

# SPOTSWOOD DISTRICT SCHOOLS REGISTRATION FORM

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

PLEASE PRINT CLEARLY

Legal Name of Student \_\_\_\_\_  
Last First M.I. Gntn.

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.

**FAMILY INFORMATION**

(Please list custodial parent or guardian with whom child resides.)

RELATIONSHIP	LAST NAME	FIRST NAME	OCCUPATION	BUSINESS ADDRESS

Name, Age, School of Siblings Living at Same Address

List names/Relationship of other Persons Living at Same Address

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are any court orders presently in effect pertaining to student (i.e, restraining orders, no contact orders, etc.)?

Yes

\_\_\_\_\_  
Name of person & relationship to student

\_\_\_\_\_  
Proof of Documentation

\_\_\_\_\_  
Date

No

As the responsible party for this student, I certify this information to be true and correct. I will notify the Spotswood Public Schools District immediately should any information change regarding the aforementioned student.

\_\_\_\_\_  
Print Name of Parent/Guardian

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

## 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 \_\_\_\_\_