



Welcome to
Mainland Regional High School

Main Office (609) 927-4151
Guidance Office (609) 927-4139
Fax (609) 926-0846

Registration Checklist

Are you the legal parent/guardian of the child being registered? Yes No

If no, you cannot register the child at this time. Only the legal parent/guardian can register children in the school district.

PARENT/GUARDIAN STATUS (Please check the appropriate line.)

- Parent(s) (not divorced or separated)
- Custody documentation if divorced or separated
- Court documentation of guardianship
- State agency placement documentation of guardianship (DYFS)
- Legal guardianship affidavit

Student's Name _____ **Date** _____

Previous School _____ **Grade** _____

Is this child involved with the CHILD STUDY TEAM (has an IEP)? Yes No

DID YOUR CHILD EVER ATTEND MRHS IN THE PAST? Yes No

ARE THERE ANY SIBLINGS CURRENTLY ENROLLED AT MRHS? Yes No

Sibling's Name _____

STUDENT IDENTIFICATION

- Birth Certificate
- Current Health Records (not applicable if entering from district grade school)
- Unofficial Copy of Student Transcript (not applicable if entering from district grade school)

PROOF OF RESIDENCY Please provide **ONE** of the following:

- Deed, Mortgage, or Tax Bill in parent/guardian name
- Lease of tenancy agreement in parent/guardian name (Landlord's deed/tax bill must be attached). Landlord's phone number must also be included.
- Tax bill/deed of owner with whom you reside and Non-resident Affidavit or State of domicile
- If residing with a renter, the renter's lease and the owner's deed/tax bill and Non-resident/Resident Affidavit or State of Domicile.

AND ANY TWO of the following:

- Utility bill in parent/guardian name at stated address
- Other evidence of personal attachment to the particular address including but **not limited to** any of the following: Mail to parent/guardian at stated address, Driver's license, Voter registration card, Medicaid, Welfare, or food stamp identification card with address, Automobile insurance identification card, permits, financial account information, delivery receipts, etc.



IMPORTANT NOTICE – PLEASE READ CAREFULLY

The Mainland Regional High School District is proud to offer a high-quality public education to our residents. The district also has a very strict residency verification program to protect our community resources. This program can include, but is not limited to, complete documentation verification, independent investigation by school officials and law enforcement officials, and surveillance.

It is the intent of the Mainland Regional High School District to prosecute, to the fullest extent of the law, any individual furnishing false information in the accompanying registration forms for the purpose of enrolling non-resident students.

If the student registered is found to be a non-resident, the individual registering said student will be financially responsible for all tuition costs. Incurring such a liability translates to an approximate cost to the perpetrator of \$15,000.00 or a pro-rated amount. Through legal action, this district has recently been successful in recouping tuition costs from the families of non-resident students.

I certify that I have read and understand the above notice. Additionally, I agree to pay the school district its full tuition cost if the student being enrolled is found to be a non-resident.

Signature of Parent/Guardian

Date



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Student Information (Please Print)

Legal Last Name: _____ Generational Code: (ex. Jr., Sr., II) _____

Legal First Name: _____ Legal Middle Name: _____

Student's Preferred Nickname: _____

Legal Gender: Male Female Is Student a U.S. Citizen? Yes No

Month and Year of original entrance to 9th Grade: _____

Birth Date: _____ Child's City of Birth: _____

Child's State of Birth: _____ Child's Country of Birth: _____

******* If country of birth is other than U.S., please indicate the date (dd/mm/yyyy) that:**

The student first entered the United States: _____

The student first entered SCHOOL in the United States: _____

Student's Permanent Address

Street: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____

**Emergency Contact Information: (OTHER THAN PARENT who can be contacted if parent is unavailable)
You are granting permission to the persons on this list to pick your child up from school in your absence.**

Name: _____ Phone: _____ Relationship to student: _____

Name: _____ Phone: _____ Relationship to student: _____

Name: _____ Phone: _____ Relationship to student: _____

Health Insurance Information Is this student covered by Health Insurance? Yes No

If yes, what is the name of the Health Insurance Provider? _____

Policy # _____ ID # _____

Physician's Name: _____

Date of last medical exam: _____

DIRECTIONS TO PARENT/GUARDIAN: Some responses are optional to protect the privacy of student or family; however, the parent or guardian should understand that his/her responses to these questions will be of great help to the district and the state in planning a program that meets the unique needs of his/her child. If the parent or guardian declines to respond to a question, leave the item blank.

