

WEST MILFORD TOWNSHIP PUBLIC SCHOOLS STUDENT REGISTRATION FORM

SCHOOL ENTERING: \_\_\_\_\_ STARTING DATE: \_\_\_\_\_ New  Change

Student Name: \_\_\_\_\_ Government# \_\_\_\_\_  
(Last) (First) (Middle) Student # \_\_\_\_\_

Cross Streets for Bus Stop: \_\_\_\_\_

Student Lives With: Parent(s) ( ) Guardian ( ) Marital Status: Married \_\_\_ Divorced \_\_\_ Widowed \_\_\_ Single \_\_\_

\_\_\_\_\_  
Mother's Full Name Maiden Name  
\_\_\_\_\_  
or Guardian's Full Name  
\_\_\_\_\_  
Street Address or P.O. Box  
\_\_\_\_\_  
City, State & Zip Code  
\_\_\_\_\_  
Home Telephone # Unlisted ( )  
\_\_\_\_\_  
Cell #  
\_\_\_\_\_  
E-mail Address  
\_\_\_\_\_  
Occupation  
\_\_\_\_\_  
Employer Work Telephone #

Parent to receive 2<sup>nd</sup> Report Card?   
\_\_\_\_\_  
Father's Full Name  
\_\_\_\_\_  
Address (if different)  
\_\_\_\_\_  
City, State & Zip Code  
\_\_\_\_\_  
Home Telephone # Unlisted ( )  
\_\_\_\_\_  
Cell #  
\_\_\_\_\_  
E-mail Address  
\_\_\_\_\_  
Occupation  
\_\_\_\_\_  
Employer Work Telephone #

Grade: \_\_\_ Gender: \_\_\_ Birthdate: \_\_\_ / \_\_\_ / \_\_\_ Place of Birth: \_\_\_\_\_  
City State  
Ethnicity (Optional): White ( ) Black ( ) Hispanic ( ) American Indian ( ) Asian ( ) Pacific Islander ( )  
American Citizen: Yes \_\_\_ No \_\_\_ Native Language: \_\_\_\_\_ Language Spoken at Home: \_\_\_\_\_  
Military Connected: ( ) Not Active Military Connected ( ) Active Military Connected

This information is not used to determine eligibility to attend school.

Sibling's Name/Date of Birth: \_\_\_\_\_  
\_\_\_\_\_

Did your child attend pre-school (Kindergarten Only)? Yes ( ) No ( )  
Has your child ever received any special services? Yes ( ) No ( )

TRANSFERRED FROM: \_\_\_\_\_  
School Phone #

\_\_\_\_\_  
Street Address & P.O. Box City, State & Zip Code

I hereby certify that the above information is correct and true. I further certify that the address stated above is my legal and actual residence.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Office Use Only: Date Records Sent For: \_\_\_\_\_

Original Entry/Re-entry Code: \_\_\_\_\_ Graduation Year: \_\_\_\_\_

Teacher Name: \_\_\_\_\_ Homeroom: \_\_\_\_\_

Tuition Student Only: Resident District: \_\_\_\_\_ Tuition: \_\_\_\_\_

Does your child have Health Insurance?

Yes - Name of Insurance Company: \_\_\_\_\_

No - NJ FamilyCare provides free or low cost health insurance for uninsured children and certain low income parents. For more information, call 800-701-0710 or visit [www.njfamilycare.org](http://www.njfamilycare.org) to apply online.

You may release my name and address to the NJ FamilyCare Program to contact me about health insurance.

**Signature** \_\_\_\_\_ **Printed Name** \_\_\_\_\_ **Date:** \_\_\_\_\_

Written consent required to release your name pursuant to 20 U.S.C. 1232g (b) (1) and 34 C.F.R. 99.30 (b)

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List two neighbors or nearby relatives who will assume temporary care of your child.

Name \_\_\_\_\_

Home Address \_\_\_\_\_

Work Address \_\_\_\_\_

Telephone Home \_\_\_\_\_

Telephone Work \_\_\_\_\_

Cell Number \_\_\_\_\_

Relationship \_\_\_\_\_

Name \_\_\_\_\_

Home Address \_\_\_\_\_

Work Address \_\_\_\_\_

Telephone Home \_\_\_\_\_

Telephone Work \_\_\_\_\_

Cell Number \_\_\_\_\_

Relationship \_\_\_\_\_