

GREENWICH TOWNSHIP SCHOOL DISTRICT-HIGH SCHOOL REGISTRATION

Nehaunsey Middle School
415 Swedesboro Road
Gibbstown, NJ 08027
856-224-4920 ext 2140
Fax 856-224-5765
Ryan Hudson, Principal/Chief School Administrator

Broad Street School
255 West Broad Street
Gibbstown, NJ 08027
856-224-4900 ext 1131
Fax 856-423-7945
Alisa Whitcraft, Principal

Welcome to the Greenwich Township School District.
In order to enroll your student into high school, you will need to provide the following information to our district:

Along with the enrollment packet you will need to provide the following documents:

1. Transfer card from previous school district
2. Copy of birth certificate
3. Proof of custodial parent
4. Residence Enrollment Questionnaire
5. Proof of residency – MUST PROVIDE FOUR PROOFS

PROPERTY OWNERS – Tax bill, mortgage statement, or settlement statement and three other proofs – gas, electric, water, bank statement, etc.

RENTERS – Current lease with names of all residents in the dwelling (a new lease must be presented when it is renewed) and three other proofs - gas, electric, water, bank statement, etc.

LIVING WITH FAMILY MEMBER OR FRIEND – If you reside with a family member or friend, you will also need a completed and notarized affidavit. This form is located on the last two pages of this packet and needs to be renewed annually.

GREENWICH TOWNSHIP SCHOOL DISTRICT
415 Swedesboro Road
Gibbstown, NJ 08027

Ryan Hudson
Chief School Administrator
856-224-4900 ext 2132

Date: _____

TO: **Superintendent**

- _____ **New Registrant**
- _____ **Transfer out of Greenwich Township School District**
- _____ **Change of Address-Current Resident**
- _____ **Change of School Attending**

Student Name and Address:

If new address in district, please note previous address in district

Previous Gibbstown address

Name of Parent/Guardian:

Parent/Guardian Phone:

Student Grade Level: _____ **IEP/504?** _____ **Last Grade Completed:** _____

Last School Attended: _____

School My Child Will Be Attending: _____

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

cc: Scott A. Campbell, Business Administrator/Board Secretary
Judy Medica, Business Office Transportation Coordinator
John Tirico, Director of Special Services

GREENWICH TOWNSHIP SCHOOL DISTRICT
GIBBSTOWN, NJ 08027

STUDENT REGISTRATION

Please complete the following questions so that we may better know your child and be able to contact you in case of illness or emergency. Thank you for your cooperation.

Today's Date _____

Child's Name _____

Sex: ___M ___F

Racial/Ethnic (Check ALL that apply):

___ American Indian ___ African American ___ Asian

___ Caucasian ___ Hispanic ___ Pacific Islander

Date of Birth _____ City/State of Birth _____ Country of Birth _____

Student's Address _____

Father's Name _____

Mother's Name _____

Mother's Maiden Name _____

City of Birth _____

City of Birth _____

Father's Address _____

Mother's Address _____

Father's Cell # _____

Mother's Cell # _____

Father's email: _____

Mother's email: _____

Employer _____

Employer _____

Occupation _____

Occupation _____

Work Address _____

Work Address _____

Telephone # _____

Telephone # _____

Number of children in family: Female: _____

Ages: _____

Male: _____

Ages: _____

With whom does the child live? _____

If student does not live with parent/s, custody papers WILL be required. Information of person/s student lives with (other than mother/father):

Name: _____ Relation: _____

Address: _____

GREENWICH TOWNSHIP SCHOOL DISTRICT

ENROLLMENT RESIDENCY QUESTIONNAIRE

Parent/Guardian Name: _____

Date: _____

Please list all children living with you up to age 21. Please include children of all ages and if they are attending an educational program.

Name	Date of Birth	School Attending and Grade (or High School Graduate)

Phone Numbers: _____

Current Address: _____

Previous Address: _____

Section A: Current Living Situation:

- _____ Sharing housing with relatives or other due to lack of housing
- _____ Living in a shelter or transitional living program
- _____ Living in a motel, hotel, park or campground due to lack of adequate housing
- _____ Living in a car or RV or in a public place
- _____ Living in substandard housing
- _____ Awaiting foster care placement
- _____ Parents are migrant workers
- _____ None of the above

School/Schools of origin (school attended when last permanently housed):

Section B:

I, _____, have been consulted about the school placement that I prefer for my child (check or mark next to appropriate box)

_____ to attend school in the district of last attendance

_____ to attend the district in which we are currently residing

I certify that the information provided here is true and correct. I understand that the Greenwich Township Public School Homeless Liaison has the right to determine who is eligible.

Signed:

Date:

To be completed by Homeless Liaison:

_____ Homeless

_____ Not Homeless

Greenwich Township Homeless Liaison Signature:

Date:

Notes/Comments:

GREENWICH TOWNSHIP SCHOOL DISTRICT
Gibbstown, NJ 08027

AFFIDAVIT OF RESIDENCE BY PARENT-if living with family member or friend
PURSUANT TO N.J.S.A. 18A:38-1(b)

I, _____, of full age, being duly sworn according to law on oath deposes and says:

1. My natural child, _____, and I are currently residing at _____ with _____ in the School District of Greenwich Township, New Jersey.
2. I am aware that I am making an Affidavit (sworn statement) and that I may be subject to penalty for false swearing in the event any of the aforesaid is willfully false or fraudulent. I am further aware that I may be subject to pay tuition or other school charges of the Greenwich Township School District if the facts stated above are not true. This affidavit is given pursuant to the requirements of N.J.S.A. 18A:38-1 (b).

PARENT/GUARDIAN

PARENT/GUARDIAN

Sworn and Subscribed
before me on this _____
day of _____, 20_____

A Notary Public of the State of New Jersey.
My commission expires:

** Completion of this form does not guarantee approval. This must be renewed annually **

GREENWICH TOWNSHIP SCHOOL DISTRICT
Gibbstown, NJ 08027

AFFIDAVIT OF RESIDENCE BY GREENWICH TOWNSHIP RESIDENT
PURSUANT TO N.J.S.A. 18A:38-1(b)

I, _____, of full age, being duly sworn according to law on my oath deposes and says:

1. I am an adult residing and domiciled within the School District of Greenwich Township, New Jersey, and live at the following address: _____.
2. I am seeking admission to Greenwich Township School District for a minor child who resides with me with his/her parent/guardian.

NAME OF MINOR: _____

NAME OF PARENT/GUARDIAN: _____

3. The minor child and parent/guardian aforesaid have resided with me since _____, and will continue to reside with me until _____.
4. I am making this Affidavit (sworn statement) to induce the Greenwich Township School District to admit _____ as a student without charge since the aforesaid child and parent/guardian are residing with me.
5. I will inform the Superintendent of Schools if there is any change in the above-stated statement.
6. I am aware that I am making an Affidavit (sworn statement) and that I may be subject to penalty for false swearing in the event any of the aforesaid is willfully false or fraudulent. I am further aware that I may be subject to pay tuition or other school charges of the Greenwich Township School District if the facts stated above are not true. This Affidavit is given pursuant to the requirements of N.J.S.A 18A:38-1 (b).

PARENT/GUARDIAN

PARENT/GUARDIAN

Sworn and Subscribed
before me on this _____
day of _____, 20_____

A Notary Public of the State of New Jersey.
My commission expires:

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