1. Please indicate **one** of the following regarding this child's ethnicity:

- Hispanic or Latino – A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.
- Not Hispanic or Latino

2. Race/Ethnicity of Child: Place an "X" in one or more boxes to indicate what you or your child consider the child to be.

<input type="checkbox"/>	American Indian or Alaska Native – A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.
<input type="checkbox"/>	Asian – A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand or Vietnam.
<input type="checkbox"/>	Black or African American – A person having origins in any of the black racial groups of Africa. Terms such as "Haitian" or "Negro" can be used in addition to "Black" or "African American".
<input type="checkbox"/>	Spanish/Hispanic/Latino – A person of Cuban, Mexican, Puerto Rican, South or Central American or other Spanish culture or origin, regardless of race.
<input type="checkbox"/>	White – A person having origins in any of the original peoples of Europe, Middle East or North Africa.
<input type="checkbox"/>	Native Hawaiian or Other Pacific Islander – A person having origins in any of the original peoples of Hawaii, Guam, Samoa or other Pacific Islands.

3. The National or Ethnic subgroup which a child or parent/guardian most clearly identifies (Optional). A representative sample of subgroups in New Jersey is listed below. Place an "X" in the box for one or more subgroups (up to 3 selections possible).

<input type="checkbox"/>	China
<input type="checkbox"/>	Colombia
<input type="checkbox"/>	Cuba
<input type="checkbox"/>	Dominican Republic
<input type="checkbox"/>	Egypt
<input type="checkbox"/>	German
<input type="checkbox"/>	Guam
<input type="checkbox"/>	India
<input type="checkbox"/>	Ireland

<input type="checkbox"/>	Italy
<input type="checkbox"/>	Jamaica
<input type="checkbox"/>	Korea
<input type="checkbox"/>	Lebanon
<input type="checkbox"/>	Liberia
<input type="checkbox"/>	Mexico
<input type="checkbox"/>	Nigeria
<input type="checkbox"/>	Pakistan
<input type="checkbox"/>	Philippines

<input type="checkbox"/>	Poland
<input type="checkbox"/>	Puerto Rico
<input type="checkbox"/>	Salvador
<input type="checkbox"/>	Samoa
<input type="checkbox"/>	Taiwan
<input type="checkbox"/>	United States (American)
<input type="checkbox"/>	Other:
<input type="checkbox"/>	Other:
<input type="checkbox"/>	Other:

4. **Native Language of Child.** The language or dialect first learned by an individual or first used by the Parent/Guardian with a child. This item is often referred to as the first language spoken. A representative sample of languages in New Jersey is listed below. Place an "X" in the box to indicate the native language of the child.

<input type="checkbox"/>	Arabic
<input type="checkbox"/>	Armenian
<input type="checkbox"/>	Chamorro
<input type="checkbox"/>	Chinese, Mandarin
<input type="checkbox"/>	Chinese, Cantonese
<input type="checkbox"/>	English
<input type="checkbox"/>	French
<input type="checkbox"/>	Fulfulde, Nigerian
<input type="checkbox"/>	German

<input type="checkbox"/>	Haitian, Creole French
<input type="checkbox"/>	Hindi
<input type="checkbox"/>	Japanese
<input type="checkbox"/>	Korean
<input type="checkbox"/>	Kurdish
<input type="checkbox"/>	Panjabi, Eastern
<input type="checkbox"/>	Panjabi, Western
<input type="checkbox"/>	Pashto, Northern
<input type="checkbox"/>	Pashto, Southern

<input type="checkbox"/>	Polish
<input type="checkbox"/>	Sindhi
<input type="checkbox"/>	Singhalese
<input type="checkbox"/>	Somali
<input type="checkbox"/>	Spanish
<input type="checkbox"/>	Tagalog
<input type="checkbox"/>	Telugu
<input type="checkbox"/>	Urdu
<input type="checkbox"/>	Other:

5. What language do you use most often when speaking to your child at home? _____
 What language does your child use most often when speaking to parents at home? _____
 What language does your child use most often when speaking to siblings? _____
 What language does your child use most often when speaking to relatives? _____
 What language does your child use most often when speaking to friends at home? _____

6. Is the student eligible for migrant education services? A "migratory child" means a child who is, or whose parent or spouse is, a migratory agricultural worker, including a dairy worker or migratory fisher, and who, in the preceding 36 months, in order to obtain or accompany such parent or spouse, in order to obtain temporary or seasonal employment in agricultural or fishing work, has moved from one school district to another or resides in a school district of more than 15,000 square miles and migrates a distance of 20 miles or more to a temporary residence to engage in a fishing activity.

