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 [ ]

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

 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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