Haddon Township Schools Registration Form *Office Use Only: Student Number:*_____
Student Registration Form 11/1/2016

*School:*_____

Student Information

Last Name:_____ Phone:_____
First Name: _____ MI:_____ Grade:_____ Male ( ) Female ( )
Street Address_____ First Date of Entry_____
Haddonfield 08033 ( ) Westmont 08108 ( ) Oaklyn 08107 ( ) W. Collingswood Ext. 08107 ( ) W. Colls Hts. ( ) W. Colls 08104

Date of Birth_____ Place of Birth (City and State)_____

Proof of Residency: Tax Bill ( ) Deed/Lease Agreement ( ) Utility ( ) Other (specify)_____
Driver's LIcense ( ) Affidavit of Temp Residency ( ) _____

Ethnicity: Is the student Hispanic or Latino? Yes_____ No_____
Race Category (check all that apply):
White ( ) Black/African American ( ) Asian ( ) American Indian/Alaskan Native ( ) Native Hawaiian/Other Pacific Islander ( )

Previous School and District Attended: _____

- Has the student ever been referred to the Child Study Team for evaluation? Yes_____ No_____
- Is the student eligible to receive Special Education Services? Yes_____ No_____
  - If yes, what kind?_____
- Is the student eligible for 504 services? Yes_____ No_____
  - If yes, what kind?_____
- Will the student be eligible for Free or Reduced Lunch? Yes_____ No_____ N/A _____ Unknown _____
- Is the student receiving any related services? Yes_____ No_____ Which?_____(OT, PT, Speech, Counseling)
- Has the student attended Haddon Township Schools before? Yes_____ No_____
  - If yes, which school(s)?_____ Dates_____
- Is another language besides English spoken in the home? Yes_____ No_____
  - If yes, what language?_____ Which Dialect?_____
- Did the student receive ESL (English as a Second Language) services at their former school? Yes_____ No_____

Head(s) of Household Information
Student lives with: Both Parents ( ) Father ( ) Mother ( ) Foster Parent ( ) Guardian ( ) Relationship_____

Name_____ Employer_____
Last First MI
Email_____ Work Phone:_____ Cell Phone:_____

Name_____ Employer_____
Last First MI
Email_____ Work Phone:_____ Cell Phone:_____

Non-Resident Parent
Name_____ Employer_____
Last First MI
Email_____ Work Phone:_____ Cell Phone:_____
Address_____

Emergency Contact (other than parent)

Name of Contact_____ Phone Number_____

Relationship to Student_____

Medical Conditions/Allergy ALERTS

_____

Physician:_____ Phone Number_____
Hospital Preference:_____

LEGAL ALERTS:

_____

Signature of Person Completing Form: _____ Date:_____

Siblings and Others in Household

Last Name	First Name	Gender	Date of Birth	Name of School Currently Attending (if applicable)	Grade	Relationship to Student