

EAST GREENWICH TOWNSHIP SCHOOLS
REGISTRATION FORM

Date Registered _____

Grade/Teacher _____

Bus Number _____

Student's Full Name (including Middle Name) Gender Birthdate
Address: _____ Phone: _____ Birth Place _____

Family E-mail : _____

Mother/Guardian: _____ Occupation: _____
Home Address: _____ Cell Phone: _____
Employer: _____ Work Phone: _____

Father/Guardian: _____ Occupation: _____
Home Address: _____ Cell Phone: _____

Employer: _____ Work Phone: _____

Student Lives With: (circle all that apply.)
Both Parents Mother Father Stepmother Stepfather
Guardian(s) Other (Specify): _____

In the situation where parents do not live together, does the parent with whom the child resides have custody papers? YES ____ NO ____ **If YES, we must have a copy on file.** _____
Legal Guardian (if other than parent) _____ Affidavit of Custody _____

Last School/Preschool Attended _____ Number of Years _____
Address: _____

Language spoken at home: _____

Student's Ethnic Origin: White Black Hispanic Amer.Indian Asian Pacific Island

If you cannot be reached, advise who should be called in a **medical emergency**:

<u>Name</u>	<u>Relationship</u>	<u>Phone</u>
1. _____	_____	_____
2. _____	_____	_____

If you cannot be reached, advise who should be called in a **weather emergency**:

1. _____	_____	_____
2. _____	_____	_____

FOR OFFICE USE ONLY

RESIDENCE VERIFIED: Driver's License and 1 other residence verification - (please circle)

Deed	Settlement Document	Sewer Bill	Tax Bill	Water Bill
Lease with Lease End Date of _____	& Landlord's Phone # _____			Other _____

SCHOOL REQUIREMENTS MET? YES ____ NO ____

IF NO, CHECK ITEMS THAT ARE DEFICIENT:

_____ Original Birth Certificate	_____ NJ Driver's License w/correct address
_____ Proof of Residence	_____ Physical Form
_____ Complete Immunization Record	_____ Custody Papers