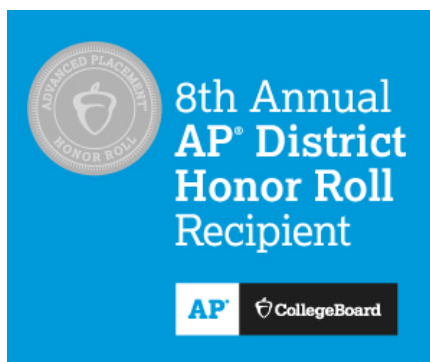


# LYNDHURST HIGH SCHOOL

*“Home of the Golden Bears”*

## REGISTRATION INFORMATION



**Lyndhurst High School**  
400 Weart Avenue  
Lyndhurst, NJ 07071  
Ph: 201.896.2100 Fax: 201.896.2088  
[www.lyndhurstschools.net](http://www.lyndhurstschools.net)

***Welcome to Lyndhurst High School  
Home of the Golden Bears***

**As per Lyndhurst Board of Education Policy, all documentation listed below is due in its entirety at the time of Registration. Thank you for your anticipated understanding and cooperation.**

*\*Please Note: If the student is to be registered is "homeless," please contact the Department of Special Services to speak with the district homeless liaison, Ms. Jill Birnback.*

***Required Documentation:***

***Received:***

- |  |                          |
|--|--------------------------|
| 1. AUTHORIZATION FOR THE RELEASE OF RECORDS.....                 | <input type="checkbox"/> |
| 2. COPY OF TRANSCRIPT .....                                      | <input type="checkbox"/> |
| 3. TRANSFER CARD .....   | <input type="checkbox"/> |
| 4. STUDENT IEP (Individual Educational Plan) if applicable ..... | <input type="checkbox"/> |
| 5. STUDENT DATA SHEET .....                                      | <input type="checkbox"/> |
| 6. SIBLING INFORMATION SHEET .....                               | <input type="checkbox"/> |
| 7. COPY OF BIRTH CERTIFICATE .....                               | <input type="checkbox"/> |
| 8. AFFIDAVIT OF RESIDENCE .....                                  | <input type="checkbox"/> |
| 9. <u>Needed For Renters:</u>                                    |                          |
| • NOTARIZED LETTER FROM LANDLORD/HOME OWNER.....                 | <input type="checkbox"/> |
| or   |                          |
| • LEASE AGREEMENT.....   | <input type="checkbox"/> |
| 10. <u>Needed For Owners:</u>                                    |                          |
| • DEED/MORTGAGE STATEMENT .....                                  | <input type="checkbox"/> |
| or   |                          |
| • TAX BILL.....  | <input type="checkbox"/> |
| 11. A MINIMUM OF THREE OF THE FOLLOWING:                         |                          |
| • PAYROLL STUB.....  | <input type="checkbox"/> |
| • UTILITY BILL (PSE&G, PHONE, WATER BILL) .....                  | <input type="checkbox"/> |
| • NJ MV DRIVERS LICENSE.....                                     | <input type="checkbox"/> |
| • CREDIT CARD STATEMENT.....                                     | <input type="checkbox"/> |

- 12. LEGAL COURT DOCUMENTATION OF CHILD CUSTODY (if applicable) .....
- 13. HEALTH FORMS
  - HEALTH HISTORY QUESTIONNAIRE .....
  - SPECIAL MEDICAL INFORMATION FORM .....
  - PHYSICAL EXAMINATION REPORT .....
  - IMMUNIZATION FORM .....
- 14. SCHOOL DISTRICT POLICIES & REGULATIONS .....
- 15. HOME LANGUAGE SURVEY .....
- 16. NETWORK/INTERNET ACCEPTABLE USE POLICY/CONTRACT .....
- 17. MEDIA/PHOTO PERMISSION SLIP .....
- 18. NJSIAA TRANSFER FORM .....
- 19. VOTER REGISTRATION FORM .....

