

GLEN RIDGE PUBLIC SCHOOLS

NEW STUDENT REGISTRATION FORM

Office Use Only	
Amt.:	_____
Date:	_____
<input type="checkbox"/> Ck. #	_____
<input type="checkbox"/> MO #	_____

STUDENT INFORMATION

Registration Date _____ Grade Entering _____ **PK:** Full Day* (8:30am-3:00pm) _____ Half Day* (8:30am-12:30pm) _____
**\$250 non-refundable deposit due at registration for either Session _____*

School Entering _____ Date Entering _____

Student's Name _____ Circle One: Male / Female

Student's Address _____

City, State, Zip _____

Do you currently reside in Glen Ridge? Yes No

Home Phone _____ Primary Email _____

Date of Birth _____ City, State & Country of Birth _____

Ethnicity - *This is mandated by the State for reporting purposes only* (please circle one)

AA H B A W M P
 (American Indian/Alaskan) (Hispanic) (Black, not Hispanic) (Asian) (White, not Hispanic) (Multiracial) (Pacific Islander)

First Language (if other than English) _____ Language Spoken at Home _____

PREVIOUS SCHOOL INFORMATION

Other School(s) Attended:

School	Location	Grade(s)	School	Location	Grade(s)
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

HAS THE STUDENT BEEN CLASSIFIED OR RECEIVED SPECIAL EDUCATION CLASSES? Yes No
HAS THE STUDENT BEEN RECEIVING ACCOMMODATIONS THROUGH A 504 PLAN? Yes No

FAMILY INFORMATION

<input type="checkbox"/> MOTHER <input type="checkbox"/> FATHER <input type="checkbox"/> GUARDIAN Name	<input type="checkbox"/> MOTHER <input type="checkbox"/> FATHER <input type="checkbox"/> GUARDIAN Name
Home Address (if different than above)	Home Address (if different than above)
Home Phone (if different than above)	Home Phone (if different than above)
Employer	Employer
Address	Address
Work Phone	Work Phone
Cell Phone	Cell Phone
Email Address	Email Address

Number of Children in Family _____ Name and Birthdates of all Children:

Name	Birthdate	Name	Birthdate
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Other relatives in home (grandparent, aunt, etc.) _____

Whom to call in CASE OF EMERGENCY (if no parent/guardian is at home) Name _____

Phone _____

Physician to call in CASE OF EMERGENCY Name _____

Phone _____

HAS YOUR CHILD EVER HAD ANY OF THE FOLLOWING? If so, when?

Chicken Pox _____	Heart Disease _____	Frequent Colds _____
Measles _____	Infantile Paralysis _____	Frequent Headaches _____
German Measles _____	Pneumonia _____	Operations _____
Mumps _____	Tuberculosis _____	Serious Injury _____
Diphtheria _____	Tuberculosis in Associates _____	Hepatitis B Series _____
Scarlet Fever _____	Whooping Cough _____	Mantoux Test _____
Rheumatic Fever _____	Ear Infection _____	Serious Allergy _____

List Other Health Concerns: _____

No child may start school without certified proof of required immunizations.

The following documents are needed for inspection and photo copying in order to enroll:

1. **Original Birth Certificate**
2. **Student Health Records**
 - **A complete physical exam** is required for new students. (The examining physician is responsible for informing the school of any health problems which may hinder this child from full participation in the school health education program.)
3. **Current Transcript**
4. **Support Documentation for Proof of Residency:**
 - One of the following:
 - ❖ Property Tax Bill or
 - ❖ Deed or
 - ❖ Settlement Statement or
 - ❖ Lease

plus

 - Voter Registration (if one is available)
 - Evidence of Expenditures for Necessities: credit card receipt, itemized bills, pharmaceuticals, bank statements, utility bills, etc. (Originals)
 - Court Orders, Permits or Agreements with State Agencies (Originals)
 - Employment documents

No registration is complete until all information is verified.

All of the information above is accurate and complete. The student being registered is a resident of Glen Ridge. I fully understand that falsifying information concerning residency will result in expulsion and tuition charges.

Signature of Parent/Guardian _____ Date _____

For Office Use			
Academic Records from Previous School _____	Health Records from Previous School _____	IEP from Previous School _____	
504 Plan from Previous School _____	I.D.# _____	Locker # _____	Schedule _____
Attendance Card _____	Memo to Teachers _____	Business Office notified _____	TUITION: <input type="checkbox"/> Yes <input type="checkbox"/> No
Rec'd/Reviewed by _____	School _____		