

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 Is your child homeless?  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 4<sup>th</sup> grade
- 5<sup>th</sup> or 6<sup>th</sup> grade
- 7<sup>th</sup> or 8<sup>th</sup> grade
- 9<sup>th</sup> grade
- 10<sup>th</sup> grade
- 11<sup>th</sup> grade
- 12<sup>th</sup> 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

Totally 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: \_\_\_\_\_