



# Student Registration Form

[www.readington.k12.nj.us](http://www.readington.k12.nj.us)

- ☐ Readington Middle School  
☐ Three Bridges School

- ☐ Holland Brook School  
☐ 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):

☐ White ☐ Black or African American

☐ Asian ☐ American Indian/Alaskan Native

☐ Hawaiian/Other Pacific Islander

**Ethnicity:**

☐ Hispanic or Latino

☐ Non-Hispanic or Latino

**Gender:** ☐ Male ☐ Female ☐ Non-Binary

**Gender at Birth:** ☐ Male ☐ Female

**Is Student a U.S. Citizen?** ☐ Yes ☐ No

Birth City: \_\_\_\_\_ Birth State: \_\_\_\_\_ Birth Country: \_\_\_\_\_

First Entered US\*: \_\_\_\_\_

\*If Applicable

Date of First Day in US School\*: \_\_\_\_\_

\*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)

- |   |   |
|---|---|
| <input type="checkbox"/> Supplemental Instruction | <input type="checkbox"/> Self-contained Special Education Class |
| <input type="checkbox"/> Resource Room            | <input type="checkbox"/> Speech or Language Therapy Program     |