

## EAST BRUNSWICK PUBLIC SCHOOLS REGISTRATION DATA SHEET

SCHOOL \_\_\_\_\_ DATE \_\_\_\_\_ STUDENT ID \_\_\_\_\_

PLEASE PRINT CLEARLY – ALL INFORMATION MUST BE COMPLETED

Student Last Name	Student First Name (Legal)	M. I.	Nickname
Date of Birth: (M)/_____(D)/_____(Y)_____	Age: _____	Gender: _____	Grade: _____
Student Street Address	Town	Zip Code	
Student resides with (Relationship): _____ Parent Status: Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Single <input type="checkbox"/> Remarried <input type="checkbox"/>			
If divorced or separated, who has legal custody? _____ Who has residential custody? _____			
Student's previous Address & Telephone #: _____			
If you have a residence elsewhere, what is the address and when do you live there? _____			
Student's previous School & Address: _____			
Do you have other children attending East Brunswick Public Schools? Yes <input type="checkbox"/> No <input type="checkbox"/> (List Full Names Below)			
(1) _____	(2) _____	(3) _____	(4) _____
First U.S. School Entry Date: (M)_____(D)_____(Y)_____ Original U.S. Entry Date: (M)_____(D)_____(Y)_____			
Native (Home) Language*: _____ *Native Language is the language first learned by the student, or the language spoken by the student, or the language spoken to the student at home, or the language spoken by adults at home.			
Does the student currently participate in ESL (English as a Second Language) classes? Yes <input type="checkbox"/> No <input type="checkbox"/>			
SPECIAL EDUCATION: Yes <input type="checkbox"/> No <input type="checkbox"/> IEP? Yes <input type="checkbox"/> No <input type="checkbox"/> In Basic Skills? Yes <input type="checkbox"/> No <input type="checkbox"/> Have a 504 Plan? Yes <input type="checkbox"/> No <input type="checkbox"/>			
<b>Required for State/Federal Reports:</b> (these questions must be answered)			
<b>Race:</b> <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Asian <input type="checkbox"/> Pacific Islander <input type="checkbox"/> American Indian/Alaskan Native <b>Ethnicity:</b> Hispanic Yes <input type="checkbox"/> No <input type="checkbox"/>			

**PARENT/GUARDIAN INFORMATION**

Please Circle: Parent Guardian Other _____	Please Circle: Parent Guardian Other _____
(Ms.) (Mrs.) (Mr.) (Dr.)	(Ms.) (Mrs.) (Mr.) (Dr.)
Last Name: _____	Last Name: _____
First Name: _____	First Name: _____
Address: _____	Address: _____
City: _____ State: _____ Zip: _____	City: _____ State: _____ Zip: _____
Parent Preferred E-mail Address: _____	Parent Preferred E-mail Address: _____
Home Phone #: ( ) _____	Home Phone #: ( ) _____
Cell Phone #: ( ) _____	Cell Phone #: ( ) _____
Business #: ( ) _____	Business #: ( ) _____
Occupation: _____	Occupation: _____
Employer's Name: _____	Employer's Name: _____
Employer's Address: _____	Employer's Address: _____

I certify that the foregoing statements made by me are true. I am aware that if any of them are willfully false, I will be subject to legal action. As per State Law and Board Policy, if it is discovered that my child (children) is (are) illegally attending the East Brunswick Schools and not living in East Brunswick, I will be responsible for the payment of all accrued tuition fees. In addition, I acknowledge that I will be responsible for any legal expenses incurred by the East Brunswick Board of Education in relation to the situation.

Print Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_