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Home Our District Our Schools Teaching and Learning Parents/Students Staff Web-BackPack Links

TOWNSHIP OF OCEAN SCHOOLS



#SPARTANLEGACY

163 Monmouth Road, Oakhurst, NJ 07755

📞 732-531-5600 | 📠 732-531-3874

f x y i

Report Bullying
Report A Threat

Calendar

Nurses

Registration

Athletics/Activities

Go to www.oceanschools.org and Click the Registration Icon



STUDENT REGISTRATION

Athletics/Activities

Registration

Nurses

Calendar

Report Bullying/Threat

Food Services

Student Handbooks

Township of Ocean School District / Student Registration

Township of Ocean Schools Central Registration Office

Central Registrar



Debi Ianucilli

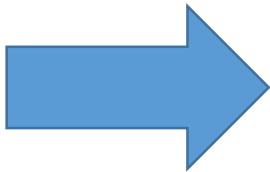
(732) 531-5600, Ext. 3116

FAX: (732) 531-3874

dianucilli@oceanschools.org

2023-2024 Current School Year Registration Packet

If you would like to enroll your child in the current 2023-2024 school year, please complete the online registration packet above.



2024-2025 Preschool Information

The preschool lottery selection was completed on March 4, 2024.

Click the “2024-2025 Preschool Lottery Information” link

Welcome to Open Registration

For security purposes; please click on the **Bus** in order to proceed.



For security purposes; please click on the **Bus** in order to proceed.

[Or Click Here To Continue Previous Registration](#)

[Reset Password](#)

For security purposes; please select the icon its asking you to choose (i.e. bus, tennis ball etc.)

Register Students

Contacts and Addresses

Documents

Home Language Survey

Review and Submit

Logout

Step 1: List all students that are currently not already enrolled in the district. Include as much information as you can.

No students have been entered.

Add Student

Step 1: Click Add Student

Add Student



FILL OUT THIS FORM AND THEN HIT THE 'SAVE STUDENT' BUTTON
* DENOTES REQUIRED FIELDS

Registering for School Year: 2023-24
2024-25

School: PREG - Pre-Registration Students

Anticipated Grade Level:* PREG - Pre-Registration Students
PKWAIT - Pre-K Waitlist

Student First Name:*

Student Last Name:* Suffix: *

Ethnicity:*
☐ Hispanic
☐ Not Hispanic

Select one or more races:*
☐ White
☐ Black or African American
☐ American Indian or Alaska Native
☐ Asian
☐ Native Hawaiian or Other Pacific Islander

Birth Sex:*

Gender Preference:*

Date of Birth:* Age:

City of Birth:

State of Birth:

Country of Birth:*

Date First Enrolled in US School (if born outside the US):

Date of First Entry to US

Primary Language spoken by student:*

Language spoken by family at home:*

Please be sure to select School Year 2024-2025 and PKWAIT (Pre-K Waitlist) for the School











FILL OUT THIS FORM AND THEN HIT THE 'SAVE STUDENT' BUTTON
* DENOTES REQUIRED FIELDS

Registering for School Year:	2024-25 ▼	
School:	PKWAIT - Pre-K Waitlist ▼	
Anticipated Grade Level:*	▼	
Student First Name:*	<input type="text"/>	
Student Last Name:*	<input type="text"/>	Suffix: ▼
Ethnicity:*	<input type="radio"/> Hispanic <input type="radio"/> Not Hispanic	
Select one or more races:*	<input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian or Other Pacific Islander	
Birth Sex:*	▼	
Gender Preference:*	▼	
Date of Birth:*	<input type="text"/>	Age: <input type="text"/>
City of Birth:	<input type="text"/>	
State of Birth:	▼	
Country of Birth:*	▼	
Date First Enrolled in US School (if born outside the US):	<input type="text"/>	
Date of First Entry to US	<input type="text"/>	
Primary Language spoken by student:*	▼	
Language spoken by family at home:*	▼	

Anticipated Grade Level:

Grade 3F (3 year old preschool): 10/16/2020-10/15/2021

Grade 4F (4 year old preschool): 10/16/2019-10/15/2020

Date of Birth:*	01/01/21  Age:3
City of Birth:	Neptune
State of Birth:	NJ 
Country of Birth:*	United States 
Date First Enrolled in US School (if born outside the US):	
Date of First Entry to US	
Primary Language spoken by student:*	
Language spoken by family at home:*	
Has Med Insurance?:*	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown
Insurance Provider:	Blue Cross Blue Shield Highmark 
Release to NJ Family Care:*	<input type="radio"/> Yes <input checked="" type="radio"/> No
Does the student have any allergies?	N/A  4/255
Does the student wear glasses?	No 
Does the student have any medical concerns you would like to share with the school nurse?	N/A 4/255
What School did your child last attend?	N/A 4/255



Save Student

Cancel

Once you've completed all the required information,
please click Save Student

Step 1: List all students that are currently not already enrolled in the district. Include as much information as you can.