Yes No

7. Does this student have a non-traditional place to sleep? A non-traditional place to sleep includes any of the following conditions apply: 1. Resides in a supervised publicly or privately operated shelter designed to provide temporary living accommodations; 2. Resides in an institution that provides a temporary residence for individuals intended to be institutionalized; 3. Resides in a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings; 4. Lives with a parent in a domestic violence shelter; 5. A runaway living in a shelter; 6. A school-aged mother residing in a home for adolescent mothers; 7. A sick or abandoned child residing in a hospital who would otherwise be released if he or she had a permanent residence; 8. The child of a family which is, out of necessity, living with relatives or friends; 9. The child of a migrant family that lacks adequate housing; 10. When a dispute occurs regarding the student's living status, the child shall be considered to have a non-traditional place to sleep; the involved districts shall immediately notify the county superintendent of schools (regional assistant commissioner) who shall decide the status of the child within 48 hours.

Yes No

8. Does the student qualify to receive federal support as an immigrant? An immigrant is a student who is age 3 to 21 and was NOT born in the U.S. and has not been attending one or more schools in any one or more states for more than three full academic years.

Yes No

9. If applicable, what was the last grade completed by the student?

<input type="checkbox"/> Eighth Grade
<input type="checkbox"/> Ninth Grade
<input type="checkbox"/> Tenth Grade
<input type="checkbox"/> Eleventh Grade

10. What is the extent of formal instruction the student's parent/guardian has received? If currently enrolled, select the previous grade level or highest degree received. (OPTIONAL)

- | | |
|---|--|
| <input type="checkbox"/> No schooling completed | <input type="checkbox"/> High school graduate – high school diploma or the equivalent (i.e. GED) |
| <input type="checkbox"/> Nursery School to 4 th grade | <input type="checkbox"/> Some college credit, but no degree |
| <input type="checkbox"/> 5 th or 6 th grade | <input type="checkbox"/> Associate degree (i.e. AA, AS) |
| <input type="checkbox"/> 7 th or 8 th grade | <input type="checkbox"/> Bachelor's degree (i.e. BA, AB, BS) |
| <input type="checkbox"/> 9 th grade | <input type="checkbox"/> Master's degree (i.e. MA, MS, MEng, Med, MSW, MBA) |
| <input type="checkbox"/> 10 th grade | <input type="checkbox"/> Professional degree (i.e. MD, DO, DDS, DVM, LLB, IT) |
| <input type="checkbox"/> 11 th grade | <input type="checkbox"/> Doctorate degree (i.e. PhD, EdD) |
| <input type="checkbox"/> 12 th grade | |

Parent/Guardian
Signature: _____

Signature
Date: _____

Relationship to
Student: _____



Parent Information

Information for Parents of Primary Residence (with whom the child lives for the majority of the time)

Mother/Step-mother/Guardian (circle one)	Father/Step-father/Guardian (circle one)
Name: _____	Name: _____
Address: _____	Address: _____
City: _____	City: _____
State: _____ Zip: _____	State: _____ Zip: _____
Home Phone: _____	Home Phone: _____
Cell Phone: _____	Cell Phone: _____
Work Phone: _____	Work Phone: _____
E-Mail: _____	E-Mail: _____
Employer: _____	Employer: _____

Is there a custody agreement regarding this child? Yes _____ No _____ Joint custody? Yes _____ No _____

Do any legal restrictions exist that prevent the parent listed below from having access to student information? Yes _____ No _____ (If yes, documentation must be attached for file)

Non-Custodial Parent Information

Information for Parents/Guardians who live at a DIFFERENT address than the student

Mother/Step-mother/Guardian (circle one)	Father/Step-father/Guardian (circle one)
Name: _____	Name: _____
Address: _____	Address: _____
City: _____	City: _____
State: _____ Zip: _____	State: _____ Zip: _____
Home Phone: _____	Home Phone: _____
Cell Phone: _____	Cell Phone: _____
Work Phone: _____	Work Phone: _____
E-Mail: _____	E-Mail: _____
Employer: _____	Employer: _____



MAINLAND REGIONAL HIGH SCHOOL

GUIDANCE OFFICE

1301 OAK AVENUE
LINWOOD, NEW JERSEY 08221
Phone: (609) 927-4139

DATE: _____

TO: _____
(Name and address of previous school attended)

ADDRESS: _____

Attention: Guidance Department/Student Records

The following student has registered at Mainland Regional High School:

STUDENT NAME: _____

DATE OF BIRTH: _____ GRADE: _____

**Please provide academic and medical records for this student.
Please include all of the following, if applicable:**

- < **ALL DISCIPLINE records**
- < **Official transcript showing all work completed at your school**
- < **Grades at time of withdrawal**
- < **Attendance Records**
- < **An indication of your grading system**
- < **Standardized test results (including HSPA & ASK scores from NJ schools)**
- < **Health/immunization record**
- < **Child Study Team records**

Send records to: Guidance Office /Records Secretary
Mainland Regional High School
1301 Oak Avenue
Linwood, NJ 08221

AUTHORIZATION FOR RELEASE OF PUPIL RECORDS

I hereby give permission for my child's previous school to release academic and medical records for the purpose of enrolling at Mainland Regional High School.

