

**Sussex-Wantage Regional School District
Student Registration Form**

Child's First Name _____ Middle Initial ____ Last Name _____

Date of Birth _____ Gender M/F _____ Grade _____

Race (please check all that apply)

White ____ Black ____ Hispanic ____ American Indian ____ Asian ____ Pacific Islander ____

Home Address _____ Sussex _____ Wantage _____

Home Telephone _____

Mother's Name _____ Father's Name _____

Home Address _____ Home Address _____

Mailing Address _____ Mailing Address _____

Mother's Cell# _____ Father's Cell# _____

Mother's Email _____ Father's Email _____

• Are both parents to receive mail or email Yes No

• Did your child attend preschool Yes No

• Does your child receive Special Services/IEP Yes No

If yes, please list classification _____

• Does your child have a 504 plan Yes No

• Child's Primary Language _____

• Does your child require English as a Second Language services Yes No

• Does your child have an allergy to peanuts Yes No

• Do you receive food stamps, TANF, other assistance or did your child receive Free or Reduced Lunch at his/her previous school Yes No

If yes, please indicate type of assistance _____

Child's First Name _____ Middle Initial ____ Last Name _____

Emergency Contact Information:

Name	Relationship to child	Telephone number
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Name of sibling(s) who attend SWRSD	Grade	Bus #
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Special busing needs (pickup or drop off at babysitter or daycare)

AM pickup location _____

PM drop off location _____

Print name	Signature	Date
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