**For office use:**

Reviewed by: \_\_\_\_\_ Date: \_\_\_\_\_

Authorized by: \_\_\_\_\_ Date: \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

# LYNDHURST HIGH SCHOOL

## AUTHORIZATION FOR THE RELEASE OF RECORDS

Student Name: \_\_\_\_\_ Enrolling for Grade: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Previous School Name: \_\_\_\_\_

Address: \_\_\_\_\_

School Telephone # \_\_\_\_\_

School Fax # \_\_\_\_\_

Dear Sir/Madam:

I hereby authorize you to release the following information and records:

- Educational – Transcript and Report Cards
- Medical - Including a copy of the student's immunization records (copy of A45)
- Psychological - Including committee on special education data
- All Test Scores
- I.E.P. (if applicable)
- Attendance Report
- Discipline Record
- Transfer Card
- State ID# (NJSMART number)

Records can be forwarded via the following:

Anne DeForge Lyndhurst High School 400 Weart Avenue Lyndhurst, NJ 07071	Fax: 201.438.8559 Attention: Anne DeForge	annedeforge@lyndhurst.k12.nj.us
--	--	---------------------------------

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

# LYNDHURST HIGH SCHOOL

## STUDENT DATA SHEET

Registering for Grade: \_\_\_\_\_

Date: \_\_\_\_\_

Student's Last Name \_\_\_\_\_

Student's First Name \_\_\_\_\_

Student's Street Address \_\_\_\_\_

City/State \_\_\_\_\_

Zip Code \_\_\_\_\_

Student's Date of Birth \_\_\_\_\_

Student's Sex (*circle*): Male Female

Student's Ethnic Origin (*check one*)

White

Black

Asian

Native American

Hispanic/Latino

Pacific Islander

Is the student an American citizen:

Yes

No

Native Language: \_\_\_\_\_

Language spoken at home: \_\_\_\_\_

Student's Birth City \_\_\_\_\_

Student's Birth State \_\_\_\_\_

Student's Birth Country \_\_\_\_\_

First entry date into US school \_\_\_\_\_

Student's Home Telephone # \_\_\_\_\_

Health Insurance  Yes

No

Insurance Company: \_\_\_\_\_

Student resides with (*circle*): Mother & Father    Mother Only    Father Only    Guardian

Who has legal residential custody of student named above? (*If Guardian, indicate relationship*) \_\_\_\_\_

Proof of Custody/Guardianship (*circle*):  Court Papers     Divorce Papers

### Mother's Information

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Employer: \_\_\_\_\_

Employer's Address: \_\_\_\_\_

Employer's Phone: \_\_\_\_\_

**LYNDHURST HIGH SCHOOL**

**STUDENT DATA SHEET (continued)**

**Father's Information**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Employer: \_\_\_\_\_

Employer's Address: \_\_\_\_\_

Employer's Phone: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

**This should not be the primary contact(s)**

Relationship to Student: \_\_\_\_\_

Emergency Phone: \_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian Signature  
Certifying Accuracy of Information

\_\_\_\_\_  
Date

**LYNDHURST HIGH SCHOOL**

**SIBLING INFORMATION SHEET**

Please list names of Lyndhurst Public Schools siblings/children residing with you (other than the child you are registering today)

	Name (please print)	Age	Grade	School
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____

**LYNDHURST HIGH SCHOOL**

**AFFIDAVIT OF RESIDENCE  
Sworn Statement of Parent/Guardians as to Residency**

**State of New Jersey; County of Bergen**

1) \_\_\_\_\_ and \_\_\_\_\_  
*(Parent/Guardian) (Parent/Guardian)*

of full age, being duly sworn according to law, upon their oath, depose and say:

2) I/we am/are the parent/guardian of: \_\_\_\_\_  
*(Student's name)*

3) I/we reside at \_\_\_\_\_  
*(Address of residency)*

and said residence is now his, her, their residence, but not solely receive a free public education from Lyndhurst.

4) I/we am/are making the certification knowing that the Lyndhurst Board of Education will rely upon the truthfulness of the statements made herein, for registration of this student in \_\_\_\_\_ grade at \_\_\_\_\_ School, Lyndhurst, New Jersey.

\_\_\_\_\_  
*Print Names(s) Parents/Guardians*

\_\_\_\_\_  
*Signature of Parent/Guardian*

\_\_\_\_\_  
*Print Names(s) Parents/Guardians*

\_\_\_\_\_  
*Signature of Parent/Guardian*

**ATTENTION:**

Individuals filling out an affidavit of residence should be aware that:

*The consequences of filing a false affidavit are unlawful and severe. The parent/guardian falsely signing an affidavit shall be assessed the tuition for the student prorated to the time of the board's request for a sworn statement from the resident, calculated on the basis of 1/180 of the total annual per pupil cost to local district multiplied by the number of days of ineligible attendance.*

*Any person who fraudulently allows a child of another person to use their residence and is not the primary financial supporter/legal guardian of the child or any person who fraudulently claims to have given up custody of his child to person in another district commits a criminal offense.*

