Woodbine School District
“Where There’s Progress in the Making”
801 Webster Street
Woodbine, NJ 08270
Telephone (609) 861-5174
Fax (609) 861-0723

ADMISSION PACKET

Name of Student: ___________________________ Grade: ___________________________

Please provide the following:

1. Proof of identity of Parent/Guardian with photo – **One (1) must be provided**
   _________ Driver’s License / State Issued ID _________ Passport

2. Proof of grade placement – **One (1) must be provided**
   _________ Transfer Card _________ Report Card _________ Transcript

3. Proof of immunizations – **Must be provided**

4. Proof of Physical – **Must be provided within 30 days of school entry date**

5. Proof of Residence – **Two (2) must be provided, One (1) from List A and One (1) from List B**
   (parent/guardian must be named on document)

<table>
<thead>
<tr>
<th>List A (1 must be provided)</th>
<th>List B (1 must be provided)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lease Agreement (apartment or home)</td>
<td>Photo Driver’s License/Passport</td>
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<tr>
<td>Tax Bill</td>
<td>Utility Bill</td>
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<tr>
<td>Property Deed</td>
<td>Change of Address Form from Post Office</td>
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<tr>
<td>Mortgage or Settlement Papers</td>
<td>Bank Statement</td>
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6. Proof of Student’s Date of Birth and Relationship to Parent/Guardian – **One (1) must be provided**
   _________ Birth Certificate _________ Legal Guardian (Court Documentation) _________ Foster Parent (State Agey Docs)

7. Proof of Custody or Restricted Contact (if applicable)

8. Individual Education Plan (I.E.P.) (if applicable)

9. Completed Registration Packet

START DATE: ______________
Student's Legal Name: ________________________________

Last                        First                        Middle

City and State of Birth: ______________________________ Country of Birth: ____________

Age: ______________ Date of Birth: ______________ Gender: □ Male □ Female

*The following ethnicity information is utilized for compliance with federal and state reporting requirements. This is optional.*
Ethnicity: □ African American □ Native American □ Asian □ Hispanic □ White □ Other __________________

Student is Living with: □ Both Parents □ Mother Only □ Father Only
□ Mother and Stepfather □ Father and Stepmother □ Guardian □ Other ______________

Home Address: ________________________________________________________________
# Street Address                        City, State, Zip Code

Mailing Address: ________________________________________________________________
P.O. Box                        City, State, Zip Code

Father's Name: ______________________________ Place of Birth __________________

Mother's Name: ______________________________ Place of Birth __________________

Home Phone Number: ______________ Parent/Guardian Email: ______________
Mother/Guardian Cell: ______________ Father/Guardian Cell: ______________
Mother/Guardian Work: ______________ Father/Guardian Work: ______________

Language Spoken at Home: ______________________________________________________
*If home language is not English, is English spoken and understood by the Parent/Guardian?

Please list all children in your family including the child you are registering. Please list from oldest to youngest.

<table>
<thead>
<tr>
<th>First Name</th>
<th>Last Name</th>
<th>Grade</th>
<th>School Attending</th>
<th>Date of Birth</th>
<th>Gender</th>
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</table>

*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 the students entering the school district.*

Please indicate if the student resides in any of the following facilities:
□ Hotel/Motel □ Shelter □ Transitional Housing Facility
□ Domestic Violence Shelter □ Runaway Youth Shelter □ Home for Adolescent School-Age Mothers
□ Family Member Home Out of Necessity □ Friend's Home Out of Necessity
□ Homeless Without Residence □ None of these Situations Apply
Name of Previous School: ___________________________ Grade: ___________________________
Address: ___________________________ Phone: ___________________________

Emergency Contact:

Name: ___________________________ Home Phone: ___________________________ Cell Phone: ___________________________
Relationship: ___________________________ Work Phone: ___________________________

Name: ___________________________ Home Phone: ___________________________ Cell Phone: ___________________________
Relationship: ___________________________ Work Phone: ___________________________

Name: ___________________________ Home Phone: ___________________________ Cell Phone: ___________________________
Relationship: ___________________________ Work Phone: ___________________________

I HEREBY GIVE MY PERMISSION TO HAVE THE SCHOOL AUTHORITIES TAKE MY CHILD TO THE EMERGENCY ROOM IN THE CASE OF A SEVERE EMERGENCY AND THE PARENT/GUARDIAN CANNOT BE REACHED.

Physician’s Name: ___________________________
Physician’s Address: ___________________________
Physician’s Phone: ___________________________

___________________________________________  ___________________________
SIGNATURE OF PARENT/GUARDIAN          DATE
Woodbine School District
“Where There’s Progress in the Making”

801 Webster Street
Woodbine, New Jersey 08270
Telephone (609) 861-5174
FAX (609) 861-0723

DATE: _______________________

Authorization to Request Records

I, _______________________________, Parent/Guardian of ________________________________, do hereby authorize the release of all academic, classified, and original health records concerning the above named child.

To: Office Administrator/Woodbine Elementary School
Woodbine School District
801 Webster Street
Woodbine, New Jersey 08270

__________________________________________
Parent/Guardian Signature

Authorization Send Records

I, _______________________________, Parent/Guardian of ________________________________, give the Woodbine Elementary School permission to forward all records to ________________________________.

__________________________________________
Parent/Guardian Signature
Woodbine School District
“Where There’s Progress in the Making”

801 Webster Street
Woodbine, New Jersey 08270
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I, ______________________, the Parent/Guardian of _____________________________ do agree with the following directives when transferring my child to another school.

a. Woodbine Elementary School must be notified 48 hours before transfer is to take place.

b. I must present the school with the following information the day I notify them of the transfer:

   1. New Mailing Address
   2. Name of the New School and Address
   3. Date transfer is to become effective
   4. Clearance of ALL School Obligations/Balances
      *Lunch Fees $____________
      *Library Fines, Textbooks $____________
      *Latchkey Balance $________
      *Computer/Laptop Returned

Please Note: Student transfers cannot be done by telephone or by fax. The parent/guardian must be physically present in the Woodbine School Office to begin the transfer with all necessary information.

___________________________________________     __________________________
Parent/Guardian Signature                      Date