



SOUTHERN REGIONAL HIGH SCHOOL  
GUIDANCE DEPARTMENT  
600 North Main Street  
Manahawkin, NJ 08050  
(609)597-9481 ext. 4315  
www.srsd.net

NEW STUDENT REGISTRATION PROCEDURES

1. Call (609)597-9481 ext. 4316 to schedule an appointment for registration. Registration is HELD BY APPOINTMENT ONLY.
2. If you live in Waretown, you MUST obtain a tuition waiver **prior to registration** at Southern Regional from the Waretown Board of Education Office. The Waretown BOE office will advise residents as to what documents are needed to obtain a tuition waiver.  
Waretown Board of Education Office -Frederic A. Priff Elementary School  
139 Wells Mill Road  
Waretown, NJ 08758  
(609) 693-0360
3. If you live in any of the other constituent districts, you must show proof of residency. The following items will be required:
  - NJ driver's license (that reflects your local address)
  - 2 additional items that reflect the local address (utility bills, deed/lease/rental agreement, etc.)
4. Use the following checklist to insure that you have all of the necessary documents for your registration appointment.
  - \_\_\_\_\_ Birth Certificate (This is to verify that you are registering your child by their legal name.)  
**NOTE:** Your child's diploma AND final transcript will have the name you provide upon registration. We cannot make any changes to the diploma and/or transcript after graduation.
  - \_\_\_\_\_ Transfer card from the previous school
  - \_\_\_\_\_ Health/immunization records
  - \_\_\_\_\_ Course list/schedule from previous school
  - \_\_\_\_\_ Most recent report card and/or Transcript showing subject/grades
  - \_\_\_\_\_ Most current standardized test scores
  - \_\_\_\_\_ Grades to date from current school (if transferring during the school year)
  - \_\_\_\_\_ Guardianship or other legal documents relating to custody (if applicable)
  - \_\_\_\_\_ Special Education Records/Individualized Education Plan (IEP) (if applicable)
  - \_\_\_\_\_ 504 Plan (if applicable)
5. Please bring your child and the above documents to the guidance office for your scheduled appointment. Plan to arrive ten minutes prior to your appointment time to complete the registration forms.



# SOUTHERN REGIONAL HIGH SCHOOL

## Student Registration Form

PLEASE PRINT ALL INFORMATION AND SIGN THE END OF THIS FORM

OFFICE USE ONLY

Student ID# \_\_\_\_\_

Student Information		
Registration Date:	Grade Level:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Last Name:	First Name:	Middle Name:
Student Address:		Student Cell Phone (optional):
Mailing Address (if different than above):		
Birthplace (City, State, Country):		Birth Date (mm/dd/yyyy):
Student Resides with (please check one): <input type="checkbox"/> Both Parents/Guardians Full Time <input type="checkbox"/> Both Parents/Guardians – Shared Time <input type="checkbox"/> Mother/Guardian Only <input type="checkbox"/> Father/Guardian Only		
Race: <input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Hawaiian Native or Other Pacific Islander		Ethnicity: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Non-Hispanic or Latino
Student's Language:	Language Used at Home:	First Language:
Family Information		
<input type="checkbox"/> Mother <input type="checkbox"/> Guardian (please check one)		<input type="checkbox"/> Ms. <input type="checkbox"/> Mrs. <input type="checkbox"/> Dr. (please check one)
Last Name:	First Name:	
Home Address (if different than student):		
Home Phone:	Cell Phone:	Email Address:
Place of Employment:	Work Phone:	
Military Status (please check one): <input type="checkbox"/> Not Active Military Connected <input type="checkbox"/> Active Duty Member of the Armed Forces		
<input type="checkbox"/> Father <input type="checkbox"/> Guardian (please check one)		<input type="checkbox"/> Mr. <input type="checkbox"/> Dr. (please check one)
Last Name:	First Name:	
Home Address (if different than student):		
Home Phone:	Cell Phone:	Email Address:
Place of Employment:	Work Phone:	
Military Status (please check one): <input type="checkbox"/> Not Military Connected <input type="checkbox"/> Active Duty <input type="checkbox"/> Nat'l Guard or Reserve <input type="checkbox"/> Unknown		
Custody Restrictions: <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please explain:	
For Parents/Guardians residing at different addresses do you require a second parent mailing? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Educational Information		
Has this student ever attended this school district? <input type="checkbox"/> Yes <input type="checkbox"/> No   If yes, when and which school?		
Name of Last School Attended:		Date of Withdrawal:
Address of Last School Attended:		
Phone:	County:	
Student (please check all that apply): <input type="checkbox"/> Is classified by the Child Study Team <input type="checkbox"/> Has a 504 Plan <input type="checkbox"/> Is in the Basic Skills or Title I Program <input type="checkbox"/> Is in the ESL Program		
Signature: _____		Date: _____

