

Lincoln Park Public Schools

92 Ryerson Road
Lincoln Park, NJ 07035

Ph: (973) 696-5500 ~Fax: (973) 696-9273 ~ www.lincolnparkboe.org

STUDENT REGISTRATION FORM

School: <input type="checkbox"/> PreSchool <input type="checkbox"/> Elementary <input type="checkbox"/> Middle	Grade: <input type="checkbox"/> PK <input type="checkbox"/> K <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8	Start Date:
First Name:	Middle:	
Last Name:		
Birth Date:	* Ethnicity: <i>(This is required to comply with USA and NJ government regulations. This data is used for statistical purposes only.)</i>	
Birth Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Hispanic <input type="checkbox"/> White <input type="checkbox"/> Black	
Preferred Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non-binary	<input type="checkbox"/> American Indian <input type="checkbox"/> Asian Hawaiian Native/Other Pacific Islander	
Birth City:	Birth State:	Birth Country:
Primary Language:	Home Language:	
USA Entry Date (if not born in the USA):	First Entry into USA School:	
Address:	Lincoln Park, New Jersey 07035	
Guardian 1: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other:	Name:	
Address:		Birth Date:
Cell Number:	Work Number:	
Home Number:	Email address:	
Guardian 2: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other:	Name:	
Address:		Birth Date:
Cell Number:	Work Number:	
Home Number:	Email address:	
Siblings Attending Lincoln Park Public Schools:	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Name:	Grade:	
Name:	Grade:	

Step-Mother Name:		Step-Father Name:	
Is there a custody agreement? <input type="checkbox"/> Yes <input type="checkbox"/> No		Is there shared legal custody? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, Name and Address:			
Has the student ever been evaluated by Special Services?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Is the student currently receiving Special Education Services?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Classification:		Date of Classification:	
Does the student receive Basic Skills Instruction? <input type="checkbox"/> Yes <input type="checkbox"/> No		Does the student receive In-class Support? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is the student in a Resource Room? <input type="checkbox"/> Yes <input type="checkbox"/> No		Does the student have an IEP? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Does the student have a 504 Plan? <input type="checkbox"/> Yes <input type="checkbox"/> No		Does the student have an I&RS plan <input type="checkbox"/> Yes <input type="checkbox"/> No	
Does the student have an IHP? <input type="checkbox"/> Yes <input type="checkbox"/> No		Does the child wear glasses/contacts? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Does the child have any known allergies? <input type="checkbox"/> Yes <input type="checkbox"/> No		Allergies:	
Does the student have any physical conditions, medical conditions, or other special academic needs? If so, specify:			
Name, Address, and Phone Number of last school attended:			
<p>DOCUMENTS REQUIRED TO REGISTER A STUDENT: (may be brought to school's Main Office between the hours of 9:30 and 1:30)</p> <p>** If you are unable to provide these documents, please call (973) 696-5500 to schedule an appointment with the Superintendent.</p>			
<input type="checkbox"/> Birth Certificate <input type="checkbox"/> Immunization Records <input type="checkbox"/> Deed, Mortgage statement, tax bill, or Lease (if renting)** <input type="checkbox"/> Two (2) other proofs of residency (driver's license, utility bills, insurance statements, etc...) <input type="checkbox"/> Physical form (performed within the last 12 months)			
<p>I affirm that all of the information provided on this registration form is true and accurate to the best of my knowledge.</p>			
Signature of Parent/Guardian:		Date:	