\_\_\_\_\_  
*Signature of Acknowledgment*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Signature of Witness/Registrar*

\_\_\_\_\_  
*Date*



**LYNDHURST HIGH SCHOOL**

**NOTARIZED LETTER FROM LANDLORD/OWNER OF HOME**

I, \_\_\_\_\_, certify that  
*(Name of Landlord or Homeowner)*

\_\_\_\_\_ and  
*(Name of Parent//Guardian)*

\_\_\_\_\_ reside at the following address:  
*(Name of Child/Children)*

\_\_\_\_\_ Lyndhurst, NJ

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
*(Signature of Landlord/Owner)*

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Sworn to and subscribed before me

this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
Notary Public

# LYNDHURST HIGH SCHOOL

## STUDENT'S MEDICAL HISTORY

Every student who enters the Lyndhurst Public Schools for the first time is required to present documentation of a current medical examination and required immunizations.

The medical examination should include a physical examination and a complete medical history.

Please have your doctor complete the enclosed **form E3** and return it to the Board of Education office at the time of enrollment, **or no later than ten (10) days following the enrollment date.**

**Important Medical Information:** Please visit the **Nurse's Corner** on the District Website. You can review the basic medical rules and regulations. You will also be able to download any forms you will need for your child's **Medication Care Plan** so you can follow the **Medication Guidelines** before the first day of school.

If you have any questions or concerns regarding this matter, please do not hesitate to call me.

Thank you for your cooperation.

**LYNDHURST HIGH SCHOOL**  
**HEALTH HISTORY QUESTIONNAIRE**  
**Must be completed by parent or physician**

Student's Name: \_\_\_\_\_

**Preventative Health Screening:**

<u>Screening Type</u>	<u>Date</u>	<u>Note if Abnormal</u>
Hearing:	_____	_____
Vision:	_____	_____

	Yes	No	Date	Description/Reason
Allergies	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Asthma	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Blood Disorders	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Cancer	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Chicken Pox	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Headaches	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Hearing Problem/Hearing Aid	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Heart Disease	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Hepatitis	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
High/Low Blood Pressure	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Hospitalization	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Kidney/Urinary Tract Problem	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Medication Reactions	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Menstrual Disorder	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Mononucleosis	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Muscular Disorder	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Orthopedic Disorder	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Rheumatic Fever	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Scoliosis	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Seizure Disorder	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Strep Infections	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Surgery	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Ulcer/Gastrointestinal Disorder	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Visual Problem/Glasses/Contact Lenses	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Other	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

Is the student under the care of a physician? Yes  or No  If yes, give reason below.

\_\_\_\_\_

Does the student take any regular medication? Yes  or No  Please name medication and dosage below.

\_\_\_\_\_

Are there any other physical emotional conditions that might bear on this child's abilities or performance?

\_\_\_\_\_

Parent or Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**LYNDHURST HIGH SCHOOL**  
**SPECIAL MEDICAL INFORMATION FORM**

Student \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

School \_\_\_\_\_ Grade \_\_\_\_\_

Is your child currently under medical care?  Yes  No

If yes, what is the medication? \_\_\_\_\_

Is your child presently receiving any other type of therapy or treatment?  Yes  No

If yes, please explain briefly. \_\_\_\_\_

In the past, has your child ever received any therapy or treatment?  Yes  No

If yes, what was the problem? \_\_\_\_\_

When was treatment received? \_\_\_\_\_

Where was it administered? \_\_\_\_\_

Is there anything you feel we should know in order to assist your child in adjusting to the school environment? \_\_\_\_\_

Has your child ever been evaluated by a Child Study Team?  Yes  No

If yes when? \_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

# LYNDHURST HIGH SCHOOL

## PHYSICAL EXAMINATION REPORT

*PLEASE COMPLETE BOTH PAGES*

Student's Name: \_\_\_\_\_ Exam Date: \_\_\_\_\_ Age: \_\_\_\_\_ DOB: \_\_\_\_\_  
 Address: \_\_\_\_\_ City/St/Zip \_\_\_\_\_ Phone # \_\_\_\_\_  
 School: \_\_\_\_\_ Grade: \_\_\_\_\_ Sex: \_\_\_\_\_  
 Physician: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Address: \_\_\_\_\_ City/St/Zip \_\_\_\_\_

