

MOUNT ARLINGTON PUBLIC SCHOOL
Registration/Emergency Contact Information
Please Print or Type

_____ Date

Student: _____

Last Name	First Name	Middle Name
Sex	Age	Date of Birth

Address: _____

Street	Home Phone
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To Parent or Guardian: To serve your child in case of an accident or sudden illness, it is necessary that you provide the following information for emergency calls:

NAME	ADDRESS	TELEPHONE
Mother/Guardian:	Home Address:	Home:
Home E-Mail:		Cell:
Work E-Mail:	Work Address:	Work:
Father/Guardian:	Home Address:	Home:
Home E-Mail:		Cell:
Work E-Mail:	Work Address:	Work:

List three nearby relatives or neighbors who will assume temporary care of your child if you cannot be reached in an emergency:

NAME	TELEPHONE	RELATIONSHIP*
Emergency Contact Name:	Home:	
	Cell:	
Emergency Contact Name:	Home:	
	Cell:	
Emergency Contact Name:	Home:	
	Cell:	

*(Relationship Choices: Grandma/Grandpa/Aunt/Uncle/Sister/Brother/Neighbor/Other)

THE PRIMARY LANGUAGE SPOKEN BY STUDENT: _____

FOR REPORTING PURPOSES ONLY (please check all that apply):

_____ White _____ Hispanic _____ Asian _____ Black _____ Am. Indian _____ Pacific Islander

Please list other children attending New Jersey Public Schools (Name, School):

Child Name	School Name/Address