a. or b. below providing ALL documents called for
  - a. Mortgage statement, **OR** Title, **OR** Tax Bill of Property Owner accepting responsibility for student(s)
  - b. Formal Lease **OR** Rental Agreement of Tenant accepting responsibility for student(s)  
**AND** Owner/Landlord Affidavit of Tenant accepting responsibility for student(s)

Please familiarize yourself with our District Website:

[www.palmyraschools.com](http://www.palmyraschools.com)

Please take note of District "Backpack" & School "Backpacks"

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ M.I. \_\_\_\_\_

Permanent Home Address \_\_\_\_\_

Municipality \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Home Phone # \_\_\_\_\_

Student Lives with  Parents  Mother only  Father only  Guardian  Mother/Stepfather  Father/Stepmother

Other (explain) \_\_\_\_\_

### Birth Record

Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_ City of Birth \_\_\_\_\_ State of Birth \_\_\_\_\_

Country of Birth \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_ Age \_\_\_\_\_

Is this child a citizen of the United States? \_\_\_\_\_

If child was born outside the United States, what date did the child start attending school in the United States? \_\_\_\_\_

### Education

**Is this the Student's first time attending a NJ PUBLIC SCHOOL?**  yes  no

Has the Student ever been enrolled in Palmyra Public Schools prior to this enrollment?  yes  no

### Name and Address of the last school student attended

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

Previous home address

\_\_\_\_\_

Last grade level completed \_\_\_\_\_ Has your student ever been held back a grade?  yes  no

At last school attended did the student have an Individual Education Plan (IEP) in place?  yes  no

Student received the following services at the last school attended (check all that apply)

Speech Therapy  Occupational Therapy  Physical Therapy  Audiology  Psychological Counseling

Nursing  Specialized Transportation  Basic Skills Instruction  Gifted & Talented  Bilingual/ESL Instruction

Other (please explain) \_\_\_\_\_

At last school attended did the student have a Section 504 Plan in place?  yes  no

**Military Status** – please select one that applies to the student

**Is this the Student's family serving in the military/national guard**  yes  no

Active Duty (Student is a dependent of an active member of the armed services)?  yes  no

\_\_\_\_\_  
Signature of Parent /Guardian completing this record

\_\_\_\_\_  
Date

**Parents' Marital Status:**     Married         Separated         Divorced         Widowed         Single

<b>Parent #1 Name</b> _____ Home Address _____ _____ Home Phone # _____ Occupation _____ Employer Name & Address _____ _____ Work Phone # _____ Cell Phone # _____ <b>Email</b> _____	<b>Parent #2 Name</b> _____ Home Address _____ _____ Home Phone # _____ Occupation _____ Employer Name & Address _____ _____ Work Phone # _____ Cell Phone # _____ <b>Email</b> _____
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**Guardian/Step Parent - (only if Applicable)**

Name _____ Home Address _____ _____ Home Phone # _____ Occupation _____ Employer Name & Address _____ _____ Work Phone # _____ Cell Phone # _____ Email _____	Name _____ Home Address _____ _____ Home Phone # _____ Occupation _____ Employer Name & Address _____ _____ Work Phone # _____ Cell Phone # _____ Email _____
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***If other than the child's natural parent, proof of legal custody or Domicile and Parent Permission forms must be submitted.***

Custodial papers presented <input type="checkbox"/> yes <input type="checkbox"/> no	Custodial papers presented <input type="checkbox"/> yes <input type="checkbox"/> no
Affidavit forms submitted <input type="checkbox"/> yes <input type="checkbox"/> no	Affidavit forms submitted <input type="checkbox"/> yes <input type="checkbox"/> no

**Emergency Contact Information**

Name _____	Relationship _____	Phone _____
Home Address _____		
<input type="checkbox"/> Allowed to pick student up from school with prior notification from Parent.		
Name _____	Relationship _____	Phone _____
Home Address _____		
<input type="checkbox"/> Allowed to pick student up from school with prior notification from Parent.		
Name _____	Relationship _____	Phone _____
Home Address _____		
<input type="checkbox"/> Allowed to pick student up from school with prior notification from Parent.		