*PHYSICIAN OR PROVIDER INFORMATION-PLEASE COMPLETE BOTH PAGES*

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Blood Pressure: \_\_\_\_\_ / \_\_\_\_\_ Pulse: \_\_\_\_\_ bpm  
 Vision: R 20/\_\_\_\_ L 20/\_\_\_\_ Corrected: Yes/No Contacts: Yes/No Glasses: Yes/No  
 Hearing Screening: \_\_\_\_\_ Date Performed: \_\_\_\_\_ Note if Abnormal: \_\_\_\_\_

	<u>Normal</u>	<u>Abnormal Findings</u>	<u>Comments</u>
Head/Neck			
Eyes/Sciara/Pupils			
Ears			
Nose/Mouth/Throat			
Heart: Murmurs/Rhythms			
Lungs: Auscultation/Percussion			
Chest Contour			
Skin			
Abdomen: Assessment (inc. liver,spleen)			
Tanner Stage: Testes/Onset of Menses			
Hernia	No	Yes/Possible	
Neck/Back/Spine Range of Motion			
Scoliosis:			
Upper Extremities			
Lower Extremities			
Neurological: Balance & Coordination			
Romberg			
Heel Walk			
Tandem Walk			
Nose Touch			
Toe Walk			

Most recent immunizations/Dates: \_\_\_\_\_  
 Medications currently in use: \_\_\_\_\_  
 Additional observations: \_\_\_\_\_

# LYNDHURST HIGH SCHOOL

## IMMUNIZATION FORM

Student's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

A. Student may participate in athletics: Yes \_\_\_\_\_ No \_\_\_\_\_ Date: \_\_\_\_\_

B. Cleared after completing evaluation/rehabilitation for: \_\_\_\_\_

C. NOT CLEARED FOR: Collision \_\_\_\_\_ Contact \_\_\_\_\_ Non-contact \_\_\_\_\_  
 Strenuous \_\_\_\_\_ Moderate \_\_\_\_\_ Non-strenuous \_\_\_\_\_

Diagnosis: \_\_\_\_\_

Recommendation: \_\_\_\_\_

EXAMINED BY: Physician's/Provider's Stamp:

Family Physician/Provider \_\_\_\_\_

School Physician \_\_\_\_\_ MD \_\_\_\_\_ DO \_\_\_\_\_ NP \_\_\_\_\_ PA \_\_\_\_\_

Physician's/Provider's Signature: \_\_\_\_\_

VACCINE TYPE	1 <sup>ST</sup> Dose Mo/Day/Yr	2 <sup>ND</sup> Dose Mo/Day/Yr	3 <sup>RD</sup> Dose Mo/Day/Yr	4 <sup>TH</sup> Dose Mo/Day/Yr	5 <sup>TH</sup> Dose Mo/Day/Yr	LEAD SCREENING	
						TEST DATE	RESULT
DIPHTHERIA, TETANUS, PERTUSSIS (DTaP) or any combo if Td or DT, indicate in corner box	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Tdap							
POLIO-INACTIVATED POLIO Vaccine (IPV) If oral vaccine, indicate (OPV) in corner box.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
MEASLES, MUMPS, RUBELLA (MMR)						Document below single antigen vaccine receipt, serology titers, or varicella disease history	
HAEMOPHILUS B (HIB)**							
HEPATITIS B						Hepatitis B	Date: _____ Titer: _____
VARICELLA						Varicella	Date: _____ Titer: _____
PNEUMOCOCCAL CONJUGATE**						Measles	Date: _____ Titer: _____
MENINGOCOCCAL						Mumps	Date: _____ Titer: _____
HEPATITIS A ***						Rubella	Date: _____ Titer: _____
HPV (HUMAN PAPILLOMAVIRUS)***							
OTHER							

Provisional admission attached – Date Granted \_\_\_\_\_  Medical exemption attached  Religious exemption attached

History	Year	History	Year	History	Year
Juvenile Rheumatoid Arthritis		Allergies		Hepatitis	
Autism Spectrum Disorders		Asthma		Lyme Disease	
Hematological Disorders		Congenital Disorder		Mononucleosis	
OPERATIONS OR INJURIES:		Convulsive Disorder		Neuromusc. Disorder	
		Diabetes		Chronic Otitis Media	
		Drug Allergies		Auto Immune Disorders	
		Heart Disease		Strep Infections	

**NOTE: IF THE CHILD IS EXEMPT FROM A VACCINE DUE TO IMMUNITY, A COPY OF THE LAB REPORT IS REQUIRED**

# LYNDHURST HIGH SCHOOL

## SCHOOL DISTRICT POLICIES & REGULATIONS

I understand that the Lyndhurst Board of Education policy manual is available on the Lyndhurst Board of Education's website at [www.lyndhurstschools.net](http://www.lyndhurstschools.net). On the quick links bar, click on "Bylaws and Policies for the Board of Education".

