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

Please contact our Registrar, Lisa Muir-Jablonski, 856-786-9300 x1000 or 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
- First Proof of Residency
  a) Mortgage statement, Tax Bill or Title
  b) Formal Lease, Rental Agreement
- 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 prior to your registration appointment.

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

1. Property Owner/Temporary Registrar 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 Please take note of District “Backpack” & School “Backpacks”
### STUDENT INFORMATION

**301 Delaware Avenue | Palmyra | New Jersey | 08065**

Please print neatly

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>M.I.</th>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Permanent Home Address</th>
<th>Municipality</th>
<th>State</th>
<th>Zip Code</th>
<th>Home Phone #</th>
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</thead>
</table>

Student Lives with:
- □ Parents
- □ Mother only
- □ Father only
- □ Guardian
- □ Mother/Stepfather
- □ Father/Stepmother
- □ Other (explain) |

### Birth Record

<table>
<thead>
<tr>
<th>Month</th>
<th>Day</th>
<th>Year</th>
<th>City of Birth</th>
<th>State of Birth</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Country of Birth</th>
<th>Male</th>
<th>Female</th>
<th>Age</th>
</tr>
</thead>
</table>

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**

____________________________________________________________________________________________________________________________________

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<th>Previous home address</th>
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<thead>
<tr>
<th>Last grade level completed</th>
<th>Has your student ever been held back a grade?  □ yes  □ no</th>
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</thead>
</table>

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 ___________________________
## PARENT INFORMATION

**Parents’ Marital Status:**
- [ ] Married
- [ ] Separated
- [ ] Divorced
- [ ] Widowed
- [ ] Single

**Parent #1 Name**
- __________________________
- __________________________

**Home Address**
- __________________________________________________________

**Home Phone #**
- __________________________

**Occupation**
- __________________________

**Employer Name & Address**
- __________________________________________________________

**Work Phone #**
- __________________________

**Cell Phone #**
- __________________________

**Email**
- __________________________

---

**Parent #2 Name**
- __________________________
- __________________________

**Home Address**
- __________________________________________________________

**Home Phone #**
- __________________________

**Occupation**
- __________________________

**Employer Name & Address**
- __________________________________________________________

**Work Phone #**
- __________________________

**Cell Phone #**
- __________________________

**Email**
- __________________________

---

**Guardian/Step Parent - (only if Applicable)**

**Name**
- __________________________

**Home Address**
- __________________________________________________________

**Home Phone #**
- __________________________

**Occupation**
- __________________________

**Employer Name & Address**
- __________________________________________________________

**Work Phone #**
- __________________________

**Cell Phone #**
- __________________________

**Email**
- __________________________

---

**If other than the child’s natural parent, proof of legal custody or Domicile and Parent Permission forms must be submitted.**

- Custodial papers presented [ ] yes [ ] no
- Affidavit forms submitted [ ] yes [ ] no

---

**Emergency Contact Information**

**Name**
- __________________________

**Relationship**
- __________________________

**Phone**
- __________________________

- Allowed to pick student up from school with prior notification from Parent.

**Name**
- __________________________

**Relationship**
- __________________________

**Phone**
- __________________________

- Allowed to pick student up from school with prior notification from Parent.

**Name**
- __________________________

**Relationship**
- __________________________

**Phone**
- __________________________

- 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**

---

**Application Page #**
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 etseq. and N.J.A.C. 6A:22-1.1 etseq. 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**

________________________  __________________________  (Mandatory grades 3-12)

Signature of Parent / Guardian completing this record  Date

________________________  __________________________

Signature of Student  Date

17.im/jregistration packet/enrollment residency questionnaire
## Permissions

Please check YES or NO on each permission line

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
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## Acknowledgements

Please check each acknowledgement line indicating receipt

<table>
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<tr>
<th>YES</th>
<th>NO</th>
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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!
**Palmyra School District**

OFFICIAL RECORDS REQUEST FORM

301 Delaware Avenue | Palmyra | New Jersey | 08065

Please print neatly

<table>
<thead>
<tr>
<th>LAST NAME</th>
<th>FIRST NAME</th>
<th>MIDDLE NAME</th>
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</table>

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<thead>
<tr>
<th>STREET</th>
<th>CITY</th>
<th>STATE</th>
<th>ZIP</th>
<th>DATE OF BIRTH</th>
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<tr>
<th>STUDENT INFORMATION</th>
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<table>
<thead>
<tr>
<th>ENTRING SCHOOL – PLEASE SEND INFORMATION TO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Palmyra High School</td>
</tr>
<tr>
<td>311 West 5th Street</td>
</tr>
<tr>
<td>Fax: 856-786-3014</td>
</tr>
</tbody>
</table>

| Charles Street School | 856-829-3601 |
| 100 W. Charles Street | Palmyra, New Jersey 08065 |
| Fax: 856-303-0481 |

<table>
<thead>
<tr>
<th>Child Study Team - Delaware Avenue School</th>
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<tbody>
<tr>
<td>301 Delaware Ave</td>
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<tr>
<td>Palmyra, New Jersey 08065</td>
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<tr>
<td>Fax: 856-829-9638</td>
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<thead>
<tr>
<th>Delaware Avenue Registrar Office</th>
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<tbody>
<tr>
<td>301 Delaware Ave</td>
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<tr>
<td>Palmyra, New Jersey 08065</td>
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<tr>
<td>Fax: 856-829-9638</td>
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**Records to be Released**

<table>
<thead>
<tr>
<th>New Jersey State ID</th>
<th>Is student in and ESL or Bilingual program?</th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>#____________________</td>
<td>Has student ever been referred for Special Education Services?</td>
<td>YES</td>
<td>NO</td>
</tr>
</tbody>
</table>

- Grades/Transcript Information
- District & State Assessment
- Immunization & Medical Records
- Special Education Records (if applicable)
- Disciplinary Records
- Attendance Records
- Section 504 Plan (if applicable)

---

**Comments**

---

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: ______________________  ______________________  ______________________  ______________________

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.

- [ ] American Indian or Alaska Native
- [ ] Asian
- [ ] Black or African American
- [ ] Spanish/Hispanic/ Latino
- [ ] Native Hawaiian or Other Pacific Islander
- [ ] White / Caucasian

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

1. Which language/s did your child learn when he/she first began to talk? English? Other?____________________
2. Which language/s do you use most often at home? English? Other?____________________
3. What language/s did/do the child’s parent/guardians use to speak to the child most of the time? English? Other?____________________
4. Which language/s is/are spoken most often by adults (parents, guardians, grandparents, or any other adults) in your home? English? Other?____________________
5. What language/s was used predominantly at your child’s previous school? English? Other?____________________
6. 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

<table>
<thead>
<tr>
<th>BOYS</th>
<th>AGE</th>
<th>GIRLS</th>
<th>AGE</th>
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(Signature of parent/guardian completing this record)  (Date)