

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

202__-202__ HAMPTON PUBLIC SCHOOL – STUDENT REGISTRATION FORM

(Completed by School Personnel)

STATE ID# _____ Local ID# _____

Date of Registration: _____

Date of Birth: _____ Gender: M F Entering grade: _____ School attending: _____

Name (as stated on birth certificate):

Last _____ First _____ Middle _____

Physical Street Address _____

Mailing Address (if different) _____

Home Ownership: Own _____ Rent _____ Form submitted for of Proof of Residency: _____

Home Telephone #: _____ Cell #: _____

Birth City _____ Birth State _____ Birth Country _____

If not born in the United States, how long has child lived here: _____ Native Language: _____

Home Language (language child speaks at home) _____

Does your child speak English? _____ Is child bilingual? _____ Do parents speak English? _____

Previous Completed Grade Level: _____ Previous School Attended: _____

Student lives with (circle one): **If joint physical custody, circle primary custodial parent.**

Mother /Father /Both /Guardian /Other _____

Ethnicity (please check): American Indian Asian Black Pacific White Hispanic

Homeless Status: Yes No If yes, primary nighttime residence: _____

Is there a custody arrangement or legal action affecting the family? yes* no

(if yes, complete Court Document Section on back)

Does your child 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):

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: _____

Last Name: _____ First Name: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____ Email: _____

Guardian #2: Relationship to Student: _____

Last Name: _____ First Name: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____ Email: _____

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? _____ **Name of Provider:** _____

If 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 to apply online. Yes No

Signature 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:

Date

Signature of Parent/Guardian completing this form