Upcoming Registration for Prospective 9th Grade Families

Dear Parents/Guardians,

Thank you for your interest in Passaic Valley Regional High School! We will officially begin registrations for the 2019-2020 school year as of March 1st. To register your child, you must schedule an in-person appointment with the Registrar, Mrs. Tiseo, by calling 973-890-2520. Once registered a counselor will meet with you to welcome you to Passaic Valley and discuss tentative course selections. For security purposes please remember to bring a driver’s license, state ID or passport. Additionally, we have provided a list below of documentation that must be provided at the time of registration. Current educational documentation (current schedule/grades in progress), should also be provided to ensure placement in the appropriate academic courses.

The Board of Education articulates this registration process must be completed as outlined in order to fulfill the educational and financial responsibilities to the students and taxpayers of Passaic Valley Regional High School. Thank you for helping us reach our goal of providing the best education possible for our students.

*All parents/guardians are required to complete the attached registration form.

| **Primary Proof of Residency** |  
| **Choose One** |  
| **Homeowner:** |  
| o Deed |  
| o Mortgage Statement |  
| o Property Tax Bill |  
| **Renter:** |  
| o Lease-lease must be non-expired, 1 year or longer, include names of all those residing at the residence, and signed by both the landlord and the tenant. |  
| **In the case where the resident does not have a valid lease, please provide the following document, which we have included:** |  
| o Affidavit of Residence-signed by landlord and notarized. |  

| **Secondary Proofs of Residency** |  
| **Choose Two** |  
| *Documents must be current, within 30 days.* |  
| o Bank Statement |  
| o Cable/Phone Bill |  
| o Pay Stub |  
| o Utility Bill |  
| o Vehicle Registration |  
| o Homeowner’s or Renter’s Insurance |  

Please also provide the following:

| **Proof of Student’s Age** |  
| **Choose One** |  
| o Birth Certificate |  
| o Passport |
Passaic Valley Regional High School District #1
Registration Form

*Please print legibly

Registration Date: ___________________, 20_______  Student ID Number: ____________________________
(For office use only)

Student’s Last Name_________________________________ First Name:______________________ Middle Initial:______

Home Address: __________________________________________________________

Main Contact Number: __________________________  Gender:_____ Male_____ Female

Date of Birth: _____ / _____ / ______  Place of Birth: ______ / ______ / ______
Month  Day  Year  State or Province  Country

Current Grade in School: _________

State Required Ethnic Code: ______ (insert appropriate letter code)
W-White  B-Black  A-Asian  P-Native Hawaiian or other Pacific Islander  H-Hispanic or Latino  I-American Indian or Alaska Native  O-Other

Last School Attended: ________________________________________________ Public_____ Private_____

Address: ___________________________________________________________

PARENT/GUARDIAN INFORMATION:

Father’s Full Name: ___________________ Email Address: ____________________________

Address (if different from above): _____________________________________________
Street  City  State and/or Country

Telephone Number: __________________________  Cell: _____ or Home: _____

Mother’s Full Name: ___________________ Email Address: ____________________________

Address (if different from above): _____________________________________________
Street  City  State and/or Country

Telephone Number: __________________________  Cell: _____ or Home: _____

Legal guardian, if other than parent above: ______________________________________

Address: ____________________________________________________________
Street  City  State and/or Country

Telephone Number: __________________________  Cell: _____ or Home: _____

Relationship to Student: ______________________________________________

SIBLING INFORMATION:

Name:_________________________ Grade:______ School:________________________

Name:_________________________ Grade:______ School:________________________
Passaic Valley Regional High School District #1
Affidavit of Residence
Landlord Affidavit Form

Any person with the intent to defraud by including any false information or concealing information for the purpose of misleading the Passaic Valley Regional High School district will be committing a fraudulent act and will be subject to penalty which may involve the legal process.

I ________________________________ (name of landlord) agree with the statement above and take full responsibility for any information given.

I hereby certify that the following said family members:

__________________________________  ____________________________________
__________________________________  ____________________________________
__________________________________  ____________________________________
__________________________________  ____________________________________
__________________________________  ____________________________________

are currently residing at the address stated below:

________________________________________________________________________

with a lease expiration date of: ______________________________

I hereby agree to notify the Passaic Valley Regional High School immediately at 973-890-2520, if there is any change in these living arrangements, especially should the above family move from the above dwelling.

Name of Landlord: ________________________________

Landlord’s Signature: ________________________________

Sworn to and subscribed before me

this ______ day of ______, 20_____.

_______________________
Notary Public of the State of New Jersey