



Public Schools of Edison Township

ENROLLMENT CENTER
312 PIERSON AVENUE * EDISON, NEW JERSEY 08837
TELEPHONE (732) 452-4570 FAX (732) 452-4576

Edward Aldarelli, Ed.D.
Superintendent of Schools

Richard Benedict
Manager of Enrollment/ Data Systems /
District Homeless Liaison/Stability Liaison

STUDENT ENROLLMENT FORM

Enrolled by: _____ **Date:** ___/___/___ **OFFICE USE ONLY** (Rev. 2/17) **Input By:** _____ **Date:** ___/___/___

NEW ENROLLMENT: YES | NO RE-ENROLLMENT: YES | NO CHANGE OF ADDRESS: YES | NO

SSID# _____ LOCAL ID# _____ PCC CODE _____ FAMILY CODE _____

Affidavit of Residency: _____ Affidavit of Domicile: _____ Change of Custody: _____ Homeless: _____

Edison School: _____ Grade: _____ Previous School: _____ Grade: _____

Previous School Address _____ School Records Submitted: YES | NO

Custody Document Submitted: YES ___ NO ___ Basic Skills: ___ Speech: ___ ESL: ___

SPECIAL EDUCATION: YES | NO [IEP Submitted: YES | NO] Copy sent to Special Services: YES ___ NO ___

___ **Does Qualify under McKinney-Vento Act** ___ **Does NOT Qualify under McKinney-Vento Act**

Student Information (PLEASE PRINT CLEARLY)

First Name _____ Last Name _____

Middle Name _____ Birthdate: ___/___/___ Gender: Male | Female
MM DD YYYY (Circle one)

Ethnicity Hispanic Non-Hispanic

Race

White
 Black
 American Indian / Alaskan
 Asian
 Hawaiian native/other Pacific Islander

Birth City: _____
 Birth State: _____
 Birth Country: _____

If born outside of the U.S., _____ (Country of Origin)

Original Entry in U.S.: ___/___/___ First Entry in U.S. School: ___/___/___
 MM DD YYYY MM DD YYYY

Student's Primary Language: _____ Home Language: _____

Which language did your child learn first? _____

In which language do you prefer to receive information from the school? _____

SPECIAL EDUCATION: YES | NO [IEP Submitted: YES | NO] Basic Skills: ___ Speech: ___ ESL: ___

Current Legal Home Address in Edison _____ Apt #: _____
Street Address /City/ Zip Code

Home Phone Number (____) _____ - _____ Email: _____

Mother/ Guardian 1 Mobile: (____) _____ - _____ Father/Guardian 2 Mobile: (____) _____ - _____

Previous Legal Address: _____ Apt #: _____
Street Address /City/ Zip Code

CHECK HERE IF CURRENT ADDRESS IS THE SAME AS THE STUDENT ADDRESS: _____

Note: If the parents are divorced or separated, or someone other than the parents has legal custody of the child, you are required to submit legal proof of residential custody.

Parent/Legal Guardian Information (PLEASE PRINT CLEARLY)

Mother/Legal Guardian 1 Name _____ **Relation to Student:** _____

_____ Apt #: _____
Street Address / Zip Code

Home Phone Number (_____) _____ - _____ Mobile (_____) _____ - _____

Work Phone (_____) _____ - _____ Email: _____

Language Spoken: _____ This parent/legal guardian has residential custody: ___ YES ___ NO

Father/Legal Guardian 2 Name _____ **Relation to Student:** _____

_____ Apt #: _____
Street Address / Zip Code

Home Phone Number (_____) _____ - _____ Mobile (_____) _____ - _____

Work Phone: (_____) _____ - _____ Email: _____

Language Spoken: _____ This parent/legal guardian has residential custody: ___ YES ___ NO

Emergency Contact (NOT parent/legal guardian)

Name _____ Name _____

Relation to Student _____ Relation to Student _____

Phone Number (_____) _____ - _____ Phone Number (_____) _____ - _____

PLEASE LIST ANY CHILD RESIDING AT THIS ADDRESS ELIGIBLE TO ATTEND SCHOOL

NAME	GENDER	BIRTHDATE	CURRENT SCHOOL	GRADE

I/we fully understand that the Edison School District retains the full right to verify any information contained in this application at any time during the period for which enrollment is pending or after enrollment has actually taken place. If at any time the pupil registered no longer qualifies as an Edison pupil, I/we shall forthwith advise the office of the Superintendent of Schools, 312 Pierson Avenue, Edison, NJ 08837. I/we fully understand that failure to do so shall hold me/us legally responsible for all tuition costs, legal costs, and any other expenses incurred by the Edison School District during that period of time for which the pupil was not so qualified for enrollment. I/we understand that no documents or pupil records, awards, or diplomas shall be issued to the pupil or to his parent/guardian or be forwarded to any other school district or school until such costs have been settled with the Edison School District. I/we swear that the information contained herein is true. Any false information concerning residency shall be penalized according to N.J. Statute 18A:38-1.

_____ Date

Parent/Legal Guardian Signature