Some key policies to review are:

ATTENDANCE: FILE CODE:5200

SUSPENSION: FILE CODE: 5610

EXPULSION : FILE CODE : 5620

VIOLENCE, VANDALISM, HARRASSMENT, INTIMIDATION, BULLYING

ALCOHOL AND OTHER DRUG ABUSE

FILE CODE: 8461

WEAPONS AND DANGEROUS INSTRUMENTS

FILE CODE: 8467

---

Parent/Guardian Signature

---

Date

---

Student Name

---

Registering Grade

# LYNDHURST HIGH SCHOOL

## HOME LANGUAGE SURVEY

This survey start to identify whether a student is eligible to be classified as an English language learner (ELL).

Complete the information below, then start with Question 1 and continue until the Home Language Survey is complete. Check the answer for each question and follow the directions.

When you arrive at a decision: "Proceed to Records Review Process" or "Do not proceed to Records Review Process," the Home Language Survey is complete.

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Circle: Male Female

Street Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Emergency Phone: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

Country of Origin: \_\_\_\_\_

In which language you wish the school to send you communications? \_\_\_\_\_

### Question 1

What was the first language used by the student?

- A language other than English. Proceed to **Question 2a**.
- English. Proceed to **Question 2b**.

### Question 2a

At home, does the student hear or use a language other than English more than half of the time?

- Yes. Proceed to Question 7
- No. Proceed to Question 4

### Question 2b

At home, does the student hear or use a language other than English more than half of the time?

- Yes. Proceed to Question 4
- No. Proceed to Question 3



**Question 3**

Does the student understand a language other than English?

- Yes. Proceed to Question 4
- No. Proceed to Step 9

**Question 4**

When interacting with his/her parents or guardians, does the student use a language other than English more than half of the time?

- Yes. Proceed to Question 7
- No. Proceed to Question 5

**Question 5**

When interacting with caregivers other than their parents or guardians, does the student use a language other than English more than half of the time?

- Yes
- No

**Question 6**

Has the student recently moved from another school district/charter school where he/she was identified as an English language learner?

- Yes
- No

**Question 7**

List language(s) Spoken at Home: \_\_\_\_\_  
Proceed to Step 8

**Step 8**

Proceed to Step Two, Records Review Process. **Home Language Survey is complete.**

**Step 9**

Do not proceed to Step Two, Records Review Process. **Home Language Survey is complete.** Student is NOT an English Language Learner (ELL).

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

# LYNDHURST HIGH SCHOOL

## MILITARY and FERPA

### **Military:**

Lyndhurst High School is obligated to comply with any request from a military recruiter for directory information. This directory information includes, but is not limited to, names, addresses and phone numbers of all junior and senior students. This is in effect unless a parent requests this information not be disclosed to the military. **This must be done in writing and submitted to High School Main Office.**

### **Family Educational Rights and Privacy Act:**

Be aware that we will continue to have directory information included in certain school publications. Examples of these publications are: yearbooks, graduation programs, newspaper articles, video tapes, honor roll lists or other recognition lists, school programs and sports sheets with student information on them. If you do not wish to have your child's information appear on any school lists or publications, **you must also submit this request in writing to High School Main Office.**

# LYNDHURST HIGH SCHOOL

## FAMILY EDUCATIONAL RIGHTS AND PRIVACY ACT (FERPA)

The *Family Educational Rights and Privacy Act* (FERPA), a Federal law, requires that the Lyndhurst School District, with certain exceptions, obtain your written consent prior to the disclosure of personally identifiable information from your child's education records. However, Lyndhurst may disclose appropriately designated "directory information" without written consent, unless you have advised the District to the contrary in accordance with District procedures. The primary purpose of directory information is to allow the Lyndhurst School District to include this type of information from your child's education records in certain school publications. Examples include:

- A play bill, showing your student's role in a drama production
- The annual yearbook
- Honor roll or other recognition lists
- Graduation programs
- Sports activity sheets, such as for wrestling, showing weight and height of team members
- On-line media promoting the school and programs

Directory information, which is information that is generally not considered harmful or an invasion of privacy if released, can also be disclosed to outside organizations without a parent's prior written consent. Outside organizations include, but are not limited to, companies that manufacture class rings or publish yearbooks. In addition, two federal laws require local educational agencies receiving assistance under the *Elementary and Secondary Education Act of 1965* (ESEA) to provide military recruiters, upon request, with three directory information categories – names, addresses and telephone listings – unless parents have advised the high school that they do not want their student's information disclosed without their prior written consent.

