POMPTON LAKES PUBLIC SCHOOLS

**REGISTRATION FORM**

Date

Last Name       First Name       MI       Student Number \_\_\_\_\_\_\_\_\_\_\_\_\_

District/School Entry Date       Entry Grade Level

Home Phone       Gender: Male  Female

Non-Binary

Home Address

Mailing Address (if different)

DOB       Birth City       Birth State       Birth Country

Birth Certificate Presented: Yes  No  Immigrant Student Yes  No

Municipal Code: **1609** Next School Indicator \_\_\_\_\_\_\_\_\_\_ Next Grade Indicator \_\_\_\_\_\_\_\_\_\_

Graduation Year       First Entry in U. S. School

Hispanic: Yes  No

Federal Ethnicity: American Indian  Asian  Black  Pacific Islander  Hispanic  Latin-X  White

Primary Language Spoken at Home       NJ Smart ID Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Proof of Residency (List Three):

1. 2.       3.

Father’s Name       Mother’s Name

Father’s Work Phone       Mother’s Work Phone

Father’s Cell Phone       Mother’s Cell Phone

Father’s E-Mail       Mother’s E-Mail

**EMERGENCY CONTACTS**

Contact 1: Name       Relationship

Phone Number       Phone Type: Cell  Home  Work

Contact 2: Name       Relationship

Phone Number       Phone Type: Cell  Home  Work

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Doctor’s Name       Phone Number

Does child have Health Insurance?

Yes  If yes, name of insurance company

No  NJ Family Care provides free or low cost health insurance for uninsured children and certain low income parents. For more information call (800) 701-0710 or visit [www.njfamilycare.org](http://www.njfamilycare.org) to apply online.

Yes  You may release my name and address to the NJ Family Care Program to contact me about health insurance.

No  You may NOT release my name and address to the NJ Family Care Program.

Student’s Parents: Married  Separated  Divorced  Father Deceased  Mother Deceased  NM

Custody Papers: Yes  No  Forthcoming

Student Lives With: Both Parents  Mother  Father  Guardian

If Guardian, Name:       Relationship

Affidavit? Yes  No  Please provide name and relationship below:

Name       Relationship

Sending School       Phone Number

School Street Address       City       State

Has the student previously attended any Pompton Lakes Schools? Yes  No  If yes, when

Support Services? Please check all that apply: Special Ed.  Speech  ESL  AT  BSI Math  BSI Reading

Names of siblings attending/registering in Pompton Lakes Schools:

Name       DOB       Grade       School

Name       DOB       Grade       School

Name       DOB       Grade       School

Name       DOB       Grade       School

Military Connected Indicator: Not Military  Active Duty  National Guard/Reserves  Unknown

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Print Name Signature

Written consent required pursuant to 20 U.S.C. § 1232g (b)(1) and 34 C.F.R. 99.30 (b).

Revised

July 2020

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