

**Oakland K-8 Public Schools**  
**Enrollment Application/Registration Form**

Entry Grade \_\_\_\_\_ Resident School \_\_\_\_\_ Date \_\_\_\_-\_\_\_\_-\_\_\_\_

Proof of Residency (2 documents) \_\_\_\_\_

Child's Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name \_\_\_\_\_

Date of Birth \* \_\_\_\_/\_\_\_\_/\_\_\_\_ Birth Document \_\_\_\_\_ ☐ Male ☐ Female  
(Attach copy)

Please check the category that most clearly reflects your child's ethnicity/race. More than one may be checked.

☐ White ☐ Hispanic/Latino ☐ Asian ☐ Black or African American  
☐ American Indian or Alaskan ☐ Native Hawaiian or Other Pacific Islander

Home Language \_\_\_\_\_ Native Language \_\_\_\_\_

Birth City \_\_\_\_\_ Birth State \_\_\_\_\_ Birth Country \_\_\_\_\_

Citizen: ☐ Yes ☐ No

**PARENTS/GUARDIANS:**

1. ☐ Father ☐ Mother ☐ Guardian ☐ Grandparent ☐ Stepfather ☐ Stepmother

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_-\_\_\_\_-\_\_\_\_ Business Phone \_\_\_\_-\_\_\_\_-\_\_\_\_ Cell Phone \_\_\_\_-\_\_\_\_-\_\_\_\_

Occupation \_\_\_\_\_ Business Name and Address \_\_\_\_\_

Business e-mail \_\_\_\_\_@\_\_\_\_\_ Home e-mail \_\_\_\_\_@\_\_\_\_\_

Does child live here? ☐ Yes ☐ No Can this person pick up the child? ☐ Yes ☐ No

Is this person a medical contact? ☐ Yes ☐ No

Should important school mailings be sent to this person? ☐ Yes ☐ No

2. ☐ Father ☐ Mother ☐ Guardian ☐ Grandparent ☐ Stepfather ☐ Stepmother

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_-\_\_\_\_-\_\_\_\_ Business Phone \_\_\_\_-\_\_\_\_-\_\_\_\_ Cell Phone \_\_\_\_-\_\_\_\_-\_\_\_\_

Occupation \_\_\_\_\_ Business Name and Address \_\_\_\_\_

Business e-mail \_\_\_\_\_@\_\_\_\_\_ Home e-mail \_\_\_\_\_@\_\_\_\_\_

Does child live here? ☐ Yes ☐ No Can this person pick up the child? ☐ Yes ☐ No

Is this person a medical contact? ☐ Yes ☐ No

Should important school mailings be sent to this person? ☐ Yes ☐ No

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**PRIMARY EMERGENCY CONTACT:** (if parents/guardians are unavailable)

**[Relationship to Child]**

3. ☐ Father ☐ Mother ☐ Guardian ☐ Grandparent ☐ Stepfather ☐ Stepmother

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Business Phone \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Cell Phone \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Occupation \_\_\_\_\_ Business Name and Address \_\_\_\_\_

Business e-mail \_\_\_\_\_ @ \_\_\_\_\_ Home e-mail \_\_\_\_\_ @ \_\_\_\_\_

Does child live here? ☐ Yes ☐ No Can this person pick up the child? ☐ Yes ☐ No

Is this person a medical contact? ☐ Yes ☐ No

**MEDICAL INFORMATION:**

Physician's \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

My child has health insurance: ☐ Yes ☐ No Name of Provider \_\_\_\_\_

Date of last medical exam \_\_\_\_/\_\_\_\_/\_\_\_\_ Proof of current Immunizations ☐ Yes ☐ No

Date of last lead test \_\_\_\_/\_\_\_\_/\_\_\_\_ Lead level in student's last lead test \_\_\_\_\_

Hospital Preference (if any) \_\_\_\_\_

Note chronic diseases, food or any other allergies, migraines, seizures, frequent ear infections, etc., if any, that student may have: \_\_\_\_\_

Is this student on any medications? ☐ Yes ☐ No If so, list medication (s) and frequency of dosage:

Please check all that apply: ☐ Glasses ☐ Contact Lenses ☐ Orthodontics

The principal/administrator and/or the school nurse have my permission to share my child's health information with teachers and staff who work with my child.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

If you, your child's physician and/or other designated contact persons are not available, permission is granted to school personnel to follow appropriate and emergency procedures, if necessary.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

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**OTHER (\* Please note that the kindergarten entrance age is five years old by October 1.)**

1. Nursery/Pre-School your child is currently attending (if applicable):

Name of School \_\_\_\_\_ Teacher \_\_\_\_\_

Address (street, city, state, zip) \_\_\_\_\_

2. School your child is transferring from:

Name of School \_\_\_\_\_

Address (street, city, state, zip) \_\_\_\_\_

3. Are there any handicapped preschool children in your family? Yes ☐ No ☐

4. Has the child you are registering ever been evaluated by a Child Study Team? Yes ☐ No ☐

5. Has the child you are registering been enrolled in an ESL program? Yes ☐ No ☐

6. Is there a nonresident or custodial parent to whom important school mailings should be sent?

\_\_\_\_\_  
(name) (address) (telephone #)

**Please list below, any pertinent information you would like to share with us:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

1. School Secretary Review \_\_\_\_\_ Date \_\_\_\_\_

2. School Nurse Review \_\_\_\_\_ Date \_\_\_\_\_

3. Principal Contact with Transfer School \_\_\_\_\_ Date \_\_\_\_\_  
(Grades 1-8)

4. Principal Approval for Enrollment \_\_\_\_\_ Date \_\_\_\_\_

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Please list all the children in the family (including the child you are enrolling), with the eldest first:

1. Child's Name

Birth Date

Birthplace

School

Grade

Living w/Family

☐ Yes

☐ No

2. Child's Name

Birth Date

Birthplace

School

Grade

Living w/Family

☐ Yes

☐ No

3. Child's Name

Birth Date

Birthplace

School

Grade

Living w/Family

☐ Yes

☐ No

4. Child's Name

Birth Date

Birthplace

School

Grade

Living w/Family

☐ Yes

☐ No

5. Child's Name

Birth Date

Birthplace

School

Grade

Living w/Family

☐ Yes

☐ No

Regulation #5111 (NJSBA)  
Enrollment Application/Registration Form  
January 2020

1/14/19