If you do not want the Lyndhurst School District to disclose directory information from your child's education records without your prior written consent, you must notify the District in writing. The Lyndhurst School District has designated the following information as directory information:

- Student's Name
- Address
- Telephone listing
- Electronic Mail Address
- Participation in officially recognized activities and sports
- Weight and height of members of athletic teams
- Degrees, honors, and awards received
- The most recent education agency or institution attended
- Photograph
- Dates of Attendance
- Date and Place of Birth
- Grade Level
- Major field of study

# LYNDHURST HIGH SCHOOL

## Lyndhurst Board of Education Network/Internet Acceptable Use Policy/Contract

We ask that you and your child read this Policy/Contract completely.

A parent or guardian must sign the contract if the child is under the age of 18. No student will be allowed to use the Internet without a signed contract on file. The terms of this contract will be in effect throughout their tenure at Lyndhurst High School.

Should you have any questions or concerns, please call the Main Office at 201-896-2100. Thank you for your cooperation in this matter.

I have read, understand, and will abide by, the above terms and conditions of this contract. I further understand that any violation of the regulations above is unethical and may constitute a criminal offense. I understand that any violation of the above noted guidelines and regulations could result in the revocation of my access rights, the imposition of school discipline, criminal prosecution, and other appropriate legal action.

Name of User: \_\_\_\_\_ Student # \_\_\_\_\_  
(Print)

Signature of User: \_\_\_\_\_ Date: \_\_\_\_\_

Parent or Guardian: If a user is under the age of 18, a parent or guardian must also read and sign this agreement.

As the parent or guardian of this student, I have read the terms and conditions for access to the Lyndhurst Public School's electronic network. I understand that this access is designed for educational purposes. I recognize that it is impossible for the District to restrict access to all controversial materials and will not hold them responsible for materials acquired on the Internet.

I understand that the improper or inappropriate use of the network by my child could result in school discipline, criminal and civil penalties. I accept full responsibility for any damages or injuries caused by my child's use of the District network and Internet, either in or outside of school, in a manner which violates the terms and conditions set forth in this agreement.

I hereby give my permission to issue electronic network access for my child and certify that the information contained on this form is correct.

Parent/Guardian Name: \_\_\_\_\_  
(Print)

Parent/Guardian Signature: \_\_\_\_\_ Date \_\_\_\_\_

# LYNDHURST HIGH SCHOOL

## MEDIA/PHOTO PERMISSION SLIP

Lyndhurst High School proudly uses the media to celebrate the success of its students. Such forms of media include, but are not limited to, our school newspaper, local community newspapers, *Twitter*, live streaming and our school website.

Please indicate below whether photos, words, live streams, etc. and videos of your child may be used for the purpose of sharing news of Lyndhurst High School with the community.

I give permission for my child, \_\_\_\_\_, to be photographed, video recorded and/or interviewed during the course of the school year.

I **do not** give permission for my child \_\_\_\_\_ to be photographed, video recorded and/or interviewed during the course of the school year.

This photograph/video/interview and the student's name may also be published.

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Parent/Guardian Signature

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Name (Please Print)

Date

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Home Phone #

Cell Phone #

# LYNDHURST HIGH SCHOOL

## NEW JERSEY STATE INTERSCHOLASTIC ATHLETIC ASSOCIATION TRANSFER FORM

THE UNDERSIGNED HEREBY CERTIFY THAT THE STUDENT NAMED HEREIN HAS TRANSFERRED TO HIS/HER PRESENT SCHOOL OF ENROLLMENT WITHOUT INDUCEMENT OR RECRUITMENT OR TO SEEK AN ATHLETIC ADVANTAGE. THE PARENTS/GUARDIANS ALSO AGREE TO THE SUBMISSION TO THE NJSIAA OF ANY PERTINENT RECORDS, INCLUDING TRANSCRIPTS, MAINTAINED BY THE SCHOOLS. REFUSAL TO SIGN THE TRANSFER FORM **MAY NOT** BE BASED UPON NONPAYMENT OF FEES, FAILURE TO RETURN SCHOOL PROPERTY AND THE LIKE. **THE TRANSFER FORM IS NECESSARY FOR STUDENTS WHO ARE RESIDING WITH THEIR PARENTS WHO HAVE MOVED TO THE UNITED STATES OR WHO HAVE MOVED FROM ONE SECONDARY SCHOOL DISTRICT TO ANOTHER SECONDARY SCHOOL DISTRICT.**

**STEP 1** – TO BE COMPLETED BY **PRESENT SCHOOL** AND FORWARDED TO PREVIOUS SCHOOL (PLEASE PRINT LEGIBLY)

Name of **Present School**: \_\_\_\_\_ City: \_\_\_\_\_  Check if Choice School?

