



ATLANTIC HIGHLANDS ELEMENTARY SCHOOL

Mr. Michael Ferrarese - *Principal*

Dr. Tara Beams - *Superintendent*

NEW STUDENT REGISTRATION

Welcome to Atlantic Highlands Elementary School. We are excited to welcome your child into our school community. In order to get your child enrolled, please complete the forms in this registration packet:

FORMS

- Student Demographic Page
- Home Language Survey
- A45 Medical Form *completed by physician
- Proof of Vaccinations *provided by physician

ADDITIONAL DOCUMENTS REQUIRED

- Copy of child's original birth certificate
- Proof of Atlantic Highlands residency
(mortgage statement, tax statement, current rental agreement, affidavit of residency)

When all forms and documents are completed, please return them to:

Atlantic Highlands Elementary School
140 First Avenue
Atlantic Highlands, NJ
07716
Phone: (732) 291-2020

If you have questions regarding the registration process, please contact Ms. April O'Brien at (732) 291-2020 or email her at: aobrien@ahes.k12.nj.us

New Student Registration Demographic Information

Date: _____ (Please print)

Child's First Name: _____ Child's Middle Name: _____

Child's Last Name: _____ Gender: MALE or FEMALE

Child's Birthdate (MM/DD/YYYY): _____ City/State of Birth:

Child's Age: _____ Grade entering: _____ Are you a military family? YES or NO

Ethnicity: White Black Hispanic/Latino Asian Pacific Islander

Other: _____

Primary Language Spoken at home: _____

Secondary Language: _____

Home address:

Does your child have Medical Insurance?

YES, Insurance Provider:

NO. Would you like your name and address released to the NJ Family Care

Program? _____

CONTACT INFORMATION

Parent/Guardian #1 (First & Last Name): _____

Relationship to student: _____

Mobile Phone #: _____

Home Phone #: _____

Email address: _____

*Do you want this parent/contact to receive message broadcasts from the school?

YES or NO

Parent/Guardian #2 (First & Last Name):

Relationship to student: _____

Mobile Phone #: _____

Home Phone #: _____

Email address: _____

*Do you want this parent/contact to receive message broadcasts from the school? YES or NO

Emergency Contact #1 (First & Last Name): _____

Relationship to student: _____

Mobile Phone #: _____

Home Phone #: _____

Email address: _____

*Does this contact have permission to pick up your child from school? YES or NO

NOTE: Additional emergency contacts can be added in the Genesis Parent Portal at a later time.

New Student Registration Demographic Information

(Please print)

(For new Kindergarten students)

Did your child attend a preschool program? YES or NO

*If yes, for how many months/years?

Name/address of preschool:

Did your child receive services through the NJ Early Intervention Program? YES or NO

(For other new students: Gr. 1 - 6)

Previous school's name, address & phone number:

What grade levels did you child complete at this school:

Was your child evaluated by the Child Study Team?

Please check off any programs/services that your child had in their previous school:

Special Education programs through an Individual Education Plan (IEP)

Speech Therapy Occupational Therapy Physical Therapy

Behavioral Support Support from the School Counselor

504 Plan (medically based) Nursing Support

Basic Skills Support Programming for ELA

Basic Skills Support Programming for Mathematics

Gifted & Talented (Enrichment) Programming

English as a Second Language support (ESL)

Free and Reduced Lunch Program

Band - Instrument? _____

***Is the child's home equipped with the internet? YES or NO**

Additional comments:

Parent/Guardian Signature: _____

Date: _____

HOME LANGUAGE SURVEY: Step 1

Introduction: This questionnaire is the first step in identifying whether or not your child is eligible to be an English Language Learner (ELL).

Child's Full Name: _____ **Date of Birth:** _____

Parent/Guardian: _____

Street Address/City/State: _____

Please answer the following questions:

1. What was the first language used by the student? (Circle one)

a. English b. Other language _____

2. At home, does the student hear or use a language other than English more than 50% of the time?

a. YES b. NO

3. Does the student understand a language other than English?

a. YES b. NO

4. When interacting with his/her parents, does the students use a language other than English more than 50% of the time?

a. YES b. NO

5. When interacting with caregivers, does the students use a language other than English more than 50% of the time?

a. YES b. NO

6. Has your child ever been identified as an English Language Learner in another school district?

a. YES b. NO

Parent/Guardian Signature: _____ **Date:** _____

**This school district will use this information to determine if your child needs to be further screened for eligibility as an English Language Learner.*