



EASTERN REGIONAL HIGH SCHOOL
 NEW STUDENT ENROLLMENT FORM
 1401 Laurel Oak Road • Box 2500
 Voorhees, NJ 08043
 (856) 784-4441 ext. 1203, 1145, 1146
 FAX (856) 627-8407 www.eccrsd.us

DISTRICT USE ONLY	
Entry Date: _____	Grade: ____ Grad Year: _____
State ID: _____	Student ID: _____
Counselor: _____	Case Manager: _____

NEW STUDENT INFORMATION FORM

Voorhees - 5400 Berlin - 0330 Gibbsboro - 1720 Employee - 9999 Tuition - 8888/DOR: _____

SECTION 1A: STUDENT INFORMATION

First Name: _____	Middle Name: _____	Last Name: _____
Date of Birth: _____	Birth Gender: _____	Preferred Name: _____
Birth City & State: _____	Birth Country: _____	Preferred Gender: _____
Most Recent School Attended: _____	Previous School City, State & Country: _____	School Year for Enrollment & Grade? _____

Does your student have any of these services currently? (Leave blank if student has no services) IEP 504 ELL/ESL

SECTION 1B: STUDENT ADDRESS INFORMATION

Student Address: _____ City, State, Zip: _____

Home Phone: _____ Check Phone Type: Landline Same as a Parent/Guardian Cell

SECTION 1C: PROOF OF ADDRESS REQUIREMENT INFORMATION

****SKIP THIS SECTION IF YOU ARE A TUITION STUDENT****

All students residing in the district as defined by [N.J.A.C. 6A:22-3.1](#) are eligible for a free public education at Eastern Regional High School under [District Policy 5111](#), pursuant to [N.J.S.A. 18A:38-1](#) and therefore must have **CURRENT PROOF OF ADDRESS DOCUMENTATION** on record to satisfy the New Student Enrollment Requirements.

OWN? Primary Doc ex: Deed, Mortgage, Tax Assessment, etc. Support Doc ex: Current bills, DMV/MVC, bank info, etc

RENT? Primary Doc ex: Current Lease Agreement, renewal, etc. Support Doc ex: Current bills, DMV/MVC, bank info, etc

For "OWN" or "RENT", documents should be submitted after completing and submitting the form. Check the website for submission options. **IF YOU HAVE JUST RECENTLY MOVED IN/ARE WAITING TO MOVE IN**, submit whatever PRIMARY DOCUMENT you have to support the address provided in section 1B.

Need (1) Primary Document and (3) Supporting Documents; for submission options visit: <https://www.eccrsd.us/Page/3673>

IF YOU NEITHER OWN NOR RENT, READ BELOW, OTHERWISE MOVE ON TO SECTION 2.

OTHER? Select if your current residency is temporary or permanent:
As per the McKinney-Vento Act U.S.C. 11435, the answers to these questions help determine services the student may be eligible to receive.

<input type="checkbox"/> Permanent <i>(i.e. intend to use this established in-district address for the duration of this school year or more, or until another in-district residence is established like if waiting for house to be built or a lease to start, etc)</i>	<i>Visit www.eccrsd.us/Page/3673 for details about required documents:</i>
	(1) Primary Doc: Notarized Affidavit (click here or download from website)
	(2) Official items from parent(s) (ex. Other bills, financial info, DMV doc)

The Affidavit MUST be notarized before it is submitted; the enrollment process cannot proceed until the affidavit is received.

<input type="checkbox"/> Temporary <i>(i.e. due to being displaced from residence such as loss of housing or eviction, or due to economic hardship)</i>	<i>Where is the student presently living? (Check one):</i>
	<input type="checkbox"/> In a motel <input type="checkbox"/> In a shelter <input type="checkbox"/> Moving from place to place
	<input type="checkbox"/> With more than one family in a house/apartment
	<input type="checkbox"/> In a place not designed for ordinary sleeping (i.e. car, park, or campsite)

If your situation is Temporary, please reach out to the Homeless Liaison Office: [Ms. Sherri Palmer <spalmer@eccrsd.us>](mailto:Ms.SherriPalmer@eccrsd.us)

SECTION 2: PRIMARY PARENT/ GUARDIAN CONTACT INFORMATION

Provide contact information for any LEGAL PARENT/GUARDIAN who resides with the student at the address provided above

Parent/Guardian 1 Name: _____	Parent/Guardian 2 Name: _____
Relationship with Student: _____	Relationship with Student: _____
P/G 1 Email: _____	P/G 2 Email: _____
P/G 1 Best Phone Number & Type(s): <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Daytime	P/G 2 Best Phone Number & Type(s): <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Daytime
Alternate Phone Number & Type(s): <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Daytime	Alternate Phone Number & Type(s): <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Daytime
Parent/Guardian 1 Employer: _____	Parent/Guardian 2 Employer: _____
P/G 1 Work Phone: _____	P/G 2 Work Phone: _____

SECTION 3: SECONDARY PARENT(S)/GUARDIAN(S) INFORMATION

This is ONLY for PARENT(S)/GUARDIAN(S) who have LEGAL or SHARED GUARDIANSHIP of the student (i.e. Step-Parent(s), birth parent(s), another person LEGALLY responsible for the student, etc. and LIVE IN A DIFFERENT ADDRESS than the one listed in Section 1B.