Student's Name: \_\_\_\_\_ Student's Date of Birth: \_\_\_\_\_  
Date of Enrollment at Present School (If enrollment occurs after the beginning of the school year, Month, Day, Year, student first attended class: \_\_\_\_\_

Principal's Name: \_\_\_\_\_ Principal's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Athletic Director's Name: \_\_\_\_\_ Athletic Director's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Student's Name: \_\_\_\_\_ Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian **PRESENT** complete Address: \_\_\_\_\_

**STEP 2** – TO BE COMPLETED BY **PREVIOUS SCHOOL** IMMEDIATELY AND RETURNED TO PRESENT SCHOOL

Name of **Previous School**: \_\_\_\_\_ City: \_\_\_\_\_

Date of Withdrawal: \_\_\_\_\_ Student first entered 9<sup>th</sup> grade/school: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian **PREVIOUS** Address: \_\_\_\_\_

A. List all sports in which the student participated on a varsity level in a sports season during the calendar year prior to the transfer:

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

*Student is ineligible for thirty (30) calendar days from the start of the Present School's regular schedule for each sport listed above.*

B. Has the student participated in a 9-12 program while in the 6, 7, 8<sup>th</sup> grade? \_\_\_\_\_ Yes \_\_\_\_\_ No (See Bylaws, Art.V, Sec.4.I)

ATTENTION: If the student is from a high school in a foreign country which does not sponsor interscholastic athletics, the adult(s) with whom the student is domiciled must attach a summary of the sports in which the student participated in a non-school community and/or national team/program for participants 14 years old or above. Said participation will be evaluated in "non -school" play to determine varsity status.

Check box if there is evidence that the student transferred for athletic advantage

Check box if there is evidence that the student was recruited.

**IF EITHER BOX IS CHECKED, WRITTEN EVIDENCE OF SUCH MUST BE SENT DIRECTLY TO NJSIAA FOR REVIEW.**

(If either of the two boxes is checked, or the form is not signed by the Principal and/or Athletic Director of the previous school, the transfer student is not eligible for regular season interscholastic competition until a hearing is held by NJSIAA.)

Principal's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Athletic Director's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

If unsigned, please state reason(s): \_\_\_\_\_

**PLEASE FORWARD ALL FORMS/DOCUMENTS TO LARRY WHITE AT THE NJSIAA OFFICE:**  
[lwhite@NJSIAA.org](mailto:lwhite@NJSIAA.org) OR Fax to: 609-259-3047 OR Mail to: P. O. Box 487, Robbinsville, NJ 08691  
Revised 4/2014 S\Theresa\MyFiles\Eligibility\Forms\Transfer form revised April 2014



# New Jersey Voter Registration Application

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Please print clearly in ink. All information is required unless marked optional.

