



Eastern Regional High School

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		
Student ID: _____	State ID: _____	
Previously Enrolled at ERHS? <input type="checkbox"/> NO; <input type="checkbox"/> Moved to district <input type="checkbox"/> Never attended ERHS		
<input type="checkbox"/> YES; Transferred Out On: _____		
Grade: _____	Year of Graduation: _____	Submitted B6T <input type="checkbox"/> YES <input type="checkbox"/> NO

NON-EASTERN STUDENT INFORMATION FORM

Please select the school district in which the student resides:

- VOORHEES BERLIN BOROUGH GIBBSBORO

SECTION 1A: STUDENT INFORMATION

First Name: _____	Middle Name: _____	Last Name: _____
Date of Birth: _____	Preferred Name: _____	Preferred Gender: _____
Birth City & State: _____	Birth Country: _____	

School Student is attending: _____ School Year & Grade: _____

Has the student ever attended a public school? YES; Most Recent Public School Attended: _____
 NO; Most Recent Non-Public School Attended: _____

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

All students residing in the district as defined by [N.J.A.C. 6A:22-3.1](#) who are not attending Eastern Regional High School, under [District Policy 5111](#), pursuant to [N.J.S.A. 18A:38-1](#), still have to provide proof of address for reporting purposes. Please visit this website for more information: <https://www.eccrsd.us/Page/3667>

- 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

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

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.

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.

Permanent

(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)

Visit www.eccrsd.us/Page/3673 for details about required documents:

- (1) Primary Doc: [Notarized Affidavit](#) ([click here](#) or download from website)
- (1) Official Doc from owner/renter of domicile (proof of own or rent)
- (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.

SECTION 2: PRIMARY PARENT/ GUARDIAN CONTACT INFORMATION

Provide PARENT/GUARDIAN information who RESIDES IN OUR DISTRICT ONLY

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

SECTION 3: 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 submitting any false information may disqualify my student from attending their current institution if being paid for by ERHS district, or may interrupt transportation services or aide-in-lieu should either be provided.

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 3 before submitting.

Name of Student _____
(last) (first) (middle)

Student ID# _____

NJ SMART INFORMATION

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.

In order to help us enter the accurate fields of data, please complete the following information regarding your child:

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**
2. **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)

3. **Language Spoken at home:** _____ **Native Language:** _____

Is the Student Bilingual? **YES** **NO*** (Please complete the Home Language Survey)

4. **Military Affiliation - check all that apply:**

- Not military affiliated**
- Active Duty** – Student is a dependant 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)

5. **If born outside of the United States, complete below:**

Date of Entry into U.S. _____ Date of Entry into U.S. school _____

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

Health Carrier: _____

YES **Physician's Name:** _____

NO

Phone: _____

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.

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

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

Parent's Name _____ **Parent's Signature** _____ **Date** _____
(Please print/type) (Please type or sign)