



**PENNSAUKEN PUBLIC SCHOOLS
ADMINISTRATION OFFICES**

STUDENT REGISTRATION FORM

***Important:** This registration application can only be processed if parent/legal guardian has met with the registrar to validate ORIGINAL documents. To avoid delay, all forms must be FILLED-OUT and DOCUMENTS MUST BE COMPLETE when you come to register. The same rules and requirements apply to students who are RETURNING to Pennsauken School District.*

Date: _____

STUDENT INFORMATION

Student Gender: Male Female

Student Grade: _____

Last Name: _____

First Name: _____ Middle Name: _____

Date of Birth: _____ City of Birth: _____
(Month) (Day) (Year)

State of Birth: _____ Country of Birth: _____

Home Address: _____

Home Language: _____ Childs Primary Language: _____

Ethnicity of Student: *(Check all that apply)*

- American Indian/Alaskan Native:** a person having origins in any of the original people of North and South America including Central America and who maintains a tribal affiliation or community attachment.
- Asian:** a person having origins in any of the original people of the Far East, Southeast Asia, or the Indian Subcontinent, for example, Cambodia , China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam.
- Black:** a person having origins in any of the original people of Africa.
- Hawaiian:** a person having origins in any of the original people of Hawaii, Guam, Samoa, or other Pacific Islands.
- Hispanic:** a person having origins in any of the original people of Cuba, Mexico, Puerto Rico, South or Central America, or other Spanish culture or origin, regardless of race.
- White:** a person having origins of the original people of Europe, the Middle East or North America.
- Multiracial:** a person who has a mixed ancestry of two or more races.

Date Entered U.S.: _____ Date Entered U.S. Schools: _____

PRIOR SCHOOL DISTRICT & HOME ADDRESS INFORMATION

Previous Address: _____

Previous Grade: _____

Previous: Homeowner/Landlord: _____ Phone#: _____

Previous School Name: _____ Previous School City: _____

Previous School County: _____ Previous School State: _____

PARENT(S)/GUARDIAN(S) INFORMATION

(Will be used as primary contact) (Check the appropriate box)

Is there a custody agreement in place for this student? Yes No (If Yes, a copy must be provided)

Full Name: _____ Relationship to Student: _____

Home Address: _____

Apt#: _____ City: _____ State: _____ Zip: _____

Priority Phone#1: _____ (Cell/Home/Work/Other): _____

Priority Phone#2: _____ (Cell/Home/Work/Other): _____

Priority Phone#3: _____ (Cell/Home/Work/Other): _____

Name of Employer: _____

Full Name: _____ Relationship to Student: _____

Home Address: _____

Apt#: _____ City: _____ State: _____ Zip: _____

Priority Phone#1: _____ (Cell/Home/Work/Other): _____

Priority Phone#2: _____ (Cell/Home/Work/Other): _____

Priority Phone#3: _____ (Cell/Home/Work/Other): _____

Name of Employer: _____

Do you have health insurance coverage for your child? (Check One): Yes No

If no, would you like an application for NJ Family Care insurance? Yes No

EMERGENCY CONTACT

Full Name: _____ Relationship to Student: _____ Phone: _____

Full Name: _____ Relationship to Student: _____ Phone: _____

Full Name: _____ Relationship to Student: _____ Phone: _____

SIBLINGS IN THE DISTRICT

	<u>Name</u>	<u>Date of Birth</u>	<u>Grade</u>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____
6.	_____	_____	_____

SPECIAL EDUCATION/ 504 PLAN/ RELATED AIDS OR SERVICES (Check All Services Your Child Receives)

- Basic Skills Instruction (BSI) 504 Plan (Please provide a Copy)
 English Language Learner (ELL) Special Education/ I.E.P. (Please Provide a Copy)

I/We certify that all information are true and correct and understand that school officials may verify information.

_____ *Print Parent/Guardian's Name*

_____ *Parent/Guardian's Signature*

_____ *Date*

DO NOT FILL BELOW THIS LINE. OFFICE USE ONLY.

**REGISTRAR/SCHOOL STAFF MUST CHECK DOCUMENTS SUBMITTED.
 "NOTICE OF DEFECT" WILL BE ISSUED FOR INCOMPLETE REQUIREMENTS**

PROPERTY OWNER	RENTERS	LIVING WITH HOMEOWNER	LIVING WITH RENTER	SECONDARY PROOF	STUDENT RECORDS	OTHER
____ Tax bill ____ Property Deed ____ Mortgage Settlement Papers	____ Sworn Statement of Landlord (FORM C) ____ Parent/Guardian Affidavit of Residency (FORM A-1)	____ Proof of Ownership (Tax Bill, Property Deed, Mortg etc) ____ Affidavit of Residency (FORM A) ____ Parent/Guardian Affidavit of Residency (FORM A-1)	____ Sworn Statement of Landlord (FORM C) ____ Affidavit of Residency (FORM A) ____ Parent/Guardian Affidavit of Residency (FORM A-1)	____ Utility Bill (PSE&G, Water etc.) CUSTODY (If Applicable) ____ Custody ____ State Agency Placement	____ Original Birth Certificate ____ Transfer Card ____ Most Recent Report Card ____ Test Scores ____ Health Record (Immunization Physical, etc) If Applicable: ____ Special Ed Records(IEP) ____ High School Transcripts ____ Discipline Records	____ Grade If Applicable: ____ BSI ____ 504 ____ ELL ____ IEP ____ ____ School Assigned

(Check the appropriate box)
 Enrolled in: Charter Choice Vocational Pennsauken District

Entered by: _____

_____ (Date Application is Complete)