All information is required by the State of New Jersey (Please print in black ink)

**202\_\_\_-202\_\_\_ HAMPTON PUBLIC SCHOOL – STUDENT REGISTRATION FORM**

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| **(Completed by School Personnel)** **STATE ID#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Local ID# \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Registration: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

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| Date of Birth: mm/dd/yyyy Gender: [ ] M [ ] F Entering grade: Click to enter text School attending: Click to enter textName (as stated on birth certificate): Last Click to enter text First Click to enter textMiddle Click to enter text Physical Street Address Enter Street, Town, Zip Code Mailing Address (if different) Mailing Address Home Ownership: [ ] Own [ ] RentForm submitted for of Proof of Residency [ ] Copy of Deed [ ]  Utility Bill [ ]  Homeowner Certified LetterHome Telephone #: Click to enter text Cell #: Cell phone Birth CityClick to enter text Birth Stateenter text here Birth Country enter text here\_ If not born in the United States, how long has child lived here: Click to enter text. Native Language: Click to enter text Home Language (language child speaks at home) Click to enter textDoes your child speak English? [ ]  Yes [ ]  No Is child bilingual? [ ]  Yes [ ]  No Do parents speak English? [ ]  Yes [ ]  NoPrevious Completed Grade Level: Click to enter text. Previous School Attended: Click to enter text.Student lives with : **If joint physical custody, check primary custodial parent.**[ ] Mother [ ] Father [ ] Both [ ] Guardian [ ] Other enter name hereEthnicity (please check): [ ] American Indian [ ] Asian [ ] Black [ ] Pacific [ ] White [x] Hispanic Homeless Status: [ ] Yes [ ] No If yes, primary nighttime residence: Click or tap here to enter text.**Is there a custody arrangement or legal action affecting the family?** [ ] **yes\*** [ ] **no**  **(if yes, complete Court Document Section )**Does your child currently receive Special Education (IEP) services? [ ] yes [ ] no Does your child currently receive Section 504 accommodations? [ ] yes [ ] no List other children attending NJ Public Schools (Name, School, Grade): Enter Name Here Enter School Here Enter Grade HereEnter Name Here Enter Name HereEnter Name HereEnter Name Here Enter Name HereEnter Name Here |

**PLEASE COMPLETE REVERSE SIDE**

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| **GUARDIAN INFORMATION : All Guardians listed below will be deemed to have permission to pick up the child, be a medical contact and receive school emails/reports unless indicated otherwise.****Guardian #1: Relationship to Student:** Click here to enter textLast Name: Click here to enter text First Name: Click here to enter textAddress: Click here to enter textHome Phone: Click here to enter text Cell Phone: Click here to enter textWork Phone: Click here to enter text Email: Click here to enter text**Guardian #2: Relationship to Student:** Click here to enter text Last Name: Click here to enter text First Name: Click here to enter textAddress Click here to enter textHome Phone: Click here to enter text Cell Phone: Click here to enter textWork Phone: Click here to enter text Email: Click here to enter text**Military Connection of Family: (Please check applicable status of parent/guardian)** [ ] Not military connected [ ] Active duty [ ] National Guard/Reserve  **Health Insurance: Does your child have health insurance?** [ ] **Yes** [ ]  **No****Name of Provider:** Click here to enter textIf you **do not** have health insurance**, do you give permission** for your name, address and phone to be submitted to NJ Family Care? **Please sign below to allow for release of your information to NJ Family Care.** 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 [ ] No\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Click here to enter textSignature of Parent/Guardian completing this form Date**\*COURT DOCUMENTS**: If marked yes**, a copy must be submitted with the registration papers.** If access to records **or** custody of a child is denied to a parent, a true copy of court order designating custodial person(s) and any subsequent modifications must be attached. If the student does not reside with both parents, please provide the contact information (including email address) of the joint custodial or non-custodial parent entitled by law to receive reports: Click or tap here to enter text. |

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**Child Find can be reached Toll-Free at 1-800-322-8174 Please complete reverse side -** Revised Jan 2023