If there are no other LEGAL parent/guardians with access to the student, leave blank and complete Section 4

Parent/Guardian 3 Name: _____	Relationship with Student: _____
P/G 3 Address: _____	City, State, ZIP: _____
P/G 3 Email: _____	P/G 3 Best Phone Number & Type(s): <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Daytime
P/G 3 Employer: _____	Alternate Phone Number & Type(s): <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Daytime
Work Number: _____	
Parent/Guardian 4 Name: _____	Relationship with Student: _____
P/G 4 Address: _____	City, State, ZIP: _____
P/G 4 Email: _____	P/G 4 Best Phone Number & Type(s): <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Daytime
P/G 4 Employer: _____	Alternate Phone Number & Type(s): <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Daytime
Work Number: _____	

Any LEGAL parent/guardian listed in this section are automatically allowed the following accesses unless there is documentation specifying otherwise (see Section 4 to provide Custody Agreement clarification and information)

- Allowed to receive their own access to the PowerSchool Parent Portal
- Allowed to drop off or pick up the student without restrictions/permission from primary parent
- Can be called in case of an Emergency
- Allowed copies of any mailers from the school
- Allowed copies of email newsletters
- Allowed to communicate with the counselor/case manager about academic information

SECTION 4A: STUDENT CUSTODY QUESTIONNAIRE

Please initial next to the appropriate statement(s):

There are NO CUSTODY ARRANGEMENTS for my child. If at any time this status changes, I am responsible for providing a copy of custody papers to the Eastern Regional High School Guidance Office. If I do not alert the school of any status changes, I understand that my child may be released to either parent or any persons listed as an Emergency Contact.

There ARE CUSTODY ARRANGEMENTS for my child and I will provide a copy of the latest custody paperwork to the Eastern Regional High School Guidance Office. I understand that if I do not submit this information accordingly, my child may be released to either parent or any persons listed as an Emergency Contact.

Please provide a brief description of the custody arrangements: _____

There ARE CUSTODY ARRANGEMENTS for my child but there is no custody paperwork/there is a verbal agreement of custody. I understand that in the absence of paperwork the school cannot limit or prohibit parental access to the student.

Please provide a brief description of the custody arrangements: _____

SECTION 4B: LIMITED OR NO CONTACT WITH STUDENT

An alert will be added into PowerSchool

FIRST & LAST Name: _____

Relationship to Student: _____

Please provide details of any parental limitations or non-contact situations (in the absence of any legal documentation the school cannot prohibit any person who has legal rights to the student):

SECTION 5: DECEASED PARENT(S)/GUARDIAN(S)

FIRST NAME: _____

Relationship to Student: _____

LAST NAME: _____

When did he/she pass away? _____

FIRST NAME: _____

Relationship to Student: _____

LAST NAME: _____

When did he/she pass away? _____

SECTION 6: EMERGENCY CONTACTS

Any contacts listed in this section will be contacted in case of emergency when parent/guardian cannot be reached; These contacts are allowed to pick up the student unless the school is otherwise advised by parent/guardian*

Emergency Contact 1: _____

Relationship to Student: _____

Phone Number: _____

Phone Type: Home Cell Daytime

Emergency Contact 2: _____

Relationship to Student: _____

Phone Number: _____

Phone Type: Home Cell Daytime

Emergency Contact 3: _____

Relationship to Student: _____

Phone Number: _____

Phone Type: Home Cell Daytime

SECTION 7: BLACKBOARD CONNECT

This information is to ensure you receive automated messages about school closures and other important information about school operations or alerts

Call 1: _____

Call 2: _____

Call 3: _____

Email 1: _____

Email 2: _____

Email 3: _____

SECTION 8: VERIFICATION OF INFORMATION AND SIGNATURE

I, _____, the person(s) completing this form, verify that the information provided in the form is correct and true to the best of my knowledge in accordance with the ERHS Board of Education District Policy 5111*, pursuant to N.J.S.A 18A:38-1* and as defined in N.J.A.C. 6A:22-3.1*. I understand that enrollment of any student under false documents subjects me to liability for tuition or possible review of my student's continued enrollment.

Parent/Guardian Signature:

Can be handwritten or typed as electronic signature _____

**To review the policies noted in the above statement, visit: <https://www.eccrsd.us/domain/99>*

Complete the NJ Smart Information Form on Page 4 before submitting.

NJ SMART INFORMATION

Last Name: _____ First Name: _____ Student ID#: _____

The state department has a mandate in relation to a statewide student data based system entitled NJ SMART. Each district is required to keep specific information on every student.

