

Student ID No.: _____ School: _____
(to be completed by school official)

Grade: _____



REGISTRATION FORM

School Year _____

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. You should understand that your 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 you decline 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 CLEARLY

SECTION 1 (if you registered your student on-line please skip to Section 2 – page 3)

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 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: _____

HEALTH INSURANCE INFORMATION:

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

Child's Full Name: _____ **Student ID No:** _____ **School:** _____ **Grade:** _____

Primary Language of Child: _____ (The language first learned by your child when he/she began to talk)

Language Spoken at Home: _____ **Dialect:** _____

First USA **School Entry Date:** _____ If Born **Outside the USA**, First Entry Date into the USA: _____

PARENT/FAMILY INFORMATION SECTION

Parent's Relationship to Student: _____

Parent's Name: _____ Address: _____

Phone No.: _____ E-mail Address: _____

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

Parent's Relationship to Student: _____

Parent's Name: _____ Address: _____

Phone No.: _____ E-mail Address: _____

Contact Parent 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

Military Connected Indicator: _____ Not Active Military Connected = Student is not military connected

_____ Active Duty – dependent of member of the Active Duty Forces (Full Time: Army, Navy, Marine Corps or Coast Guard)

Child's Full Name: _____ Student ID No: _____ School: _____ Grade: _____

EMERGENCY CONTACT INFORMATION (identify persons **Other** than parent/guardian who will be able to arrive at school within a half hour in the event of an emergency.

Contact One:

Contact Name: _____ Address: _____ Relationship: _____

Phone 1: _____ Phone 2: _____

Contact Two:

Contact Name: _____ Address: _____ Relationship: _____

Phone 1: _____ Phone 2: _____

Contact Three:

Contact Name: _____ Address: _____ Relationship: _____

Phone 1: _____ Phone 2: _____

SECTION 2 (completed by on-line and paper registrations)

STUDENT INFORMATION SECTION

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

Mailing Address if different from home address: _____

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.: _____

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

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

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 (including pre-school).**

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

Child's Full Name: _____

PARENT/FAMILY INFORMATION SECTION

Do you have court issued documents regarding custody rights related to a school or residential situation: ____Yes ____No

Parent Status: ___Married ___Divorced ___Separated ___Widow/er ___Single ___Co-Parent Custody/Lives with: _____

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

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

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: _____