



Student Registration Form

www.readington.k12.nj.us

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

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 (<i>check all that apply</i>): | Ethnicity: | Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non-Binary |
| <input type="checkbox"/> White <input type="checkbox"/> Black or African American | <input type="checkbox"/> Hispanic or Latino | Gender at Birth: <input type="checkbox"/> Male <input type="checkbox"/> Female |
| <input type="checkbox"/> Asian <input type="checkbox"/> American Indian/Alaskan Native | <input type="checkbox"/> Non-Hispanic or Latino | Is Student a U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <input type="checkbox"/> Hawaiian/Other Pacific Islander | | |

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:

_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> 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