



Student Registration Form

www.readington.k12.nj.us

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|---|---|
| <input type="checkbox"/> Readington Middle School | <input type="checkbox"/> Holland Brook School |
| <input type="checkbox"/> Three Bridges School | <input type="checkbox"/> Whitehouse School |

Student Information

Registration Date: _____ Student ID: _____

Transferred From: _____
School Name City County State

First Name: _____ Last Name: _____ Middle: _____

Date of Birth: _____ Grade Entering District: _____

Race (*check all that apply*): **Ethnicity:** **Gender:** Male Female Non-Binary
 White Black or African American Hispanic or Latino
 Asian American Indian/Alaskan Native Non-Hispanic or Latino **Gender at Birth:** Male Female
 Hawaiian/Other Pacific Islander **Is Student a U.S. Citizen?** Yes No

Birth City: _____ Birth State: _____ Birth Country: _____

First Entered US*: _____ Date of First Day in US School*: _____
*If Applicable *If Applicable

Primary Language: _____ Home Language: _____

First Language Spoken by Student: _____

Home Phone: _____

Home Address: _____
Number & Street City State Zip

****Office Use Only****

Date Registered _____ Program Type: _____ Entry Code: _____
 Current School Entry Date _____ Entered By: _____ State Student ID: _____
 Counselor: _____

Guardian Information

(Please enter only one person per contact)

Parent/Guardian 1: (Primary Contact)

Name: _____ Relationship: _____
Prefix First Last Middle

Custody? Yes No

Lives with Student: Yes No

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Email Address: _____ Alternate Email Address: _____

Physical Address: _____
Number & Street

City State Zip

Mailing Address: _____
Number and Street

City State Zip

Receive Mailings for: Schedules Report Card General Information

Parent/Guardian 2: (Primary Contact)

Name: _____ Relationship: _____
Prefix First Last Middle

Custody? Yes No

Lives with Student: Yes No

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Email Address: _____ Alternate Email Address: _____

Physical Address: _____
Number & Street

City State Zip

Mailing Address: _____
Number and Street

City State Zip

Receive Mailings for: Schedules Report Card General Information

Parent Information:

Marital Status: Married Single Divorced Separated

Is Either Parent Deceased? Mother Father

Do you have any relevant court documents? Yes* No

**If yes, please attach all current relevant court documents pertaining to custody, restraining orders or guardianship*

Sibling Information

Name:

Relation:

Enrollment:

School:

Yes No
 Yes No
 Yes No
 Yes No
 Yes No

Emergency Contact (If parents are unavailable)

Contact 1:

Name: _____ Relationship: _____
Prefix First Last Middle

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Home Address: _____
Number & Street

City State Zip

Contact 2:

Name: _____ Relationship: _____
Prefix First Last Middle

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Home Address: _____
Number & Street

City State Zip

Medical Information

Dr. Name: _____

Address: _____
Number & Street City State Zip

Phone Number: _____

Insurance Information: _____

Allergies: _____

Medical Alerts: _____

Medications: _____

Comments: _____

Military Information

Are either or both parents connected with the military? Please check appropriate box below

- Not Military Connected – student is not military connected
- Active Duty – Student is a dependent of a member of the Active Duty Forces (Full Time Army, Navy, Air Force, Marine Corps, or Coast Guard)
- National Guard or Reserve – student is a dependent of a member of the Nation Guard or Reserve Forces

Educational Information

Has your child been evaluated by a Child Study Team? Yes No

If Yes, please complete the following:

Has your child been enrolled in (check all that apply)

- Supplemental Instruction
- Self-contained Special Education Class
- Resource Room
- Speech or Language Therapy Program