May 2019

Dear Parents and Guardians of Current Grade Two, Current Grade Five, and Current Grade Eight Students,

The Board of Education has a policy to ensure that children attending the Hasbrouck Heights Public Schools are legal residents of the town. This policy includes a provision for the district to re-register all children entering Grade 3, entering Grade 6 or entering Grade 9 for the 2019-2020 school year.

Parents can complete re-registration, as per the schedule listed below. **Euclid and Lincoln Schools will start the re-registration process on Monday, July 8, 2019. The Middle and High School will start the re-registration process on Tuesday, July 9, 2019.** Due to summer vacation schedules, please call the phone number of your child’s school, listed on the re-registration form (and below), to make certain the school secretary will be in that day.

Re-Registration
To be held in each school building as per below:

Lincoln and Euclid School – Monday through Thursday 9:00 am – 12:00 noon (LS – 201-393-8182 or 201-338-8834); ES – 201-393-8176 or 201-338-8822)

Middle School – Tuesday and Thursday 8:00 am – 12:00 noon (201-393-8170)

High School – Tuesday and Thursday 7:30 am – 12:00 noon (201-393-8155; 201-393-8190)

Special Education (out of district students) – Please contact CST for an appointment at 201-393-8150 or 201-393-8151

There will be one evening re-registration for all grades – Tuesday, July 16th, 6:00-8:00 pm in the MS/HS Cafeteria; enter via the MS Entrance on Paterson Avenue.

Please read the following important information regarding the re-registration process.

- Please download the re-registration form from the HHBOE website [www.hhschools.org](http://www.hhschools.org).
- Be sure to bring all the necessary **original** proofs of residency.

**Please note that if this process is not completed over the summer, it may impact your child in September. Thank you for your understanding and handling of this matter in a timely fashion.**

Sincerely,

Dr. Matthew Helfant
Superintendent of Schools
HASBROUCK HEIGHTS PUBLIC SCHOOLS
RE-REGISTRATION FORM

Student’s Name: ______________________________________

School: Euclid School Lincoln School Middle School High School
(Circle one)

SECTION A: If the student is living with a parent or guardian whose permanent home is the address listed on page 1 of this application and is located in the district.

SECTION B: If the student is living with a person domiciled in the district, other than the parent or guardian. (“Affidavit Student”)

SECTION C: If the student is living with a parent or guardian temporarily residing within the district.

SECTION D: If the student’s situation is not addressed by Section A, B or C or if any of the circumstances in Section D apply (Special Circumstances)

Please check the appropriate section A, B, C or D, according to the situation best matching the student’s circumstance.

Ms. Maureen Klenk - High School 201-393-8164  Mrs. Lisa Mason - Middle School 201-393-8170
Ms. Patricia Carlin - Lincoln School 201-393-8182  Mrs. Connie Romano - Euclid School 201-393-8176
REGISTRATION FORM

Date: ___________________ School: ________________________________

Student: __________________________________________________________

                  Last Name     First Name     Middle Name

Age: ____________  Date of Birth: ________________  Male: ____________
          Female: ____________

City of Birth: ________________  State of Birth: ______________________

Country of Birth (if other than the USA): ____________________________________________________________________________

Race (please check): Hispanic ___  American Indian ___
                      Asian ___  Black ___
                      Pacific Islander ___  White ___

Name of Parent(s)/Guardian(s): __________________________________________________________________________________________

Person Enrolling Student: ________________________________________________________________________________________________

Relationship to Student If Other Than Parent: ______________________________________________________________________________

Student’s Physical
Address: _______________________________________________________________________________________________________________

Mailing Address (if different): _____________________________________________________________________________________________

Home Telephone (Including Area Code): _____________________________________________________________________________________

Other Phone or Fax (if any): ______________________________________________________________________________________________

Parent(s)/Guardian(s) Physical
Address: _______________________________________________________________________________________________________________

Mailing Address (if different): _____________________________________________________________________________________________

________________________________________________________________________________________________________________________

Are you and your child currently homeless? ________________________________________
(Homelessness includes people who are living with relatives or friends because they cannot
afford housing.)

Home Telephone (including area code): ___________________________________________________________________________________

Other Phone or Fax (if any): ______________________________________________________________________________________________

Native Language of Parent/Guardian/Person Enrolling Student: ________________________________

Is English Spoken and Understood By Parent/Guardian/Person Enrolling Student?
Yes _______ No ________

Native Language of Student: ________________________________

Is English Spoken and Understood By Student? Yes _____ No _____

Is your child currently covered by Health Insurance? Yes _______ No _______

If yes, who is his/her health care provider? ________________________________

Proof of Residency: (Original of one document required)
   1. Property Tax Bill ____
   2. Deed _____
   3. Contract of Sale _____
   4. Lease _____
   5. Mortgage _____
   6. Signed, Notarized Letter From Landlord ________________________________

How long have you lived in this residence? _________

Please list four original forms of proof as evidence of personal attachment to the address given as your residence such as Voter registrations, licenses (only if not used as photo identification), permits, financial account information, utility bills, delivery receipts, and other evidence of personal attachment to the address given:
   1. __________________
   2. __________________
   3. __________________
   4. __________________

Signature of person re-registering student: ____________________________ Date: ____________

Office use only

Application Processed by: ____________________________ Date: ____________

Signature of Building Principal: ____________________________ Date: ____________

Superintendent of Schools: ____________________________ Date: ____________

Approved: August 23, 2007