

DENVILLE TOWNSHIP SCHOOLS
Student Registration

PLEASE FILL OUT ALL THREE PAGES OF THIS FORM COMPLETELY

STUDENT INFORMATION:

School _____

Date _____

Name _____
Last First Middle Name

Generation Code (Jr., Sr.) _____

Gender _____

Address _____

Phone _____

Date of Birth _____ Place of Birth _____

(Birth Certificate Is Required)

Ethnicity

Hispanic/Latino/Latinx Yes No

Race: (You MUST select at least one, however, you may select more than one)

White/Caucasian Yes No
Black/African American Yes No
Asian Yes No
Pacific Islander/Native Hawaiian Yes No
Native American/Indigenous American/Alaskan Native Yes No
Prefer not to indicate

Language, other than English, spoken in the home _____

For foreign born students –

- Country of origin _____
- Original entry date into the USA _____
- Entry date into a school in the USA _____

Child has Individual Education Plan (IEP) or 504 Plan: No Yes, please provide copy

PROOF OF RESIDENCE: (Copy of one document required)

- 1. Property Tax Bill _____
- 2. Deed _____
- 3. Lease _____
- 4. Mortgage statement _____

Proof of attachment to address: (provide one of the following)

- 1. Voter registration _____
- 2. Utility bill _____
- 3. Delivery receipt _____
- 4. Telephone/cable bill _____
- 5. Vehicle registration _____
- 6. Other _____

How long have you lived in this residence? _____
Is this a temporary living arrangement? _____

FAMILY INFORMATION:

Parent / Legal Guardian's Full Name:	
Address (if different):	
Home Telephone (if different):	
Employer:	Work Telephone:
Cell Telephone:	Email:

Parent / Legal Guardian's Full Name:	
Address (if different):	
<input type="checkbox"/> check if address is different and should receive correspondence concerning child	
Home Telephone (if different):	
Employer:	Work Telephone:
Cell Telephone	Email:

Stepparent's Name:	Telephone:
Stepparent's Name:	Telephone:

Number of children in household: _____

Younger Girls:	Younger Boys:	Older Girls:	Older Boys:
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If Student does not reside with Parent please provide the following information:

Name of Legal Guardian _____ Legal Document _____

Relationship of Guardian (if other than parent) _____

Is the student homeless? _____

Former Place of Residence: _____
(Street) (Town) (State & Zip)

School Last Attended: _____
(Name of School) (Address of School)

(County of School) (State & Zip of School)

Grade Last Attended _____ Dates of attendance _____ Promoted to Grade _____

EMERGENCY CONTACT: Please check with persons named to be certain that they are willing to assume this responsibility and notify the school if you make any changes. **Emergency numbers must be local numbers.**

Name:	Relationship to student:	Telephone:
Name:	Relationship to student:	Telephone:

Does your child have any physical disability that would prevent his/her participation in physical education or after-school sports?

Optional Information - Please include any additional information that you feel may help us to provide better service for your child.

State any family circumstances (divorce, separation etc.) and/or custodial arrangements that the school should know. **A COPY OF THE LEGAL DOCUMENTS WHICH ESTABLISHED THESE ARRANGEMENTS MUST BE PROVIDED TO THE SCHOOL.**

A child cannot be admitted to school until PROOF OF IMMUNIZATIONS and the Child's HEALTH RECORD is received by the School Nurse.

Please fill out the Childhood Information Sheet and an Authorization for Release of Records (if applicable) to include with these documents.

I certify that the information I have given is true and correct.

Signature of Parent / Legal Guardian _____ Date _____

For office use only:

School Assigned: Lakeview Riverview Valleyview

Date of Entrance: _____ Grade: _____ Student ID # _____

Proof of residence Birth certificate State ID# _____