I certify that the information provided on this form is true and accurate. I understand that misrepresenting myself as a legal resident of Palmyra Borough and/or its sending districts may result in criminal prosecution and/or will cause me to be legally responsible for tuition costs associated with my child's enrollment.

\_\_\_\_\_  
Signature of Parent /Guardian completing this record

\_\_\_\_\_  
Date

In accordance with New Jersey State law (N.J.S.A. 18A:38-1 and 18A:7B-12), it is necessary to determine the residence of students entering the school district by answering the following questions:

**I currently live in a:** (please check the appropriate answer)

\_\_\_\_\_ a. House that I own (address) \_\_\_\_\_  
PLEASE PROVIDE PROOF OF MORTGAGE/DEED

\_\_\_\_\_ b. House or apartment that I rent (address) \_\_\_\_\_  
PLEASE PROVIDE A COPY OF YOUR LEASE

\_\_\_\_\_ c. hotel/ motel/ apartment

\_\_\_\_\_ d. shelter

\_\_\_\_\_ e. transitional housing facility

\_\_\_\_\_ f. domestic violence shelter

\_\_\_\_\_ g. runaway youth shelter

\_\_\_\_\_ h. home for adolescent school-age mothers

\_\_\_\_\_ i. migrant family dwelling

\_\_\_\_\_ j. family\* or friend's\* home out of necessity (Please circle the appropriate relationship)  
\* grandparent, aunt, uncle, brother, sister, cousin, or friend

Please print name of the person with whom you are staying: \_\_\_\_\_

\_\_\_\_\_ k. family\* or friend's\* home by choice (Please circle the appropriate relationship)  
\* grandparent, aunt, uncle, brother, sister, cousin, or friend

Please print name of the person with whom you are staying: \_\_\_\_\_

\_\_\_\_\_ l. other (please identify) \_\_\_\_\_

*This statement is made under oath. I am aware that if any of the foregoing statements made in the Affidavit are willfully false, I may be subject to punishment. Additionally, I will be responsible for paying the Palmyra School District annual cost per pupil. (\$17,133 as of 2018/19 school year)*

The Palmyra Board of Education has policies and procedures related to "Proof of Domicile" for students who attend our schools. The District shall only provide a free education to those students who are domiciled within the District or who otherwise qualify for a free education pursuant to the statutory and regulatory guidelines set forth in N.J.S.A. 18A:38-1 *et seq.* And N.J.A.C. 6A:22-1.1 *et seq.* A student shall be domiciled in the District "when he or she is living with a parent or legal guardian whose permanent home is located within the District." N.J.A.C. 6A:22-3.1. The home is permanent if "the parent or guardian intends to return to it when absent and has no present intent of moving from it..." *Id.* If the District discovers that a student is attending school whose parents are not domiciled within the District and who is not otherwise eligible for a free education, the District may apply for the student's removal and seek tuition reimbursement for the period of ineligible attendance with the provisions of N.J.S.A. 18A:38-1(b)(2).

Applicants who fraudulently allow a child of another to use his residence, or who fraudulently claim to have custody of a child, may be charged with a disorderly persons offense, N.J.S.A. 18A:38-1©. If the applicant is convicted of such an offense, the applicant may be fined up to \$1,000.00 and/or be imprisoned for up to 6 months.

Any false statements, answers or declarations contained in the Affidavit or in an application for admission may subject the applicant to criminal prosecution for the crime of false swearing, in violation of N.J.S.A. 2C:43-3. If convicted for such a crime, the applicant may be punished by a fine of \$10,000.00 and/or be imprisoned for up to 18 months.

