

Rochelle Park School District

State ID _____ APPLICATION FOR ENROLLMENT Student ID _____

STUDENT INFORMATION

Last Name:	First:	Middle:	Nickname/Preferred Name:	Entering Grade:	Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>
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Place of Birth:	City:	State:	Date of Birth: / /	Language (s) spoken in the home other than English:
Country:		First Entry Date in US School:		

Home Phone Number:	Student's Cell Number (if applicable):
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Home Street Address: _____ City: _____ State: _____ Zip Code: _____ <input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Non-Rent Paying <input type="checkbox"/> Other: _____	Type of Program: <input type="checkbox"/> Regular <input type="checkbox"/> Special Education If Special Ed, is there an IEP? <input type="checkbox"/> No <input type="checkbox"/> Yes, Classification _____ <i>Address Mail To (i.e., Mr. & Mrs. Smith, Ms. Smith, Mr. Smith)</i>
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Has Child Previously Attended in our District? No Yes If yes, When _____ School Name _____

Name of School Previously Attended (where applicable): When: _____	Address of School Previously Attended (where applicable): Street: _____
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Telephone & Fax Number of School Previously Attended (where applicable): Phone: _____ Fax: _____	City: _____	State: _____	Zip Code: _____
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Ethnic background information is required of all N.J. Public Schools in the completion of an annual state report. The purpose of this information request is to give accurate numbers to the State Department of Education and not to identify students.

Hispanic/Latino White Black Asian Pacific Islander American Indian/Alaska Native

Do you have any other children who attend school in the Westwood Regional School District? <input type="checkbox"/> No <input type="checkbox"/> Yes (if yes, complete information to right)	Name of Child(ren)	Date of Birth	Attending School	Grade
	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____

PARENT/GUARDIAN* INFORMATION

Parents/Guardian: Married Divorced Separated Deceased Single Other _____

Parent /Guardian 1 (will be used as primary contact)

First Name _____ Last _____ Relationship to Student _____
Address _____ City _____ State _____ Zip _____
Home Phone _____ Cell _____ Work Phone _____ Email _____
Health Insurance NO Yes Carrier _____

Parent /Guardian 2

First Name _____ Last _____ Relationship to Student _____
Address _____ City _____ State _____ Zip _____
Home Phone _____ Cell _____ Work Phone _____ Email _____
Health Insurance NO Yes Carrier _____

*If a custodial agreement exists, custody papers or notarized statement from the custodial parent must be provided to allow for a second reporting account for the student (i.e., report cards, messages from administrators, etc).

SECONDARY EMERGENCY CONTACTS

Name:	Relationship to Student:	Home Phone Number:	Cell Number:
Name:	Relationship to Student:	Home Phone Number:	Cell Number:

Parent/Guardian Signature

Date

ENTRY or RE-ENTRY CODES (Office Use Only)

- _____ E-1 Original entry for the United States
- _____ R-3 Re-entry from a non-public school in the state
- _____ R-4 Re-entry from another public school within the state
- _____ R-6 Re-entry from a school in another state
- _____ R-10 Re-entry from an institution for treatment of a physical, mental or emotional disability

DOCUMENTS RECEIVED (Office Use Only)**Birth Certificate** **Affidavit of Residency** **Proof of Residency Documents:**
(At least one required)Deed Tax Bill Lease Landlord Affidavit **Photo ID:**
(At least one required)Driver's License Passport

Other (specify) _____

Other Required Documents:
(At least one required)Bank Statement Utility/Telephone

Other (specify) _____

Additional Notes:**OFFICE USE ONLY****District Entry Date:****Grade / Teacher Placement:****School:****District Genesis Student ID# (assigned by Genesis coordinator) :****Certification that all Medical Forms necessary are received (Building Nurse's signature) :****Certification that all info is in Genesis and student is eligible to begin school:****School Start Date:**