

New Registrants

(This information is not for Green Brook Residence).

The Townships of Long Hill and Warren or The Borough of Watchung, New Jersey

Registration ONLY

Any student registering will need a copy of their immunization and a copy of their recent medical physical examination.

All students entering from another country must have their immunizations translated by the Board of Health or Medical Professional and a recent medical physical examination.

School districts are required to annually review the immunization records of all students, pursuant to *N.J.A.C. 6A:16-2.2(a)*, and it is the responsibility of the certified school nurse (CSN) to review all immunization records under *N.J.A.C. 6A:16-2.3(b)3v*. Additionally, students entering a New Jersey school for the first time are required to have an entry medical exam, screening of vision, hearing, blood pressure, height, weight, and if age 10 to 18, a scoliosis screening according to *N.J.A.C. 6A:16-2.2(1)4*. According to *N.J.A.C. 6A:16-2-2(g)*, the entry medical examination shall include the immunizations pursuant to *N.J.A.C. 8:57-4.1* through *4.24* and the medical history including allergies, past serious illnesses, injuries, operations, medications, and current health problems.

Records Required New Registrants

1. Registration form for Watchung Hills Regional High School, attached.
2. Record Release (from previous school) attached - please do not mail, WHRHS will send.
3. Most Recent Report Card (please request from student current school district).
4. Nonofficial School Transcript (please request from student current school district).
5. Next School Year Course Recommendations.
(Courses student would be taking in school moving from).

(This information is not for Green Brook Residence).

New Registrants

Residency Verification District for Long Hill, Warren and Watchung:
(information in name of legal guardian(s)/parent(s))

Check one:

Owner of Home _____ Rent Home/Apartment _____

Other Please Specify _____

1. Affidavit affirming residency attached (must be notarized).
2. Must provide two (2) different Utility Bills (cable, electric, gas, residential, phone, sewer, water) (must be original).
3. Lease or Settlement Statement, Deed, Tax Bill, CO (must be original).
 - a. Lease must be signed by all parties
 - i) Lessor(s) names must be on lease
 - ii) Lessee(s) names must be lease
 - b. Lease must have the "address" leasing
 - c. Lease must be current (not expired)
 - c. Lease must have a start and end rental date
 - d. Lease must have the names of all parties residing at address
4. Driver's License in the name of (Parent(s)/Legal Guardian(s)) living at the address.
5. Birth Certificate Student (must be original) for new registrants only.

ALL documentation must be original, copies will not be accepted.

(This information is not for Green Brook Residence).

New Registrants

The information below is for families affiliated living with another family

1. Affidavit of Landlord / Owner attached (must be notarized).
Affiliated Living with Another Family.

Complete attached affiliated if living with another family either:
(must be notarized).

Reference form attached:

1a and 2a (resident owner)

OR

1b and 2b (nonresident landlord)

2. Landlord / Owner of residence “allowing another family to live with”, will need to provide an original Driver’s License in their name.
3. Must provide two (2) different Utility Bills (cable, electric, gas, residential, phone, sewer, water) in Landlord / Owner name (must be original).
4. Lease or Settlement Statement, Deed, Tax Bill, CO (must be original).
 - a. Lease must be signed by all parties
 - i) Lessor(s) names must be on lease
 - ii) Lessee(s) names must be lease
 - b. Lease must have the “address” leasing
 - c. Lease must be current (not expired)
 - c. Lease must have a start and end rental date
 - d. Lease must have the names of all parties residing at address

ALL documentation must be original, copies will not be accepted.

____/____/____
Enter Date

**Watchung Hills Regional High School
New Registration Form
Student Information**

Student ID: _____
Counselor: _____
NJ State ID#: _____

Please Print All Information

Taxes are paid to (circle/check one): → ____ Long Hill ____ Warren ____ Watchung ____ Green Brook ____ Other

____ Please Print: _____ and _____
↑ (Last Name First Name Middle Name) Both ↑ Student's Primary Language / ↑ Primary Home Language

____ (____) _____
↑ Street ↑ City ↑ Zip ↑ Home Phone

↑ Gender ↑ Grade Level ↑ Date of Birth: ↑ (Born in: City and State) ↑ Country

Ethnic Code (circle one): → 1. White 2. Black 3. Hispanic 4. American Indian/Alaska Native 5. Asian 6. Pacific Islander

If born outside of the United States First Entry Date of Student into the U.S.A. Date: → ____/____/____

↑ ↑ Previous School Name ↑ ↑ ↑ ↑ ↑ Previous School Address (street, city, state, zip code) ↑

Is the student classified as having an educational disability? → ____ Yes ____ No ____ IEP

Is there a medical or physical disability of which we should be aware? → ____ Yes ____ No

If yes, please specify: → _____

Have you ever attended WHRHS previously? → ____ Yes ____ No

Do you presently have a sibling attending WHRHS? → ____ Yes ____ No

Please Print All Information

Parent/Guardian Information Circle Relationship: → | Mother | Stepmother | Legal Guardian |

Check Relationship → Birth/Adoptive Parent ____ Custodial Parent ____ Email Address: _____

Ms. ____ Mrs. ____ Dr. ____ Other _____
↑ Last Name ↑ First Name

If Address is different: _____
From above (please print) ↑ Street ↑ City ↑ State ↑ Zip Code

Phone Number(s): _____
↑ Home Phone ↑ Cell Phone Work Phone ↑

Place of Employment: _____
↑ Street ↑ City ↑ State ↑ Zip Code

Please Print All Information

Parent/Guardian Information Circle Relationship: → | Father | Stepfather | Legal Guardian |