STUDENTS WHO YOU HAVE ENTERED								
STATUS		LAST	FIRST	MIDDLE	DOB	AGE		
Proceed	1.	Boker	Jenna		1/1/2021	3	 Modify Student	 Remove Student

Add Another Student

If you have entered all of your students, then click the 'Next Screen' button below

Advance to Next Screen

**Please check that the status says 'Proceed', if so you can click Advance to the Next Screen.
 If you have multiple children, at this time please enter their information by clicking Add Another Student**

[Register Students](#)

[Contacts and Addresses](#)

[Documents](#)

[Home Language Survey](#)

[Review and Submit](#)


[Logout](#)

Step 2: List all addresses that you would like mail from the district sent to. A **Legal Residence** must be entered.


**PRIMARY ADDRESS AND PRIMARY PARENT/GUARDIAN
REQUIRED***

[Add Primary Address and Primary Parent/Guardian](#)

Click Add Primary Address and Primary Parent/Guardian

 Township of Ocean Schools Open Registration Select Language
Powered by Google Translate

Register Logout

SECTION 1:  **ADD THE STUDENT'S PRIMARY ADDRESS**

House #*

Street Name*


Apt #

City*

State*

Zip Code*

County

SECTION 2:  **GUARDIAN AT PRIMARY ADDRESS**

Prefix*

First Name*

Last Name*

Relationship to Student*

Primary Phone*

Home

Additional Phone

Home

Additional Phone 2

Home

Primary Email*

Save Primary Contact Information

Cancel

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Enter the Address and Primary Guardian information and click Save Primary Contact Information then proceed to the next screen

[Register Students](#)
[Contacts and Addresses](#)
[Documents](#)
[Home Language Survey](#)
[Review and Submit](#)
[Logout](#)

Step 2: List all addresses that you would like mail from the district sent to. A **Legal Residence** must be entered.

PRIMARY ADDRESS AND PRIMARY PARENT/GUARDIAN REQUIRED*					
	STREET NUMBER	STREET NAME	CITY	STATE	
Primary Address	733	BOWNE ROAD	Ocean	NJ	
	TITLE	FIRST NAME	LAST NAME	PRIMARY PHONE	
Primary Guardian	Mr.	FIRST NAME	LAST NAME	123-456-7890	Modify

[ENTER ADDITIONAL PARENTS/GUARDIANS](#)
[Add Additional Parent/Guardian](#)

→ ↻ genesis.c1.genesisedu.net/oceanschools/openReg?screen=addresses&action=form ☆ 📁 📱 📄 ⋮

Primary Address	163 Monmouth	laksdtjlkasdj	Oakhurst	NJ	
	TITLE	FIRST NAME	LAST NAME	PRIMARY PHONE	
Primary Guardian	Mr.	Jenna	Boker	732-796-4664	Modify

ENTER ADDITIONAL PARENTS/GUARDIANS

Add Additional Parent/Guardian

ENTER EMERGENCY CONTACTS
AT LEAST ONE REQUIRED*

Add Additional Emergency Contact

ENTER OTHER CONTACTS

Add Additional Other Contact

This is where you will enter a second guardian if applicable and an emergency contact. You must enter an emergency contact or you will not be allowed to proceed with registration.

REQUIRED*					
	STREET NUMBER	STREET NAME	CITY	STATE	
Primary Address	163 Monmouth	laksdfjlkasdj	Oakhurst	NJ	

Enter emergency contacts in order of highest priority to lowest

SECTION 1: NEW EMERGENCY CONTACT

Prefix

Mr. ▼

*First Name

Jenna

*Last Name

Boker

*Relationship to Student

Father ▼

Primary Phone*

732-796-4664

Home ▼

Additional Phone

Home ▼

Additional Phone 2

Home ▼

Primary Email

jboker@oceanschools.org

☒ Guardian has given contact permission to pick up student

SECTION 2: ADD CONTACT ADDRESS

Existing Address:

163 Monmouth laksdfjlkasdj, Oakhurst, NJ 07755 ▼

Save Additional Emergency Contact Information

Cancel

ENTER OTHER CONTACTS



Add Additional Other Contact

**Enter the Emergency Contact Information
and click
Save Additional Emergency Contact Information.**

ENTER ADDITIONAL PARENTS/GUARDIANS

Add Additional Parent/Guardian

ENTER EMERGENCY CONTACTS
AT LEAST ONE REQUIRED*

	TITLE	FIRST NAME	LAST NAME	PRIMARY PHONE		
Emergency 1	Mr.	FIRST NAME	LAST NAME	123-456-7890	 Modify Contact	 Delete Contact

Add Additional Emergency Contact

ENTER OTHER CONTACTS

Add Additional Other Contact

Advance to Next Screen

Once Emergency Contact is complete you can click Advance to the Next Screen

Select Language

Powered by Google Translate

Register Students
Contacts and Addresses
Documents
Home Language Survey
Review and Submit
Logout

The following documents (must be originals) are required at the time of registration. Residency proof (Mortgage, rental agreement or deed) AND Current utility bill (electric, water, internet, gas, insurance) AND Original birth certificate *If you are unable to submit the proofs of residency noted above because you have recently moved into Ocean Township, are living with family or friends who are Ocean Township residents, the lease is not in your name or your child lives with an Ocean Township resident other than his/her parent or guardian, please contact the Registration office at 732-531-5600, ext 3116 prior to your In-Person registration appointment.