**I, the undersigned, hereby acknowledge that I have read & understood the contents of this notification**

\_\_\_\_\_  
Signature of Parent /Guardian completing this record

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
Date

(Mandatory grades 3-12)

### Permissions

*Please check YES or NO on each permission line*

<input type="checkbox"/> YES	<input type="checkbox"/> NO	Permission for my child's <b>photo/likeness</b> to be used in any form of media created by the school district in order to publicize school events and activities in which my child is a participant
<input type="checkbox"/> YES	<input type="checkbox"/> NO	Permission for my child's <b>name</b> to be used in any form of media created by the school district in order to publicize school events and activities in which my child is a participant
<input type="checkbox"/> YES	<input type="checkbox"/> NO	Permission for my child to be released to the individuals listed by me as <b>emergency contacts</b> in cases where school(s) are dismissed early due to inclement weather or other emergency closing ( <b>grades PK-8 only</b> )
<input type="checkbox"/> YES	<input type="checkbox"/> NO	Permission for my child to walk home in cases where school(s) are dismissed early due to inclement weather or other emergency closing ( <b>grades PK-8 only</b> )
<input type="checkbox"/> YES	<input type="checkbox"/> NO	Permission for my child to use technology in accordance with the <b>Acceptable Use of Educational Technology Policy</b> shared with me during registration & available on District Website
<input type="checkbox"/> YES	<input type="checkbox"/> NO	After reading the Acceptable Use of Educational Technology Policy shared with me during registration, my child, by his/her signature below, agrees to utilize technology in accordance with said policy ( <b>mandatory grades 3-12</b> )
<input type="checkbox"/> YES	<input type="checkbox"/> NO	Student/Parent contact information (name, address, phone, etc.) may be provided to Police Department for emergency purposes
<input type="checkbox"/> YES	<input type="checkbox"/> NO	Student/Parent contact information (name, address, phone number, etc.) may be provided to College/University recruiters, Military recruiters, prospective employers ( <b>grades 9-12 only</b> )
<input type="checkbox"/> YES	<input type="checkbox"/> NO	District FERPA 8310 Disclosure statement
<input type="checkbox"/> YES	<input type="checkbox"/> NO	BCIT opt-out instructions received ( <b>grades 6-9 only</b> )

### Acknowledgements

*Please check each acknowledgement line indicating receipt*

<input type="checkbox"/> I acknowledge receipt of	The current District calendar
<input type="checkbox"/> I acknowledge receipt of	The District Parent Handbook taking special note of current school dress code & attendance standards
<input type="checkbox"/> I acknowledge receipt of	District Website, BackPack & Social Media addresses
<input type="checkbox"/> I acknowledge receipt of	Free & Reduced Lunch application package
<input type="checkbox"/> I acknowledge receipt of	After School Child Care application package (Charles Street School Students only)
<input type="checkbox"/> I acknowledge receipt of	
<input type="checkbox"/> I acknowledge receipt of	PTA membership application (pk-8 <sup>th</sup> grade parents)
<input type="checkbox"/> I acknowledge receipt of	PHSFEE information

\_\_\_\_\_  
Signature of Parent /Guardian completing this record

\_\_\_\_\_  
Date

\_\_\_\_\_  
**PLEASE PRINT NAME** of Parent /Guardian completing this record

\_\_\_\_\_  
Signature of Student (**Mandatory grades 3-12**)

\_\_\_\_\_  
Date

\_\_\_\_\_  
**PLEASE PRINT NAME/GRADE** of STUDENT completing this record

**Further reference of items above, go to [www.palmyraschools.com](http://www.palmyraschools.com)**

*Copies of the District Calendar, District Parent Handbook, Student Handbooks, Acceptable Use Policy, FERPA|8310 disclosure are all located there & much more!*

### STUDENT INFORMATION

Last Name	First Name	Middle Name
Street	City State Zip	Date of Birth

Previous School	Entering School – Please Send Information To
Name of School _____ Street Address _____ City State ZIP _____ Telephone Number _____ Fax Number _____ Date Left: _____ Last Grade Attended: _____ <input type="checkbox"/> Public <input type="checkbox"/> Private	<input type="checkbox"/> <b>Palmyra High School</b> 856-786-9400 x3184 311 West 5 <sup>th</sup> Street Palmyra, New Jersey 08065 Fax: 856-786-3014  <input type="checkbox"/> <b>Charles Street School</b> 856-829-3601 100 W. Charles Street Palmyra, New Jersey 08065 Fax: 856-303-0481  <input type="checkbox"/> <b>Child Study Team- Delaware Avenue School</b> 301 Delaware Ave 856-786-9300 x1007 Palmyra, New Jersey 08065 Fax: 856-829-9638  <input type="checkbox"/> <b>Delaware Avenue REGISTRAR OFFICE</b> 301 Delaware Ave 856-786-9300 x1000 Palmyra, New Jersey 08065 Fax: 856-829-9638

