

NORTH HANOVER TOWNSHIP SCHOOLS, BURLINGTON COUNTY, NEW JERSEY

PUPIL REGISTRATION FORM

Date _____ School _____ School Year 20 _____ 20 _____

Pupil's Name _____ Date of Birth _____ Age _____
(Last) (First) (MI)

Sex _____ M _____ F Race: (American Indian or Alaska Native) (Asian) (Black or African American)
(Native Hawaiian or Other Pacific Islander) (White)

Ethnicity: _____ Hispanic or Latino OR _____ Not Hispanic or Latino

Evidence of Age - Birth Certificate Other: _____

Place of Birth _____
(City) (State) (County) (Country)

Address: _____

Mailing Address (if different) _____

Home Telephone _____ Cell Telephone _____

Mother/Guardian's Name _____ Father/Guardian's Name _____

Mother/Guardian's Occupation _____ Father/Guardian's Occupation _____

Mother/Guardian's Work Phone _____ Father/Guardian's Work Phone _____

Branch of Service/Rank (if in military) _____ Branch of Service/Rank (if in military) _____

Name & Address of School Attended Prior to This One _____
(Name)

(Street) (City) (State) (Zip Code)

List language(s) spoken at home other than English: _____

<u>Names of Brothers and Sisters</u>	<u>Age</u>	<u>School</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Identify all individuals permitted to pick up your child from school:

Name: _____ Address: _____ Phone #: _____

Name: _____ Address: _____ Phone #: _____

Name: _____ Address: _____ Phone

#: _____

(OVER)

*******IMPORTANT INFORMATION REQUESTED*******
NJSMART

Please indicate whether your child has Health Insurance: _____ Yes _____ No

If yes, please provide name of Health Insurance Provider: _____

Please indicate whether your child has been tested for lead: _____ Yes _____ No

Please provide date student was last tested for Lead and the results of that test: _____
Date of Test Results of Test

Parent/Guardian's Signature

FOR PRE-K AND KINDERGARTEN ONLY:

- Has your child had pre-school or play group experience? _____ Yes _____ No
- Is your child afraid of anything? _____ Yes _____ No If yes, please explain:

- Does your child have any speech difficulties? _____ Yes _____ No If yes, please explain:

- Does your child take a daily nap? _____ Yes _____ No Approximate time of day: _____
Length of nap: _____
- Is your child _____ right handed or _____ left handed?

Is there any other information about your child that would be helpful for the teacher to know?

FOR OFFICE USE ONLY

Federally Connected Yes _____ No _____

Civilian Yes _____ No _____

Teacher's Name _____

Grade _____ Rm _____ AM PM

Student ID # _____

Entrance Date _____

Date Left: _____

Where To: _____

Registrar's Signature

STU 505 (Rev 05/07)