

To finalize any new Student Registration, Alpha Public School requires three proofs of residency. We will also need a copy of your child's Birth Certificate.

We require one document from each category below:

Category A-

- Driver's License or Non- driver Photo Identification Card from NJ Division of Motor Vehicles with your current address

Category B-

- The most recent real estate tax bill for your residence showing you as the taxpayer
- A signed lease or deed for your residence
- A closing statement for the purchase of residence
- A Notarized affidavit from you and the owner of the residence stating that you reside at the residence on a full-time basis. Affidavits are available in the school office

Category C-

- Gas, electric or water bill dated within 3 months
- Home/apartment Insurance Certificate
- First class mail/letter from state or federal agency dated within the past 3 months
- Bank statement dated within the past 60 days

If you have any questions or concerns, please contact the main office at 908-454-5000 ext. 200, or bascolese@apsedu.org. Forms may be dropped off to the office, mailed to the school with the attention to Bethany Ascolese or emailed to bascolese@apsedu.org.

Residency within Alpha Public School

Please indicate if any of the following apply:

_____ The student is currently receiving special education services. **A copy of the current IEP must be provided.**

Classification	Case Manager	Telephone
_____ The student has qualified under section 504 of the Rehabilitation Act.		
_____ The student is sharing the housing of others due to the loss of housing or economic hardship.		
_____ The student as been placed in the home of a district resident other than the parent or guardian by court order. (You will be required to provide a copy of the order.)		
_____ The student as been placed in the district by the Department of Children and Families acting as the student's guardian.		

Name of Agency	Caseworker	Telephone	Date of Placement
_____ The student is a child of a parent or guardian who is a member of the New Jersey National Guard or the United States Reserves ordered to active service in time of war or national emergency.			

Branch	Base Assigned	State
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Residency:

Please indicate the section on the following pages that you will be completing according to the situation that best describes student's residency circumstances.

- _____ Complete Section A (Domicile) if your permanent home is in Alpha.
- _____ Complete Section B (Temporary Resident) if the parents/guardian is staying with a resident of Alpha.
- _____ Complete Section C (Affidavit Student) if the student is living with someone other than parent/guardian.

In the case of divorce, separation, or one parent:

Does the student reside with one parent for the entire year? If so, with which parent and what address? _____

Is there a court order or written agreement between the parents designating the district for the school attendance, and if so, where does it require the student to attend school? **(You must provide a copy of the order.)**

If not, for what portion of the time does the student reside with each parent and at what addresses? _____

If the student lives with both parents on an equal-time, alternating week/month or other similar basis, with which parent did the student reside on the last school day prior to October 16th preceding the date of this application?

***** PLEASE SEE REVERSE SIDE *****

SECTION A (DOMICILE): Complete this section if your permanent home is in the Alpha Public School District.

How long have you lived in this home? _____

Do you own or rent this home? _____ If Rent, Lease Start date _____ End date _____

Do you have any present intention of moving from this home? If so, when and to where? _____

Do you have residences(s) elsewhere, and if so, where are they and when do you live there? _____

Please list three forms of proof (see attached list) you will provide to demonstrate that the address given on page 1 of this application is your permanent home.

1. _____
2. _____
3. _____
4. _____

SECTION B (TEMPORARY RESIDENT): Complete this section if parent is staying with a resident of Alpha.

How long have you lived in this residence? _____

Please explain why you are temporarily living with the resident _____

How long do you expect to stay at this residence? _____

Do you have a domicile or residences(s) elsewhere, and, if so, where are they and when do you live there? _____

Please list three forms of proof (see attached list) you will provide to demonstrate that you are residing at the address given on previous page of this application, and that such residence is not solely for the purpose of the student attending school in the district.

1. _____
2. _____
3. _____
4. _____

SECTION C ("AFFIDAVIT" STUDENT): Complete this section if the student is living with a person other than the parent or guardian.

Is the person domiciled in the district, supporting the student without remuneration as if the student were his or her own child, keeping the student for a longer time than the school term and assuming all personal obligations for the student relative to school requirements? **Please explain.** (You will be asked to file a sworn statement, along with a copy of the person's lease if a tenant, or a sworn landlord's statement if a tenant without written lease.)

Alpha Public School
Student Registration Form

Date: ____/____/____

Grade/Teacher: _____

STUDENT INFORMATION:

Full Legal Name: (Last, First, Middle) _____

Current Address: (Number/Street, City, State, Zip) _____

Gender (M/F) _____

Home Telephone _____

Cell Telephone _____

_____/_____/_____
Date of Birth

Place of Birth (City, State, County, Country)

Name of Previous School _____

Address (City, State, Zip) _____

Phone _____

Ethnic Data: (Please check the category that best describes your child.)

/_____/ White

/_____/ Hispanic/Latino

/_____/ Black/African American

/_____/ Asian

/_____/ American Indian/Alaska Native

/_____/ Native Hawaiian/Pacific Islander

Is English the primary language spoken at home? ____ Yes ____ No

If no, please print the language(s) spoken: _____

Student Resides With - Name(s) of Parent/Guardian _____

Relationship to Student _____

All Other Members of Household _____

Relationship to Student _____

Birthdate _____

Grade in School _____

PARENT INFORMATION:

Mother: Contact: 1st _____ 2nd _____ (Choose one)

Mother (Last Name, First Name) _____

Home Phone _____

Mother's Address: (Number/Street, City, State, Zip) _____

Cell Phone _____

Email Address

Employer's Name

Occupation

Work Phone

Father: Contact: 1st _____ 2nd _____ (Choose one)

Father (Last Name, First Name)

Home Phone

Father's Address: (Number/Street, City, State, Zip)

Cell Phone

Email Address

Employer's Name

Occupation

Work Phone

Please answer the following questions. If you answer Yes to any of these questions, please provide documentation.