### Records to be Released

<b>New Jersey State ID</b>	Is student in and ESL or Bilingual program? <input type="checkbox"/> YES <input type="checkbox"/> NO
# _____	Has student ever been referred for Special Education Services? <input type="checkbox"/> YES <input type="checkbox"/> NO
<ul style="list-style-type: none"> <li>Grades/Transcript Information</li> <li>District &amp; State Assessment</li> <li>Immunization &amp; Medical Records</li> <li>Special Education Records (if applicable)</li> <li>Disciplinary Records</li> <li>Attendance Records</li> <li>Section 504 Plan (if applicable)</li> </ul>	If yes, please indicate the specific classification, if any: _____ _____

### Comments

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I hereby give my permission for release of the above records and for the school district to contact my child's former district for further information.

\_\_\_\_\_  
 Signature of Parent/Guardian                      Signature of Student (18 or above)                      Date

In addition to the release of the above records to which you consent, the prior District will be releasing the following mandated records for which your consent is not required: transcript of grades, health records, attendance records, child study team records and disciplinary records pursuant to **N.J.A.C. 6:3-6.5.**

Student's Name: \_\_\_\_\_  
(Last) (Jr., Sr., II, etc.) (First) (Middle)

Gender (circle one): MALE FEMALE Date of Birth: \_\_\_\_\_ GRADE \_\_\_\_\_

City of Birth: \_\_\_\_\_ State of Birth: \_\_\_\_\_ Country of Birth \_\_\_\_\_

Student ID # (SID): \_\_\_\_\_

The Commissioner of Education has authorized school districts to request this information, which will be used in the generation of a State Identification Number (SID) to uniquely identify students enrolled in public schools. The SID is used to monitor student performance data so that higher quality research can be obtained for the purpose of determining improved policies and programs in New Jersey's public education system. Strict privacy and security policies are adhered to (punishable by law) once information is collected.

**Race/Ethnicity:** Place an "X" in one or more boxes to indicate what you, or your child, consider the child to be.

<input type="checkbox"/>	American Indian or Alaska Native
<input type="checkbox"/>	Asian
<input type="checkbox"/>	Black or African American
<input type="checkbox"/>	Spanish/Hispanic/ Latino
<input type="checkbox"/>	Native Hawaiian or Other Pacific Islander
<input type="checkbox"/>	White / Caucasian

**Home Language Survey:** Please answer each question, circle if English, if "other" please indicate language/s.

- Which language/s did your child learn when he/she first began to talk? English? Other? \_\_\_\_\_
- Which language/s do you use most often at home? English? Other? \_\_\_\_\_
- What language/s did/do the child's parent/guardians use to speak to the child most of the time?  
English? Other? \_\_\_\_\_
- Which language/s is/are spoken most often by adults (parents, guardians, grandparents, or any other adults) in your home?  
English? Other? \_\_\_\_\_
- What language/s was used predominantly at your child's previous school? English? Other? \_\_\_\_\_
- What language/s can your child read & write? English? Other? \_\_\_\_\_

- The person completing this page must sign & date this document below.
- This survey must remain in the student's permanent file.
- If any language other than English is mentioned on this survey, the student must be referred to a qualified ELL specialist for additional language assessment.

**SIBLING CENSUS:** Please list any siblings by name & age

BOYS	AGE	GIRLS	AGE

\_\_\_\_\_  
 (Signature of parent/guardian completing this record)

\_\_\_\_\_  
 (Date)