PARENT/GUARDIAN SIGNATURE: _____

RELATIONSHIP TO STUDENT: _____ DATE: _____

- Generally, schools must have written permission from the parent or eligible student in order to release any information from a student's education record. However, FERPA allows schools to disclose those records, without consent, to the following parties or under the following conditions (34 CFR § 99.31):
 - School officials with legitimate educational interest;
 - Other schools to which a student is transferring;



Parental/Guardian Website Consent Form

We are sending you this parental consent form to both inform you and to request permission for your child's photo image and personally identifiable information to be published on the district and or school's web site.

As you are aware, there are potential dangers associated with the posting of personally identifiable information on a web site since global access to the Internet does not allow us to control who may access such information. These dangers have always existed: however, we as schools do want to celebrate your child and his/her work. The law requires that we ask for your permission to use information about your child.

Pursuant to law, we will not release any personally identifiable information on our web site without prior written consent from you as parent or guardian. Personally identifiable information includes student names, photo or image, residential addresses, e-mail address, phone numbers and locations and times of class trips.

If you, as the parent or guardian, wish to rescind this agreement, you may do so at any time in writing by sending a letter to the principal of your child's school and such rescission will take effect upon receipt by the school.

Return this form to the Guidance Office.

Check one of the following choices:

- I/We GRANT permission for this student's photo/image and name to be published on the school and/or district's public Internet site.
- I/We DO NOT GRANT permission for photo/image that includes this student to be published on the school and or district's public Internet site.

Student's Name (please print) _____ Student's Graduation Year _____

Name of Parent/Guardian: (print) _____

Signature of Parent/Guardian: (sign) _____

Relationship to Student: _____ Date: _____

**Parental Objection to Release of Student Information
to Military Recruiters, College/University Recruiters or Prospective Employers**

Dear Parent/Guardian:

Under the federal "No Child Left Behind" Act, public high schools must give the names, addresses and telephone numbers of students to military recruiters, college/university recruiters and prospective employers if the recruiters request the information (P.L. 107-110, Section 9528; 10 USC 503). However, students or their parents have the right to instruct the school in writing that this information is not to be released.

If you do not consent to the release of this information to 1) military recruiters, 2) colleges/university recruiters and/or 3) prospective employers, please check the appropriate box or boxes below. To be certain your wishes are respected, return this form to **Mainland Regional High School Guidance Department**.

- Information MAY be released to ALL three: College/University Recruiters, prospective employers and Military Recruiters.
- DO NOT release student contact information to Military Recruiters.
- DO NOT release student contact information to College/University Recruiters.
- DO NOT release student contact information to prospective employers.

Student's Name

Name of School

Signature of Student or Parent***

Date of Signature

*** Students have the right to request that their contact information not be released to recruiters. Parents can override a child's decision by notifying the school in writing, only if the student is under age 18. We encourage parents and students to discuss this information.

This form applies only to requests for information from MRHS. Any information provided by a parent and/or student that initiate's communication is not covered under this form.

MAINLAND REGIONAL HIGH SCHOOL

1301 Oak Avenue
Linwood, New Jersey 08221

609.927.4151
Fax: 609.927.1942

Technology and Media

www.mainlandregional.net

**E-mail of Student Grades
Parent Contact Information**

Mainland Regional HS teachers have the capability of E-mailing student progress reports, grades and other pertinent student information. If you would like to receive updates of your student's progress electronically, you will need to provide the requested information and return this sheet as soon as possible.

Teachers are not permitted to e-mail progress reports and/or grades without prior written consent (signature below) from the parent. Please note, it is also the parent's responsibility to notify us of any changes in their email address.

Please print clearly

Student Name: _____

Parent(s) Name: _____

Parents(s) Email: _____

Parent Signature _____ Date _____

My signature above indicates that I understand that my child's grades, progress reports and/or other information will be sent electronically at my request. I also understand that once this information leaves the school's network and is sent through the Internet, confidentiality cannot be assured.