

Student ID No.: _____

School: _____

Grade: _____

SOUTH BRUNSWICK SCHOOL DISTRICT



REGISTRATION FORM

Directions to Parent/Guardian/Domestic Partner/Caretaker: The information requested below is necessary for completing the enrollment process. In some instances you may not, for privacy reasons, be able to respond to a question. The parent, guardian, domestic partner, or caregiver should understand that his/her responses to these questions will be of great help to the district and the state in planning a program that meets the unique needs of his/her child. If the parent, guardian, domestic partner, or caretaker declines to respond to a question, leave the item blank. However, please be aware that the school must make a determination for some items left blank. Please make every effort to respond as fully as possible in order to expedite the process and to avoid follow-up contacts for more information.

PLEASE PRINT ALL INFORMATION

STUDENT INFORMATION SECTION

Child's Full Name: _____ Gender: _____
Last First Middle

Race/Ethnicity: Hispanic/Latino Yes No (please select either yes or no)
 American Indian or Alaska Native Asian Black or African American Hawaiian Native/Other Pacific Islander
 White Multi-Racial (select appropriate ethnicities)

Child's Permanent or Home Address:

Address: _____ City/State/Zip: _____

Mailing Address if different: _____

Phone No.: _____ Child's Date of Birth: _____

Child's City of Birth: _____ Child's State of Birth: _____ Child's Country of Birth: _____

Has your child attended Pre-School? Yes No If applicable, what was the last grade completed by your child? _____

Previous School Attended: _____ Address: _____ Phone No.: _____

Child's Full Name: _____

Has your child previously attended school in South Brunswick? Yes No If yes, what school? _____

Is your child eligible for migrant education services? Yes No Are you enrolling under the McKinney Vento Act? Yes No

If the child's parent(s) are not residents of South Brunswick Township, state the reasons why the child is residing with you in South Brunswick? _____

Has your child ever been referred to or evaluated by the Child Study Team? Yes No Is your child classified? Yes No

Does your child receive English as a Second Language (ESL) services? Yes No

Native Language of Child: _____ (The language or dialect first learned by your child or first used by the Parent/Guardian/Domestic Partner/Caregiver with your child. This is often referred to as the first language spoken.)

Primary Language Spoken at Home: _____ Dialect: _____

Does your child qualify to receive federal support as an immigrant? Yes No Is your child an immigrant? Yes No **An immigrant is a student who is age 3 to 21 and was NOT born in the U.S. and has not been attending one or more schools in any one or more states for more than three full academic years.**

First US School Entry Date: _____

Does the child living with you hold an F-1 visa? Yes No If the answer is yes, please explain: _____

Are you enrolling your child in this school as a result of exercising your **No Child Left Behind** choice option? Yes No If you answered **yes** to the above question, please identify the reason from the list below. (not applicable until 10/05)

No Child Left Behind – School in Need of Improvement **No Child Left Behind** – Unsafe School – Persistently Dangerous School

No Child Left Behind – Unsafe School – Student is Victim

What is the name and location of the institution which provided care, education, and/or services to the student prior to this enrollment?

Name: _____ Address: _____

City: _____ State: _____ Zip: _____

Child's Full Name: _____

PARENT/FAMILY INFORMATION SECTION

Parent Status: Married Divorced Separated Widow/er Single Co-Parent Custody/Lives with: _____

What is the extent of formal instruction the student's parent/guardian/domestic partner/caregiver has received? If currently enrolled, select the previous grade level or highest degree received. Select the education level for the highest level for **one** of the parents/guardian/domestic partner/caregiver. (Optional)

No schooling completed Nursery School to 4th grade 5th or 6th grade 7th or 8th grade 9th grade 10th grade 11th grade 12th grade

High school graduate – high school diploma or the equivalent (i.e. GED) Some college credit, but no degree Associate's degree (i.e. AA, AS)

Bachelor's degree (i.e. BA, AB, BS,) Master's degree (i.e. MA, MS, MEng, MEd., MSW, MBA) Professional degree (i.e. MD, DO, DDS, DVM, LLB, IT)

Doctorate degree (i.e. PhD, EdD)

Father's Name: _____ Address: _____

Phone No.: _____ E-mailAddress: _____

Contact Father at: _____ Address: _____ Phone No.: _____
Employer

Mother's Name: _____ Address: _____

Phone No.: _____ E-mail Address: _____

Contact Mother at: _____ Address: _____ Phone No.: _____
Employer

Other Parent: _____ Address: _____ Phone No.: _____
Guardian/Domestic Partner/Caregiver

Contact Other Parent/ at: _____ Address: _____ Phone No.: _____
Guardian/Domestic Partner/Caregiver Employer

Children in family (including pupil) in order of age, oldest first:

Name	Gender	Birth date	Name	Gender	Birth date
_____			_____		
_____			_____		
_____			_____		
_____			_____		

Child's Full Name: _____

HEALTH INSURANCE INFORMATION:

Does your child have health insurance? Yes _____ No _____ If yes, name of insurance company: _____

SPECIAL HEALTH RECOMMENDATIONS SECTION

List any allergies: _____

List any present or past physical conditions or special disabilities which might interfere with the normal function of your child in the classroom: _____

Special **health** recommendations you wish the school to consider: _____

Parent/Guardian/
Domestic Partner/Caregiver: Signature: _____ Signature Date: _____

Address: _____

Please Print: Title of Parent/Guardian/Domestic Partner/ Caregiver: _____ First and Last Name of Parent/Guardian/
Domestic Partner/Caregiver _____

Relationship of Parent/Guardian/Domestic Partner/Caregiver to Student: _____

This registration form was completed by: _____

THIS SECTION IS FOR SCHOOL USE ONLY

School: _____

Type of Birth Documentation: _____ Original Birth Certificate _____ Visa _____ Passport _____ Proof of Immunizations: _____ Provided _____ Needed

Residency Verification: _____ Copy of Deed _____ Copy of Lease _____ Sales Contract (if sales contract) _____ Anticipated Closing Date
_____ Placed by Social Services

Totality Status: _____ Totality: _____ Approved by Principal _____ Totality: _____ Approved by BOE _____ Hardship Affidavit: _____ Approved by Principal
Hardship Affidavit: _____ Approved by BOE

Tuition Student: _____ Yes _____ Verification of Custody: Legal Papers _____ Other: _____

Teacher: _____ Grade: _____ Date Registered: _____ Date Entered: _____ Bus No.: _____

Unit: _____ Counselor: _____ Homeroom: _____ Year of Graduation: _____