



# STUDENT REGISTRATION FORM

(PLEASE PRINT ALL INFORMATION)

Registration Date \_\_\_\_\_ Grade \_\_\_\_\_

SCHOOL:  Angelo L. Tomaso  Central School  Mt. Horeb School  Woodland School  Warren Middle School

PowerSchool ID # \_\_\_\_\_ NJSmart ID # \_\_\_\_\_  
(Completed by School Office) (If applicable)

In the space below, please write the student's name **EXACTLY** as it appears on the birth certificate.

STUDENT NAME: \_\_\_\_\_  
(Last) (First) (Middle)

STREET ADDRESS \_\_\_\_\_ HOME PHONE\_(\_\_\_\_\_)\_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

Mailing Address (if different) from above \_\_\_\_\_

Sex (M/F) \_\_\_\_\_ Date of Birth \_\_\_\_\_ City/State or Country of Birth \_\_\_\_\_

Ethnic Classification: (Please check all that apply - See explanation below)

- Black/African American  Native Hawaiian/Pacific Islander  White or Caucasian
- Asian  American Indian/Alaska Native  Hispanic/Latino

**Explanation of ethnicity questions:**

American Indian or Alaska Native - A person having origins in any of the original people of North and South America (including Central America) and who maintains a tribal affiliation or community attachment.

Asian – A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

Black or African American – A person having origins in any of the black racial groups of Africa.

Hispanic or Latino – A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

Native Hawaiian or Other Pacific Islander – A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

White or Caucasian – A person having origins in the original peoples of Europe, the Middle East or North Africa.

Is English the primary language spoken at home? YES\_\_\_\_ NO\_\_\_\_

If "No", What is the primary language spoken at home? \_\_\_\_\_ (Please specify dialect) \_\_\_\_\_

Does the child speak English? YES\_\_\_\_ NO\_\_\_\_

Last School Attended \_\_\_\_\_ Dates Attended \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Country \_\_\_\_\_

School Phone (Area Code/Number) \_\_\_\_\_

## FAMILY DATA

**Full Name**  
**Father/Guardian** \_\_\_\_\_

(please circle)    father    stepfather    guardian

Address \_\_\_\_\_

Employer \_\_\_\_\_

Address \_\_\_\_\_

Home Phone\* \_\_\_\_\_

Work Telephone \_\_\_\_\_

Cell Phone \_\_\_\_\_

*\*If different from student's home telephone number.*

**Full Name**  
**Mother/Guardian** \_\_\_\_\_

(please circle)    mother    stepmother    guardian

Address \_\_\_\_\_

Employer \_\_\_\_\_

Address \_\_\_\_\_

Home Phone\* \_\_\_\_\_

Work Telephone \_\_\_\_\_

Cell Phone \_\_\_\_\_

**Parent/Guardian Email Address (for all official correspondence):** \_\_\_\_\_

**Student lives with (Please check those that apply):**     Both Parents     Father     Mother     Other  
**If other, specify**

**If the student does not reside with both parents, please provide the contact information (including e-mail address) of the joint custodial or non-custodial parent entitled by law to receive reports.**

**Court Designated Custodial Person(s)** \_\_\_\_\_ (If applicable)  
*(Please submit a true copy of court order designating custodial person(s) and any subsequent modifications to be retained in student's file)*

**Siblings:**

**Does the student have siblings already attending school in Warren Township**    YES \_\_\_\_    NO \_\_\_\_

**Please list all siblings in the family below.**

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Grade \_\_\_\_\_ M/F \_\_\_\_

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Grade \_\_\_\_\_ M/F \_\_\_\_

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Grade \_\_\_\_\_ M/F \_\_\_\_

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Grade \_\_\_\_\_ M/F \_\_\_\_

**Has the student attended a Warren Township School before?**    YES \_\_\_\_    NO \_\_\_\_    **Dates Attended** \_\_\_\_\_

**Which School(s)** \_\_\_\_\_

**When did your child first enroll in a U.S. school (include pre-school)?** \_\_\_\_/\_\_\_\_/\_\_\_\_  
(mm/dd/yyyy)

\_\_\_\_\_  
**Signature of Parent/Guardian**

\_\_\_\_\_  
**Relationship to Student**

\_\_\_\_\_  
**Date**

**TO BE COMPLETED BY SCHOOL PERSONNEL**

Proof of Birth     Proof of Residency     Affidavit of Residency or  Affidavit of Non-Residency     Custody Papers  
 Scholastic Records    Date Records Requested \_\_\_\_\_  
Health History:  Kindergarten Student     Elementary Student     Middle School Student