

Temporary Street Address _____

1014 Route 601
Skillman, New Jersey 08558

Twp./Borough/State/Zip _____

REGISTRATION FORM

(To be completed by Parent/Guardian)

Expected Move Date _____

Phone # _____

Last Name (as listed on Birth Certificate) _____
First _____ Middle _____ Date of Birth _____

Place of Birth: City & State _____ Citizen: Yes No _____ Age _____ Sex: M or F _____

Montgomery Street Address _____ City/Zip _____ Home Telephone Number _____

Name of Father or Legal Guardian _____ Occupation _____ Place of Business/Company _____ Work Telephone Number _____

Name of Mother or Legal Guardian _____ Occupation _____ Place of Business/Company _____ Work Telephone Number _____

Father's Cell Phone Number _____ Mother's Cell Phone Number _____

Father's Email Address _____ Mother's Email Address _____

Family Physician _____ Address _____ Telephone Number _____

ARE EITHER PARENTS IN THE MILITARY, NATIONAL GUARD OR RESERVE FORCES? IF YES, PLEASE INDICATE WHICH ONE:

Name and birth dates of brothers and sisters:

Name _____ Date of Birth _____ Name _____ Date of Birth _____

Last School Attended _____ Telephone # () _____

Previous School Mailing Address w/Zip Code _____

Current Grade _____ School Year 20____ - _____ In case of emergency, notify _____
Name and Telephone Number

Does your child have any of the following: 504 Plan ___ Yes ___ No; **IEP (Individualized Education Plan):** ___ Yes ___ No

Individual Service Plan: ___ Yes ___ No; **Individual Health Plan:** ___ Yes ___ No; **Any Specialized Plan:** ___ Yes ___ No

Any Other Special Education Services _____ Yes _____ No

Please indicate any pertinent information which you feel would be helpful to the school concerning your child's health. If none, please write none.

SPECIAL NOTE: To comply with the Civil Rights Act of 1964, and to assess adequately the district's own programs in this area, it is necessary to have accurate information on the racial/ethnic group composition of the student body as defined by H.E.W. guidelines. The only way to gather this information is to ask each student. Therefore, would you please indicate your racial/ethnic group by checking the appropriate box below. This information will be confidential and will be reported publicly only in statistical form.

() American Indian/Alaskan Native () Black () Asian/Pacific Islander () White () Hispanic
() Other: Please Specify _____

Is English the primary language spoken in the home? Yes () No () If not, what language _____

Signature of person registering the child _____ (Relationship) _____ Date of Registration _____