

LINCOLN PARK SCHOOL DISTRICT
92 RYERSON ROAD, LINCOLN PARK, NJ 07035
973-696-5500 (Tel.) 973-696-9273 (Fax) www.lincolnparkboe.org

STUDENT REGISTRATION FORM

Items required to register a student: Birth Certificate, Immunization Records, 4 Proofs of Residency – **One must be a copy of a deed, mortgage statement, tax bill, or lease (if renting).** Three other proofs of residency are required: driver's license, utility bills, insurance statements, etc.

If student is transferring from another New Jersey public school, a Transfer Card is required from the school student is leaving.

Date of Application: _____ Incoming Grade Level: _____

Student's Full Legal Name: Last First Middle (full, not initial)

_____ Male Female
Date of Birth Gender

All students will be registered by the full name that appears on their birth certificate.

Current Address: Apt./House Number/Street City State Zip Code

_____ Home Telephone Number _____ Cell Number (Mother) _____ Cell Number (Father)

_____ Business Phone (Mother) _____ Employer's Name/Address _____ E-Mail (Mother)

_____ Business Phone (Father) _____ Employer's Name/Address _____ E-Mail (Father)

The following is requested to comply with U.S. and NJ government regulations. This data is used for statistical purposes only.

Ethnic Category: Please check (1) group that best describes your ethnicity:

_____ White _____ Hispanic/Latino _____ Black/African American
_____ American Indian/
Alaskan Native _____ Asian _____ Native Hawaiian/
Other Pacific Islander

Student Registration/page 2

Student's Name: _____

Student's Place of Birth: City, State, Country

Citizenship – Name of Country

Primary Language: _____

Date Entered U.S. (if not born in U.S.)

Language Spoken at Home: _____

Date of First Entry into U.S. School

Mother's Full Name: _____

Mother's Date of Birth: _____

Mother's Address: _____

Father's Full Name: _____

Father's Date of Birth: _____

Father's Address: _____

Name of Legal Guardian/Date of Birth: (if applicable) _____

Name of Step-Parent/Date of Birth (if applicable):

Step-Mother: _____ DOB: _____

Step-Father: _____ DOB: _____

Child Lives With: _____ Both Parents _____ Mother _____ Father

_____ Legal Guardian _____ Other (Specify)

Relative – List Name, Date of Birth,
& Relationship to Student

Is there a Custody Agreement? _____ Yes _____ No

Is there shared legal custody? _____ Yes _____ No

Custodial Parent's Name/Date of Birth Number/Street City State Zip Code

Non-Custodial Parent's Name/Date of Birth Number/Street City State Zip Code

Is there a Guardianship Agreement? Yes No

| Name of Guardian/Date of Birth | Number/Street | City | State | Zip Code |
|--------------------------------|---------------|------|-------|----------|
|--------------------------------|---------------|------|-------|----------|

Telephone Number for Guardian: _____

Copy of Legal Documents regarding Guardianship are required.

List everyone living at this address:

| <u>Name</u> | <u>Relationship to Student</u> | <u>Date of Birth</u> | <u>Grade in School</u> |
|-------------|--------------------------------|----------------------|------------------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

Academic Services:

Is the student currently receiving Special Education Services? Yes No

| Classification | Date of Classification |
|----------------|------------------------|
|----------------|------------------------|

Does the student receive Basic Skills instruction? Yes No

Is the student in a self contained classroom? Yes No

Does the student have a 504? Yes No

| Description / Reason | Date of Accommodation Plan |
|----------------------|----------------------------|
|----------------------|----------------------------|

Name of 504 Coordinator

Does the student have any other special academic needs? If so, in what areas?

Name, address, and telephone number of last school attended:

| Name of School | Number/Street | City | State | Zip Code | Telephone # |
|----------------|---------------|------|-------|----------|-------------|
|----------------|---------------|------|-------|----------|-------------|

Health Information:

Please indicate if your child has any physical/medical problems in the following areas:

Wears Glasses _____ Yes _____ No Wears a Hearing Aid _____ Yes _____ No

Does the student take medication in school? If so, please name medication.

Does student have any allergies? If so, please name them (include food allergies).

Other physical/medical conditions:

I affirm that all the information provided on this registration form is true and accurate to the best of my knowledge.

Signature of Parent/Guardian

Date