

Spotswood School District Student Information Form

Last Name _____ First _____ Initial _____ Date Of Birth (Mo/Day/Year) _____
 Address _____ School _____
 City _____ Zip _____ Grade _____
 Home Telephone (____) _____

To Parent or Guardian: to serve your child in case of accident or sudden illness, it is necessary that you give the following information for emergency calls:
Please note: In case of district wide, school emergencies and reverse 911 contacts the home, father/mother cell and email will be contacted. Check the boxes next to all contacts you would like general information (i.e. fundraisers) sent to:

	Name	Telephone	GI
Mother _____ <small>Guardian</small>	Cell _____	E-mail _____	<input type="checkbox"/>
	Work _____	E-mail _____	<input type="checkbox"/>
Father _____ <small>Guardian</small>	Cell _____	E-mail _____	<input type="checkbox"/>
	Work _____	E-mail _____	<input type="checkbox"/>

List two neighbors or nearby relatives who will assume temporary care of your child if you cannot be reached:

Name _____	Name _____
Home _____ <small>Address</small>	Home _____ <small>Address</small>
Telephone _____	Telephone _____
Relationship _____	Relationship _____

Please indicate your response and sign below it.

I authorize the school nurse to release health information on my child to pertinent school personnel.
 Signature of Parent/Guardian _____ Date _____

I do not authorize the school nurse to release health information on my child to pertinent school personnel.
 Signature of Parent/Guardian _____ Date _____

Does this child have any health insurance including NJ FamilyCare/Medicaid, Medicare, private or other?

Yes _____ If 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 to apply online.

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

Signature: _____ Printed Name: _____ Date: _____

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

List any medical/surgical care your child has received during the past year:

Dental Exam _____
Date _____ braces _____

Eye Exam _____
Date _____

Does child have any drug or food allergies? _____

Is Epipen prescribed for allergy? Yes No

Does child have asthma? Yes No

Is student taking medication for asthma? Yes No If yes, Name of medication. _____

Comments and/or Other Health Information:

Doctor _____ Telephone _____

Dentist _____ Telephone _____

Hospital _____ Address _____ Telephone _____

I, the undersigned, do hereby authorize officials of New Jersey Public Schools to contact directly the persons named on this card and do authorize the named physicians to render such treatment as may be deemed necessary in an emergency, for the health of said child.

In the event that physicians, other persons named on this card, or parents cannot be contacted, the school officials are hereby authorized to take whatever action is deemed necessary in their judgment, for the health of the aforesaid child.

I will not hold the school district financially responsible for the emergency care and/or transportation for said child.

Signature of Parent(s)/Guardian(s) _____ Date _____

SPOTSWOOD DISTRICT SCHOOLS REGISTRATION FORM

Date: _____

PLEASE PRINT CLEARLY

Legal Name of Student _____
Last First M.I. Suffix

M F _____ Birth Date ____ / ____ / ____
Age

PROOF OF RESIDENCY: _____

Place of Birth _____
City State Country



Previous School Attended _____

Address of Previous School _____

City/Town of Previous School _____

Previous School Phone Number: () _____ Zip Code

Reason for Leaving _____

Has student received special help in school, such as ESL, Basic Skills, Supplemental Instruction, or Special Education Classes for Classified Students?

Yes No

1. Ethnicity* :

- YES: Hispanic or Latino - A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.
- No: Not Hispanic or Latino

What language other than English is spoken at home?

English Proficiency: Fluent Limited No Proficiency

2. Race* :

- American Indian
- Asian
- Black
- Pacific (Native Hawaiian or other Pacific Islander)
- White

More than one race category can be reported for an individual.

*Ethnicity and Race data is NJDOE required information and the categories reflect the revised Standards for the Classification of Federal Data on Race and Ethnicity by the US Office of Management and Budget.