

The Oakland Public Schools

Enrollment Application/Registration Form

Please Fill Out Information Below

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

**The Oakland Public Schools
Enrollment Application/Registration Form**

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 ____/____/____

The Oakland Public Schools
Enrollment Application/Registration Form

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** _____

The Oakland Public Schools
Enrollment Application/Registration Form

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

1.	<u>Child's Name</u>	<u>Birth Date</u>	<u>Birthplace</u>		
	<u>School</u>	<u>Grade</u>	<u>Living w/Family</u>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2.	<u>Child's Name</u>	<u>Birth Date</u>	<u>Birthplace</u>		
	<u>School</u>	<u>Grade</u>	<u>Living w/Family</u>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3.	<u>Child's Name</u>	<u>Birth Date</u>	<u>Birthplace</u>		
	<u>School</u>	<u>Grade</u>	<u>Living w/Family</u>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4.	<u>Child's Name</u>	<u>Birth Date</u>	<u>Birthplace</u>		
	<u>School</u>	<u>Grade</u>	<u>Living w/Family</u>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5.	<u>Child's Name</u>	<u>Birth Date</u>	<u>Birthplace</u>		
	<u>School</u>	<u>Grade</u>	<u>Living w/Family</u>	<input type="checkbox"/> Yes	<input type="checkbox"/> No

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