<b>1</b> Check boxes that apply: <input type="checkbox"/> New Registration <input type="checkbox"/> Name Change <input type="checkbox"/> Address Change <input type="checkbox"/> Signature Update <input type="checkbox"/> Political Party Affiliation or Non-affiliation Change						<b>FOR OFFICIAL USE ONLY</b>	
<b>2</b> Are you a U.S. Citizen? <input type="radio"/> Yes <input type="radio"/> No <small>(If No, DO NOT complete this form)</small>		Will you be 18 years of age by the next election? <input type="radio"/> Yes <input type="radio"/> No <small>(If No, DO NOT complete this form)</small>					Clerk
<b>3</b> Last Name		First Name		Middle Name or Initial	Suffix (Jr., Sr., III)		Registration #
<b>4</b> Date of Birth							Office Time Stamp
<b>5</b> NJ Driver's License Number or MVC Non-driver ID Number				If you DO NOT have a NJ Driver's License or MVC Non-Driver ID, provide the last 4 digits of your Social Security Number. _____			
<input type="checkbox"/> "I swear or affirm that I DO NOT have a NJ Driver's License, MVC Non-driver ID or a Social Security Number."							
<b>6</b> Home Address <small>(DO NOT use PO Box)</small>		Apt.	Municipality	County	State		Zip Code
<b>7</b> Mailing Address if different from above		Apt.	Municipality	County	State		Zip Code
<b>8</b> Last Address Registered to Vote <small>(DO NOT use PO Box)</small>		Apt.	Municipality	County	State		Zip Code
							<input type="checkbox"/> by mail <input type="checkbox"/> in person
<b>9</b> Former Name if Making Name Change			a. Day Phone Number <small>(Optional)</small> _____ b. E-Mail Address <small>(Optional)</small> _____				
<b>10</b> Do you wish to declare a political party affiliation? <input type="radio"/> Yes, the party name is _____ <small>(Optional)</small> <input type="radio"/> No, I do not wish to be affiliated with any political party.							
<b>11</b> Gender <input type="radio"/> Female <input type="radio"/> Male		<b>Declaration - I swear or affirm that:</b> <ul style="list-style-type: none"> <li>● I am a U.S. Citizen</li> <li>● I live at the above address</li> <li>● I will be at least 18 years old on or before the next election</li> </ul>				<ul style="list-style-type: none"> <li>● I will have resided in the State and county at least 30 days before the next election</li> <li>● I am not on parole, probation or serving a sentence due to a conviction for an indictable offense under any federal or state laws</li> </ul>	<ul style="list-style-type: none"> <li>● I understand that any false or fraudulent registration may subject me to a fine of up to \$15,000, imprisonment up to 5 years, or both pursuant to R.S. 19:34-1</li> </ul>
Signature: Sign or mark and date on lines below  <b>x</b> _____ Date _____				If applicant is unable to complete this form, print the name and address of individual who completed this form. Name _____ Date _____ Address _____			

## Important Instructions for sections 5, 6 and 10

5) Registrants who are submitting this form by mail and are registering to vote for the first time: If you do not have any of the information required by section 5, or the information you provide cannot be verified, you will be asked to provide a COPY of a current and valid photo ID, or a document with your name and current address on it to avoid having to provide identification at the polling place.

**Note:** ID Numbers are Confidential and will not be released by any governmental agency. Any person who uses such numbers illegally shall be subject to criminal penalties.

6) If you are homeless, you may complete section 6 by providing a contact point or the location where you spend most of your time.

10) You may declare a political affiliation or you may declare to be unaffiliated, regardless of any prior party affiliation. Completing section 10 is OPTIONAL and will not affect the acceptance of your voter registration application.

### Need More Information? Check boxes below if you would like to receive more information about:

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> voting by mail         | <input type="checkbox"/> polling place accessibility                                  | <input type="checkbox"/> available election materials in this alternative language: |
| <input type="checkbox"/> becoming a poll worker | <input type="checkbox"/> voting if you have a disability, including visual impairment |   |

For further information visit [Elections.NJ.gov](http://Elections.NJ.gov) or call toll-free 1-877-NJVOTER (1-877-658-6837)



# New Jersey Voter Registration Information

## You can register to vote if:

- You are a United States citizen
- You will be 18 years of age by the next election
- You will be a resident of the State and county 30 days before the election
- You are **NOT** currently serving a sentence, probation or parole because of a felony conviction

## Registration Deadline: 21 days before an election

Your County Commissioner of Registration will notify you if your application is accepted. If it is not accepted, you will be notified on how to complete and/or correct the application.

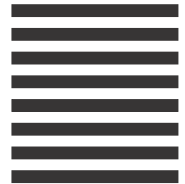
**Questions? visit [Elections.NJ.gov](http://Elections.NJ.gov) or call toll-free 1-877-NJVOTER (1-877-658-6837)**

**1** FOLD



NO POSTAGE  
NECESSARY  
IF MAILED  
IN THE  
UNITED STATES

**BUSINESS REPLY MAIL**  
FIRST-CLASS MAIL PERMIT NO. 206 TRENTON NJ  
POSTAGE WILL BE PAID BY ADDRESSEE

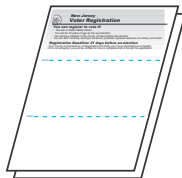


MERCER COUNTY COMMISSIONER OF REGISTRATION  
PO BOX 8068  
TRENTON NJ 08650-9905

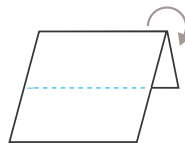


**2** FOLD

**Important:** Print out at 100% - DO NOT REDUCE. Fold as illustrated to ensure proper mailing.



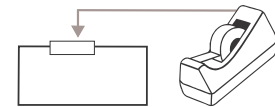
Put both pages together as shown



**1** fold top down



**2** fold bottom up



**3** Tape top shut

TAPE HERE **3**