1) Is student in Foster Care or in a court placement?

_____ No _____ Yes (If yes, please provide further information/documentation.)

2) Parents status: _____ Never Married _____ Married _____ Separated _____ Divorced

- Is there a Court Custody Agreement or any Legal Documents regarding this student?

_____ No _____ Yes (If yes, please provide further information/documentation.)

3) Is there a guardianship agreement?

_____ No _____ Yes (If yes, please provide further information/documentation.)

4) Is the student currently receiving or received Special Education Services or been eligible under Section 504?

_____ No _____ Yes (_____ 504 / _____ SE - Classification, description of handicap currently or previously)

5) Does the child have any chronic medical problems, special needs or handicapping conditions?

_____ No _____ Yes (Please explain) _____

6) What kind of health insurance does the child have? (Please check one.)

_____ Private or employment based health insurance

_____ Medicaid

_____ NJ FamilyCare

_____ Other health insurance: _____ Uninsured

RESIDENCY:

Please be advised that I, the parent(s)/guardian(s) of _____,
(Print Student's Name)

entering grade _____, would like to register my child with the Alpha Public School District. I certify that I am domiciled in the Town of Alpha, New Jersey, and that the requested information and/or documentation provided herein is true and accurate. I further certify that to determine a student's eligibility for enrollment in the District, the Alpha Board of Education has the right to request documentation of domicile, residency, or affidavit of student status.

I further certify that if information/documentation of residency is falsely represented to the Alpha School District, legal action may be taken against me for payment of full tuition (back to the start date of the student's attendance in our district) together with Attorney's fees that may be incurred by the District.

I understand that I am responsible for full tuition payment to the Alpha Public School District if I am not domiciled in the Borough of Alpha, New Jersey. I affirm that all the information provided on this registration form is true and accurate. I also understand that if my residency status changes during my child's enrollment in the Alpha School District, it is my responsibility to notify the district immediately.

Name (printed): _____

Signature: _____ Date: _____

If you are residing with someone in Alpha please answer the following questions. A separate form will need to be completed by resident.

- 1) Is the student's home address a ____ temporary or ____ permanent living arrangement?
- 2) Is this a living arrangement due to loss of housing or economic hardship? ____ Yes ____ No

2025-2026 Student Emergency Form

(This form needs to be completed **EVERY** school year)

****NOTIFY SCHOOL OFFICE OF ANY CHANGES DURING THE YEAR****

Date: ____/____/____

Date of Birth: ____/____/____

Student Name: _____
Last First Middle

Address: _____
Street Address City Zip Code

Child Resides with: _____

Are there any legal documents affecting your child? Yes___ No___ If Yes, please attach documents.

Mother's/Guardian's Name: _____ Mother/Guardian will be contacted: 1st ___ 2nd ___

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Email Address: _____

Father's/Guardian's Name: _____ Father/Guardian will be contacted: 1st ___ 2nd ___

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Email Address: _____

Emergency Contacts: In case the child listed above becomes ill or is injured at the school and I cannot be contacted, the school authorities have my permission to contact and release my child to the custody of one of the following. These contacts will also be contacted if your child is absent from school without notification. They will be contacted in numerical order in case of emergency.

- | | | | |
|----|---------------|-----------------------|----------------|
| 1. | _____
Name | _____
Relationship | _____
Phone |
| 2. | _____
Name | _____
Relationship | _____
Phone |
| 3. | _____
Name | _____
Relationship | _____
Phone |

Health Insurance

Does your child have health insurance? Yes _____ No _____ My child does not have health insurance. You may release my name and address to NJ FamilyCare Program to contact me about

Provider: _____

health insurance. NJ FamilyCare provides free or low cost health insurance for uninsured children and certain low income parents. For more information call 1-800-701-0710 or visit www.njfamilycare.org to apply online.

Date: _____

Printed Name: _____

Signature: _____

Written consent required pursuant to 20 U.S.C. § 1232g (b) (1) and 34 C.F.R. 99.30 (b).

In an emergency when parents cannot be reached, I authorize the school to call:
(Name, Address & Phone Number)

Physician / Clinical Facility: _____

Dentist: _____

Hospital: _____

Update Health Records: (List any medical/surgical care your child has received during the past year)

Recent Serious Illness

Recent Serious Hospitalization

Recent Immunizations

Restrictions

Recent Dental Exam (Date/Braces?)

Recent Eye Exam (Date/Contact/Glasses?)

Current Medications:

Yes _____ (Describe Below) No _____

Medication/Dosage

For What Condition

Allergies: _____

Additional Medical Notes:

I, the undersigned, do hereby authorize officials of Alpha Public School to contact directly the persons named on this form and do authorize the named physicians to render such treatment as may be deemed necessary in an emergency, for the health of said child. In the event that physicians, other persons named on this form, or parents cannot be contacted, the school officials are hereby authorized to take whatever action is deemed necessary in their judgment, for the health of the aforesaid child. I will not hold the school district financially responsible for the emergency care and/or transportation for said child.

Parent's / Guardian's Signature: _____ Date: _____