

SCOTCH PLAINS-FANWOOD PUBLIC SCHOOLS REGISTRATION FORM

Principal Review _____

STUDENT INFORMATION (Please print.)			Kindergarten: Session Preferred [] AM [] PM
Last Name _____	First Name _____	M.I. _____	Preferred Name _____
Street Address _____	Town _____	State _____	Zip Code _____
Student Resides With (Relationship): _____			
Do parents/guardians: Own Home _____ Rent _____ Have Lease _____ Lease Expiration Date _____ Reside with resident _____			
Date of Birth: (M)____(D)____(Y)____ Age: ____ Gender: ____			
Birthplace (City/State): _____		Country of Birth: _____	US Citizen: Yes [] No []
*Ethnic Code: _____	*Ethnic Identity Code: _____	*Native Language Code: _____	*Dialect Code: _____ (*See codes.)
Home Language: _____		Other Language(s) Spoken at Home: _____	
If English is not the native language, please check here []		Number of children in family: _____ List the names & birthdates of siblings:	
If English is spoken and understood by the parent/guardian/person enrolling student, please check here. []		Name _____ Birthdate _____	Birthdate _____
		Name _____	Birthdate _____
		Name _____	Birthdate _____
Name Previous School: _____			
Street Address _____	Town _____	State _____	Zip Code _____
Moving within Scotch Plains-Fanwood: What Will Be Your New Address? _____ Date of Move: _____			

<p>PARENT/GUARDIAN INFORMATION Father/ Mother/ Guardian / Other</p> <p>Please Circle: Mr. Mrs. Ms. Dr. Marriage/Civil Union Status: _____</p> <p>Last Name: _____</p> <p>First Name: _____</p> <p>Address: _____</p> <p>Home Phone: _____ Email _____</p> <p>Cell Phone: _____</p> <p>Business Phone: _____</p> <p>Occupation: _____</p> <p>Employer's Name: _____</p> <p>Employer's Address: _____</p> <p>Email _____</p> <p>Email _____</p>	<p>PARENT/GUARDIAN INFORMATION Father/ Mother/ Guardian / Other</p> <p>Please Circle: Mr. Mrs. Ms. Dr. Marriage/Civil Union Status: _____</p> <p>Last Name: _____</p> <p>First Name: _____</p> <p>Address: _____</p> <p>Home Phone: _____ Email _____</p> <p>Cell Phone: _____</p> <p>Business Phone: _____</p> <p>Occupation: _____</p> <p>Employer's Name: _____</p> <p>Employer's Address: _____</p> <p>Email _____</p> <p>Email _____</p>
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FOR OFFICE USE ONLY (Please print.)			Registration Date: _____
Home School: _____	Placement School: _____	Grade: _____	
Registration: []	Date Starting SP-F Schools: _____	Grade: _____	Student Number: _____ State Id Number _____
Transfer: []	to: _____	Grade: _____	Change [] or Withdrawal: []
Reason For Transfer: _____			
Instruction Setting Code: _____		Test for ESL: Yes [] No []	Placed in ESL: Yes [] No []
Resident: Yes [] No []	Birth Certificate: Yes [] No []	Medical Records: Yes [] No []	Academic Records: Yes [] No []
Proof of Residence: Yes [] No []	Circle Number: 1 2 3 4	Immunization Records: Yes [] No []	
Assigned to: Homeroom: _____		Teacher: _____	
TRANSPORTATION:			
Will student take the bus? Yes [] No []		Will student walk to school? Yes [] No []	