*NOTE: All descriptors are taken directly from the NJ SMART Student Data Handbook V6.0

1. Is the student Hispanic or Latino (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture of origin, regardless of race). YES NO

Race/Ethnicity background information, check all that apply:

- White** (A person having origins of the original peoples of Europe, the Middle East or North Africa)
- Black or African American** (A person having origins in any of the black racial groups of Africa)
- Asian** (A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam)
- American Indian or Native American** (A person having origins in any of the original people of North and South America (including Central America) and who maintains a tribal affiliation or community attachment)
- Native Hawaiian or Other Pacific Islander** (A person having origins in any of the people of Hawaii, Guam, Samoa, or other Pacific Islands)

2. Language Spoke at home: _____ 3. Native Language: _____

4. Is the Student Bilingual? YES NO* (Please complete the Home Language Survey if English is not the student's first language)

5. Military Affiliation – check all that apply:

- Not military affiliated**
- Active Duty** – Student is a dependent of a member of the Active Duty Forces (full-time) Army, Navy, Air Force, Marine Corps or Coast Guard
- National Guard or Reserve** – Student is a dependent of a member of the National Guard or Reserved Forces (Army, Navy, Air Force, Marine Corps or Coast Guard)

6. Has student always attended school in the U.S.? YES NO**

**If NO, when did student first start attending a school in the U.S.? (Month & Year): _____

Does your child have Health Insurance including NJ FamilyCare/Medicaid, Medicare, private or other?

YES What is your Health Carrier? (ex. Horizon) _____
Physician's Name: _____
Physician's Phone: _____

NO If you said no, NJFamilyCare provides free or low cost health insurance for uninsured children and certain low income parents. For more information call 800-701-0710 or visit www.njfamilycare.org to apply online.

Initial: _____ You may release my name and address to the NJ FamilyCare Program to contact me about health insurance.

Parent's Name (PRINT/TYPE) _____ Parent's Signature (Handwrite or Electronic) _____ Date _____



Eastern Regional High School

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www.eccrsd.us

PARENT AUTHORIZATION FOR RELEASE OF SCHOOL RECORDS

Student Name: _____ DOB: _____ Grade *for enrollment year*: _____

PREVIOUS / CURRENT TRANSFERRING SCHOOL CITY/STATE/ZIP & COUNTRY (if out of USA)

CONTACT PERSON HANDLING WITHDRAW at SCHOOL noted above WITHDRAWAL CONTACT EMAIL ADDRESS

TO WHOM IT MAY CONCERN:

The above student is enrolling in the **Eastern Camden County Regional School District**. To ensure our successful enrollment of this student, please send the following via **fax (856-627-8407)** or **email (ckendall@eccrsd.us)** as soon as possible:

- Unofficial Transcript
- List of Standardized Test Scores
- In-Progress Grades or most recent earned grades
- Copy of Special Services Records (IEP or 504 Plans)
- Copy of any Legal Documentation (if applicable)

We appreciate if any **official paperwork also be mailed** at your earliest convenience (address is in the header):

- Official Transcript
- Official Standardized Test Scores
- Attendance Report
- Discipline Records
- Official Special Services Records (IEP or 504 Plans)
- Official Legal Documentation
- Copy of Birth Certificate
- MEDICAL RECORDS

Please contact us immediately if there are any questions or issues regarding the requested records, if separate offices are to be contacted for records (and please provide appropriate contact information), or **if the student has NOT yet been withdrawn from your school**. Otherwise, we look forward to receiving all pertinent information regarding the student's educational, psychological, and medical history in a timely manner.

Sincerely,
Jason Susko
Supervisor of Guidance
(856) 784-4441 ext. 1203, 1145, 1146
FAX (856) 627-8407

I, _____, hereby give permission for Easter Regional High School to contact **all** previous
Print/Type Parent/Guardian Name
schools (*listed on page 2*) in addition to the **most recent institution** to collect all important student records.

Parent/Guardian Electronic/Typed Signature Date

****Please complete the Educational History on Page 2****



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Educational History

Please provide a list of all schools in which your student has been enrolled starting with the most recent school. If your student has been enrolled in more than one high school, we may need to reach out to those previous schools to ensure we have all important student records on file.

School: _____	City/State (& country if outside of USA): _____	School Year(s) Attended: _____
School Website: _____	_____	_____
School: _____	City/State (& country if outside of USA): _____	School Year(s) Attended: _____
School Website: _____	_____	_____
School: _____	City/State (& country if outside of USA): _____	School Year(s) Attended: _____
School Website: _____	_____	_____
School: _____	City/State (& country if outside of USA): _____	School Year(s) Attended: _____
School Website: _____	_____	_____
School: _____	City/State (& country if outside of USA): _____	School Year(s) Attended: _____
School Website: _____	_____	_____

While enrolled in High School, has your student ever been placed on Home Instruction? **NO** (Skip to Next Question)
 YES When? _____ Reason: _____

While enrolled in High School, has your student ever been placed Out of District? **NO** (Skip to Next Question)
 YES When? _____ Where? _____

Reason: _____

Is there anything about your student's educational history that we need to be made aware of to ensure we are providing your student with the best possible options for success? _____

****Please note that schools operating remotely is not the same as being on "home instruction"****