

CHERRY HILL PUBLIC SCHOOLS

REGISTRATION DEPARTMENT
MALBERG ADMINISTRATION BUILDING
45 RANOLDO TERRACE
CHERRY HILL, NJ 08034-0391

REGISTRATIONS FOR ALL SCHOOLS TAKE PLACE AT THE
MALBERG ADMINISTRATION BUILDING - PLEASE CALL FOR AN APPOINTMENT
(856) 429-5600 - EXTENSIONS 4430/4432/4436
FAX: (856) 429-3874
www.chclc.org

Welcome to Cherry Hill Public Schools
Information and requirements for registering new students to our district are as follows:

1. **Parent/Guardian ID:**

Preferred Identification: Photo ID issued by a government, public body or authority (Ex., driver's license, military ID or passport), Employee ID or other appropriate form of identification. Other forms of identification are acceptable but may delay the registration process. We make our determination on eligibility to register upon the totality of information and documentation offered by the applicant.

2. **Parent/Guardian Proofs of Residency:**

In accordance with New Jersey Administrative Code 6A:28-2.5 **Proof of eligibility:**

A district board of education representative shall accept the following forms of current documentation from persons attempting to demonstrate a student's eligibility for enrollment in the Cherry Hill School District. **The documents must be originals that have been mailed to your address.**

• **If you own a house any TWO forms will be accepted**

Property tax bill, mortgage statement, current utility bills (i.e., PSE&G, water, sewer, cell phone, cable), financial account information, employment documentation, or any other business record or document issued by a government entity (dated within the two months before registration).

• **If you rent you must have your Current Signed Lease (original) including student(s) name(s), PLUS ONE** current utility bill, (i.e. PSE&G, telephone, cell phone, cable), financial account information, employment documentation, or any other business record or document issued by a state or local government entity (dated within the two months before registration).

• **If you live with someone who owns a house in Cherry Hill:**

Please call the registration office for a Landlord Affidavit **prior** to calling for an appointment. Owner and tenant must **each** provide two proofs of residency (dated within the two months before registration) and sign the affidavit in the presence of a Notary.

3. **Student(s):**

An **Original** Birth Certificate **or** Passport. (If you do not have either of these, please contact the School District's Registration Department for further information)

Evidence of completion of Required Immunizations

Evidence of a recent Physical Examination - Must be submitted within 30 days of registration

Most Recent Report Card

Standardized Test Records

Transfer Card from Previous School

Address of Previous School

IEP from a Child Study Team or 504 Plan (if applicable)

****MIDDLE AND HIGH SCHOOL STUDENTS SCHEDULING INFORMATION****

After the registration process is complete, the guidance department will contact you to arrange a scheduling appointment. Any standardized tests should be brought to the appointment.

PROOF OF DOMICILE

Student Name: _____

Dear Parent/Guardian:

The Cherry Hill Board of Education has policies and procedures related to "Proof of Domicile" for students who attend our schools. The District shall only provide a free education to those students who are domiciled within the District or who otherwise qualify for a free education pursuant to the statutory and regulatory guidelines set forth in N.J.S.A. 18A:38-1 *et seq.* and N.J.A.C. 6A:22-1.1 *et seq.* A student shall be domiciled in the District "when he or she is living with a parent or legal guardian whose permanent home is located within the District." N.J.A.C. 6A:22-3.1. The home is permanent if "the parent or guardian intends to return to it when absent and has no present intent of moving from it..." *Id.* If the District discovers that a student is attending school whose parents are not domiciled within the District and who is not otherwise eligible for a free education, the District may apply for the student's removal and seek tuition reimbursement for the period of ineligible attendance in accordance with the provisions of N.J.S.A.18A:38-1(b) (2).

Applicants who fraudulently allow a child of another to use his residence, or who fraudulently claim to have custody of a child, may be charged with a disorderly persons offense. N.J.S.A. 18A:38-1 (c). If the applicant is convicted of such an offense, the applicant may be fined up to \$1,000.00 and/or be imprisoned for up to 6 months.

Any false statements, answers or declarations contained in the Affidavit or in an application for admission may subject the applicant to criminal prosecution for the crime of false swearing, in violation of N.J.S.A. 2C:43-3. If convicted for such a crime, the applicant may be punished by a fine of \$10,000.00 and/or be imprisoned for up to 18 months.

I, the undersigned, hereby acknowledge that I have read and understood the contents of this notification.

Signature of Parent or Guardian

Date

Printed Name of Parent or Guardian

PHYSICAL EXAM MANDATE

Date_____

Dear Parent/Guardian:

New Jersey Law mandates that every student entering a New Jersey Public School, regardless of the transferring locations, must present a [physical exam](#) signed by a licensed physician. The physical must have been completed within 365 days prior to the student's registration in Cherry Hill Public School District, and is due in the nurse's office within 30 days of registration.

If your student is entering grades 5-12 and may play a sport, the physician must complete the state mandated [sports physical](#) form. All sports, interscholastic or intramural, require a current sports physical. The sports physical form will be accepted as an entrance physical. **The Universal Health record does not meet the criteria for sports.**

Your signature indicates that you have been informed of this policy.

Parent/Guardian
Signature_____



ESL Program Office
45 Ranoldo Terrace, P.O. Box 5015
Cherry Hill, NJ 08034-0391
(856) 429-5600, ext. 4333 Fax (856) 429-7948

CHERRY HILL HOME LANGUAGE SURVEY

Student Name: _____ Birth Date: _____ Sex: M F

Parent/Guardian Name: _____

Address: _____

Home Telephone: _____ Work Telephone: _____

School: _____ Grade: _____ Date: _____

1. What language is spoken by you and your family most of the time at home? _____
2. If available, in what language would you prefer to receive communication from the school?
English Other _____
3. Is your child's first-learned language English? Yes No
Is your child's home language English? Yes No

If you responded "NO" to questions in number 3 above, please answer the following questions:

- a. What language did your child learn when he/she first began to talk? _____
 - b. What language does your child most frequently speak at home? _____
 - c. What language does your child speak with friends? _____
 - d. What language does your child most frequently speak at home with family members?
mother _____ father _____ siblings _____
4. What language do you most frequently speak to your child? (Father) _____
(Mother) _____
 5. If your child currently speaks English, at what age did he or she begin speaking English? _____
 6. Does your child write or read your home language? Yes No
 7. Has your child received ESL services at a previous school? Yes No , if you checked yes, was the child exited from the program? Yes No , if yes, how long ago was the child exited? _____

Parent/Guardian's Signature: _____ Date: _____

School Office Use Only: Student ID# _____ Date Distributed _____ Date School Received _____