

CHERRY HILL PUBLIC SCHOOLS
REGISTRATION DEPARTMENT
MALBERG ADMINISTRATION
45 RANOLDO TERRACE
CHERRY HILL, NJ 08034-0391
Telephone: (856) 429-5600 FAX: (856) 429-3874
www.chclc.org OR www.cherryhill.k12.nj.us

Welcome to the Cherry Hill Public Schools.
Information and requirements for registering a student new to our district are below.

PLEASE CALL OUR REGISTRATION DEPARTMENT FOR AN APPOINTMENT:
(856) 429-5600 EXTENSIONS 4430/4432/4436

ALL REGISTRATIONS TAKE PLACE AT
THE MALBERG ADMINISTRATION BUILDING
45 RANOLDO TERRACE, CHERRY HILL, NJ 08034-0391

1. **Person registering student(s):**

Identification: drivers license, picture I. D., or social security card.

2. **Parent/Guardian:**

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:

• **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).

3. **Student(s):**

An **Original** Birth Certificate **or** Passport with an Approved Visa.

Evidence of completion of Required Immunizations.

Evidence of a recent Physical Examination.

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)

If there are other circumstances regarding registration please call the registration department.

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

After the registration process is complete, parents need to make an appointment at the proper school for scheduling. Any standardized tests should be brought to the appointment.

PLEASE PRINT

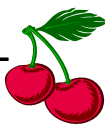
Cherry Hill Public Schools Student Information

Today's Date _____

Student Number:

Student Name (Last, First, Middle)		Home School		School Code	Forced/Requested	Reg Grade	Classified
Preferred Name		Full Legal Name if Different on Birth Certificate		Gender Male / Female	Birth Date MM/DD/YYYY	Birthplace (City, State, Country)	
Ethnic Category: (Hispanic or Latino) (Not Hispanic or Latino)		Federal Ethnicity/Race (Select one or more as appropriate) American Indian or Alaska Native, Asian, Black or African American, Native Hawaiian or Other Pacific Islander, White			Native Language Other than English Spoken at Home		
House #	Street Name		Apt. #	City	State	Zip	Resident Telephone
Physical						()	
Mailing						()	
Parent/Guardian #1 Name (Last, First, Middle)		Contact Information			Does Parent/Guardian #1 (Check all that apply)		
		Home ()			<input type="checkbox"/> Live with student? <input type="checkbox"/> Have custody of student? <input type="checkbox"/> Get mail for student? <input type="checkbox"/> Emergency contact? What is your relationship to student?		
		Work ()					
Parent/Guardian #1 Employer's Name		Cell ()					
		Email					
Parent/Guardian #2 Name (Last, First, Middle)		Contact Information			Does Parent/Guardian #2 (Check all that apply)		
		Home ()			<input type="checkbox"/> Live with student? <input type="checkbox"/> Have custody of student? <input type="checkbox"/> Get mail for student? <input type="checkbox"/> Emergency contact? What is your relationship to student?		
		Work ()					
Parent/Guardian #2 Employer's Name		Cell ()					
		Email					
Emergency Contact Name:		Relationship to student:		Home ()			
				Work ()			
				Cell ()			
Medical Alert: Does the child have any of these significant health problems?							
Allergies	Convulsions	Diabetes	Emotional	Epilepsy	Fractures	Hearing	Heart
Kidney Disorder	Orthopedic	Speech	Visual	Other (Please Explain)			
Permission to: (Check all that apply)			Call Doctor	<input type="checkbox"/>	Call Ambulance	<input type="checkbox"/>	Treat
				<input type="checkbox"/>			
Physician's Name:				Physician's Telephone #: ()			
Applicants: Please complete other side							
Below is for Office Use Only							
School Year	School Code	Grade	Home Room	Kindergarten	Entry or Left Code	Start Date or Last Date on roll	
				AM PM			
Drops/Transfers Generated By:							