Check Relationship: → Birth/Adoptive Parent ____ Custodial Parent ____ Email Address: _____

Mr. ____ Dr. ____ Other _____
↑ Last Name ↑ First Name

If Address is different: _____
From above (please print) ↑ Street ↑ City ↑ State ↑ Zip Code

Phone Number(s): _____
↑ Home Phone ↑ Cell Phone Work Phone ↑

Place of Employment: _____
↑ Street ↑ City ↑ State ↑ Zip Code



WATCHUNG HILLS
REGIONAL HIGH SCHOOL

Elizabeth C. Jewett
Superintendent

Timothy M. Stys, CPA
Business Administrator

George P. Alexis
Principal

Date: _____

Please forward to our address:

Watchung Hills Regional High School
Attn: Guidance Office
108 Stirling Road
Warren, NJ 07059
(908) 647-4800 x4860

The student listed below has entered our high school as of _____

Student _____ Grade _____

___ Official sealed transcript (including current grades)

___ Grading system used by your school

___ Transfer card

Name of School _____

Address _____

Phone Number _____

I authorize release of the above student's records to Watchung Hills Regional High School.

Signature of Parent/Guardian

Date



WATCHUNG HILLS REGIONAL HIGH SCHOOL

Elizabeth C. Jewett Superintendent

Timothy M. Stys, CPA Business Administrator

George P. Alexis Principal

RESIDENCY AFFIDAVIT

MUST BE NOTARIZED

Date: _____

This is to certify that I (we) are bona fide residents of this street address

_____ (Street address)
within the town/borough of, _____ (town / borough)

_____, lives with me (us) and that I (we) provide (Student legal, full name)

the major portion of the child's support and will assume all personal obligations for the child relative to school requirements. I (we) also certify that I (we) will continue to provide the major portion of support during the entire year and not merely for the school term.

Also, I certify that I (we) are (check one):

- ___ Birth parent (s) of the child
OR
___ Legal guardian (s) of the child

(Print name - custodial birth parent or legal guardian)

(Signature)

(Print name - custodial birth parent or legal guardian)

(Signature)

Signed and sealed before this _____ day of _____ in the year of _____
(Day of Month) (Month) (Year)

(Notary Public of New Jersey)
This form "Must Be Notarized"

(This information is not for Green Brook Residence).

New Registrants

Complete the next 2 pages if registering family is affiliated living with another family either:

a) Resident Owner

b) Nonresident Landlord

Form must be complete and notarized.

Affidavit of Landlord / Owner Resident of the Townships of Warren and Long Hill or The Borough of Watchung, New Jersey

AFFIDAVIT OF LANDLORD/OWNER RESIDENT OF
THE TOWNSHIPS OF WARREN AND LONG HILL OR THE BOROUGH OF
WATCHUNG, NEW JERSEY

STATE OF NEW JERSEY:

SS

AFFIDAVIT

COUNTY OF SOMERSET:

Note: If landlord/owner is married, both husband and wife must sign this affidavit.

Sworn statement acknowledging shared residency
for Right of Non-tuition School Attendance

_____ and _____ of full age and

being duly sworn according to law and under oath say/s:

1. a. **(For resident owner)** My/our domicile (permanent home) is in (circle one):

- Township of Long Hill
- Township of Warren
- The Borough of Watchung

at address listed, _____
(Address) (City) (Zip)

b. **(For nonresident landlord)** My/our rental property (used as a permanent home) is in (circle one):

- Township of Long Hill
- Township of Warren
- The Borough of Watchung

at address listed, _____
(Address) (City) (Zip)

2. a. **(For resident owner)** I/we am/are permitting the members of the (name) _____ family to live gratuitously in our home at the above listed address during the entire year and not merely for the school term. The school aged child/children of the (name) family is/are:

b. **(For nonresident landlord)** I/we am/are permitting the members of the (name) _____ family to live with the _____ (name) family who reside at the address listed above.

The name/s of the school age child/children living at the address above is/are:

3. a. Number of rooms at the residence referenced in the address listed on page one: _____
- b. Number of bedrooms at the residence referenced in the address listed on page one: _____
4. Set forth in detail the reason why you are permitting the joint residency of the families listed above at the address listed on page one:

5. This affidavit, together with the statement of residency in the appropriate borough or township prepared by the parent/guardian of the school aged child/children listed above, is made specifically to induce the Watchung Hills Regional High School Board of Education to accept the child/children named above as a legally qualified student in the Watchung Hills Regional High School District public schools and without payment of tuition, knowing that the Watchung Hills Regional High School Board of Education will rely upon the truth of the statements herein contained.
6. I/we fully understand and agree that any false or fraudulent statements, answers or declarations contained in this affidavit may render the families listed above personally liable to the Watchung Hills Regional High School Board of Education for the payment of tuition for the school year.
7. I/we fully understand and agree that any false statements, answers, or declarations contained in this affidavit may subject me/us to criminal prosecution for the crime of false swearing in violation of N.J.S.A. 2C: 28-2. If I/we am/are convicted for such a crime, I/we may be punished by a fine and/or be imprisoned.
8. **(For non-resident landlord)** The attached lease accurately lists all individuals, including school-aged children, residing at the above listed address.
9. I/we fully understand that the Watchung Hills Regional High School District public schools reserve the right to inform the proper municipal authorities of any suspected improprieties in housing arrangements detailed in the student registration process.

LANDLORD/OWNER (Signature)

LANDLORD/OWNER (Signature)

Sworn and subscribed

before me on this _____ day

(Signature of Notary)
A Notary Public of the State of New Jersey

of _____, 20_____

My commission expires _____