# Emergency Information Verification Form

Please sign as indicated. Also, please fill in any missing information and make corrections where necessary.

Current School:	Grade:	Homeroom:	
Student's Name:	DOB:	Sex:	
Contact Name & Address:	Mailing Address if different than residence:		
	Court Orders/Legal Restrictions:		
<small>Please include company name for Work numbers, so that if your company changes phone numbers we will still be able to locate you. Emergency numbers will only be used in the event that we cannot reach at the other numbers listed. The Primary or Home Number will also be used for attendance auto-dialer.</small>			
Contact Type	Contact Name/Relation	Contact Number	E-Mail

<p><b>Health Information:</b></p> <p>Medical alerts/allergies:</p> <p>Receives daily medication during school hours (Y/N):</p> <p>Wears glasses and/or contact lenses (Y/N):</p>	<p>This student's health information may be shared with pertinent school staff if necessary to maintain well being and safety.</p> <p>Parent/Guardian will call the school if student will be absent or late.</p> <p style="text-align: right;">             _____              Signature <span style="float: right;">Date</span> </p>
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**Health care provider information** (for emergency treatment when we are unable to contact you):

Contact Type	Contact Name	Contact Number
Hospital		
Doctor		
Dentist		

Does your child have health insurance coverage?	Please sign here to indicate that we have your permission to call the physicians listed or to have your child taken to the hospital when you are not available or in an emergency.
If yes, what is the name of the Insurance Company?	
_____ Signature <span style="float: right;">Date</span>	

NJ FamilyCare 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](http://www.njfamilycare.org) to apply online. You may release my name and address to NJ FamilyCare Program to contact me about health insurance.

Signature	Printed Name	Date
For School Use Only: Student ID:		Date filed:
Date Updated in Database:	Initials:	



# SOUTHERN REGIONAL SCHOOL DISTRICT

Southern Regional High School  
600 North Main Street  
Manahawkin, New Jersey 08050  
Fax: 609-534-2187

**GUIDANCE DEPARTMENT**  
HS: 609-597-9481 Ext. 4315  
MS: 609-597-9481 Ext 4202

Southern Regional Middle School  
75 Cedar Bridge Road  
Manahawkin, New Jersey 08050  
Fax: 609-939-1206

## REQUEST FOR STUDENT RECORDS

**TO:** \_\_\_\_\_

**STUDENT:** \_\_\_\_\_

**DATE OF BIRTH :** \_\_\_\_\_

**GRADE:** \_\_\_\_\_

**DATE ENROLLED:** \_\_\_\_\_

The above named student has been enrolled in the Southern Regional School District. Please send the following information to the appropriate school as soon as possible:

1. Transcript of grades
2. Health records (original health records for NJ state schools)
3. Standardized test results
4. Report cards
5. Grades in progress
6. Attendance report
7. Transfer card
8. New Jersey State ID Number
9. Discipline records
10. Special services records, if applicable
11. 504 records, if applicable

Please include all pertinent information regarding the student's educational history such as psychological, learning disabilities, social work, psychiatric, neurological, and medical information. Thank you for your prompt attention to this matter.

You are authorized to send the documentation requested above to the Southern Regional Guidance Department.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date