CHERRY HILL PUBLIC SCHOOLS



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 [D]istrict." 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

CHERRY HILL PUBLIC SCHOOLS

MEDICAL RECORD

• **TO COMPLETED BY PARENT/GUARDIAN.....**

Child's Name:				Date of Birth:	
School:				Grade:	
At what age has your child had any of the following diseases?					
Chicken Pox:	Mumps:	Hepatitis:	Rubeola (measles):	Strep Infection:	
Rheumatic Fever:	Rubella (German measles):		Other:		
At what age has your child had any of the following operations?					
Tonsillectomy:	Hernia:	Appendectomy:	Other:		
Does your child have any medical history of the following?					
Asthma:	Allergies:	Convulsive Disorders:	Diabetes:		
Kidney Disorders:	Heart Disorders:	Fractures:	Physical Disabilities:		

• **TO BE COMPLETED BY PHYSICIAN (or provide valid records signed by your physician)**

VACCINE TYPE	DISEASE	PRIMARY SERIES			--> BOOSTERS <--		
	mm/yyyy	1 st Dose mm/dd/yyyy	2 nd Dose mm/dd/yyyy	3 rd Dose mm/dd/yyyy	mm/dd/yyyy	mm/dd/yyyy	mm/dd/yyyy
Diphtheria & Tetanus (DPT and/or Td)							
Polio (indicate Oral or Salk) • Oral • Salk (IPV) -acceptable if given after 12/31/67		Oral ___ Salk ___ (IPV)	Oral ___ Salk ___ (IPV)	Oral ___ Salk ___ (IPV)	Oral ___ Salk ___ (IPV)	Oral ___ Salk ___ (IPV)	Oral ___ Salk ___ (IPV)
Measles							
Rubella							
Mumps							
Haemophilus B (Hib)							
Hepatitis B							
Varicella							
TB (Mantoux)							

PHYSICAL EXAMINATION: Date: _____ Verified by: _____

Height:	Weight:	Thyroid:	Skin:
Heart:	Nutrition:	Ears:	Lung:
Posture:	Nose:	Abdomen:	Hernia:
Vision: R	Vision: L	Hearing: R	Hearing: L
Throat:	Teeth:	Genitalia:	Gums:
Feet:	Blood Pressure:	General Condition:	

SPECIAL PROBLEMS / MEDICATION TAKEN:

RESTRICTIONS ON ACTIVITY:

Physician's Name:

Physician's Signature:

Date:

CHERRY HILL PUBLIC SCHOOLS

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, and it is due in the nurse's office within 30 days of registration. Please make sure you provide the nurse with a written exam report as soon as possible. Your signature below indicates that you have been informed of this policy.

Thank you for your cooperation and attention to this matter.

Cherry Hill Public School District
Registration Office

Parent/Guardian Signature

Directions to Malberg Administration Building

FROM Route 70: (Coming from East of Route 295)

- Travel WEST on Route 70, pass over NJ Turnpike and under Route 295
- The first traffic light after 295 is Covered Bridge Rd.
- Pass the Covered Bridge Rd. traffic light; pass the Manor Care Nursing Home, and the next corner is Ranoldo Terrace (Penn Cardiology is on the corner and the Gulf gas station is on the other corner)
- Make a right onto Ranoldo Terrace, proceed .2 mile
- Malberg Administration Building is on the right

FROM Kresson Road:

- Turn onto Covered Bridge Rd. Follow Covered Bridge Rd. to Route 70
- Turn left (west) onto Route 70. Follow directions from Covered Bridge Road above

FROM Kings Highway:

- Turn EAST on Chelton Parkway (first light south of Chapel Ave.)
- Continue on Chelton Parkway to Howard Rd.
- Make a left turn onto Howard Rd.
- Make a right turn onto Ranoldo Terrace
- Malberg Administration Building is on the left

FROM Route 295:

- Exit at #34B (Route 70 West, Cherry Hill/Camden). Follow directions from Route 70 above