DOCUMENTS FOR JENNA BOKER			
DESCRIPTION	REQUIRED		
REGISTRATION DOCUMENTS			
Tax bill, deed, mortgage statement, or current lease.	Yes	Upload Doc	No Document
Birth Certificate	Yes	Upload Doc	No Document
Current utility bill	Yes	Upload Doc	No Document
Immunization Record	No	Upload Doc	No Document
Transfer card and/or report card from prior school – if applicable.	No	Upload Doc	No Document

If you have uploaded all of your documents please click the Next Screen button below

This is where you will upload your documentation for Birth Date and Proof of Residency in order to be eligible for the Lottery:

Proof of age:

- Copy of original birth certificate



Proof of residency:

- Homeowners: Current tax bill, mortgage statement, deed
- Renters: Current lease
- Current Utility Bill (electric, gas, water etc.)



The following documents (must be originals) are required at the time of registration. Residency proof (Mortgage, rental agreement or deed) AND Current utility bill (electric, water, internet, gas, insurance) AND Original birth certificate *If you are unable to submit the proofs of residency noted above because you have recently moved into Ocean Township, are living with family or friends who are Ocean Township residents, the lease is not in your name or your child lives with an Ocean Township resident other than his/her parent or guardian, please contact the Registration office at 732-531-5600, ext 3116 prior to your In-Person registration appointment.

Registration Package must be submitted to save document changes.

DOCUMENTS FOR JENNA BOKER			
DESCRIPTION	REQUIRED		
REGISTRATION DOCUMENTS			
Tax bill, deed, mortgage statement, or current lease.	Yes	 Edit Doc	Successfully Uploaded
Birth Certificate	Yes	 Remove Doc	Successfully Uploaded
Current utility bill	Yes	 Remove Doc	Successfully Uploaded
Immunization Record	No	 Upload Doc	No Document
Transfer card and/or report card from prior school – if applicable.	No	 Upload Doc	No Document

Once you have uploaded the required documentation, please ensure it says Successfully Uploaded next to each entry, Click Advance to the Next Screen

HOME LANGUAGE SURVEYS		
STUDENT	COMPLETED	
Jenna Boker	No	Begin Survey

Survey not completed. Click 'Begin Survey' above to proceed.

**At this time, you must complete the Home Language Survey, click Begin Survey.
Once completed it will allow you to advance to the next screen.**

[Register Students](#)

[Contacts and Addresses](#)

[Documents](#)

[Home Language Survey](#)

[Review and Submit](#)

[Logout](#)

Please verify that the following information is correct.

If you need to make corrections, just edit the information that you need to correct and then return to this screen by clicking on the 'Review and Submit' tab at the top of the screen.

Student Information

STUDENT NAME: JENNA BOKER

JENNA WILL BE REGISTERING FOR THE 2024-25 SCHOOL YEAR IN GRADE 3F

First Name	Last Name	Age	School	School Year
Jenna	Boker	3	LOTTERY	2024-25

[Edit Student Information](#)

Contact Information

1. MR. FIRST NAME LAST NAME - GUARDIAN

Here is where you will verify all of your information is correct.

Home Language Survey Information

Student	Completed
Jenna Boker	Yes

Edit Survey

*If you would like an e-mail confirmation, enter your email address below.

jboker

If you would like to create an account with your email please enter a password below.

Password

.....

Confirm Password

Retype password

Submit Registration Information

Once you have verified the information is correct,
you must click Submit Registration Information

Home Language Survey Information

Student	Completed
Jenna Boker	Yes

Edit Survey

Confirmation

Are you sure you would like to submit this form?

Ok

Cancel

Password

Confirm Password

Retype password

Submit Registration Information

Home Language Survey Information

Student	Completed
Jenna Boker	Yes

[Edit Survey](#)

Confirmation

A confirmation will be sent to **jboker@oceanschools.org**. Is this correct?

[Ok](#)

[Cancel](#)







Confirm Password

Retype password


[Submit Registration Information](#)

[Register Students](#)[Contacts and Addresses](#)[Documents](#)[Home Language Survey](#)[Review and Submit](#)[Logout](#)[Resubmit Registration Information](#)

Your changes have been submitted
Please print the PDF below for your own records. Thank you.

 Open Registration 1 / 1 | - 88% + |     

Township of Ocean Schools Open Registration


DC273G2G57
Date created: 01/26/2024

Student Information	
Student Name: Jenna Boker <i>Jenna will be registering for the 2024-25 school year in Grade 3F</i>	
Gender: F	School: Date of Birth: 1/1/2021 (3 years old)
Place of Birth: Neptune NJ United States	Release to NJ Family Care: No
Date of First Entry to US:	Date first Enrolled in US School (if born outside the US):
Primary Language of student: English	Language spoken at home: English
Does the student have any medical concerns you?	

Please print or save for your records and confirm you received an email confirmation