

FOR SCHOOL USE ONLY

Health Records _____

Transfer Card (If applicable) _____

Three (3) forms of proof of residency are required upon registration (attach documents)

1 _____ 2 _____ 3 _____ (Check & Initial)

EAST HANOVER TOWNSHIP SCHOOLS

PUPIL REGISTRATION

PLEASE PRINT

USE BALL POINT PEN - PRESS FIRMLY

FOR OFFICE USE ONLY

___ F.J.S. School ___ Central School ___ Middle School	Bus Route _____ Date of Entrance _____
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Name _____ (M) _____ (F) _____ Grade: _____
 (Last) (First) (Middle)

Address _____ Home Phone: _____
 (Number and Street)

Do you: _____ Own? _____ Rent/Lease? _____ Other? _____ Explanation _____

Date of Birth ___/___/___ City/Country of Birth: _____
 M D Y

Proof of Age Document: _____ Rec'd By: _____

Language(s) spoken in the home: Primary _____ Other(s) _____ Dialect _____

Father's Name _____ Occupation _____
 (Last) (First) (Middle)
 Employer _____ Work Phone # _____ Cell # _____

Mother's Name _____ Occupation _____
 (Last) (First) (Middle)
 Employer _____ Work Phone # _____ Cell # _____

Parents: Living Together Separated* Divorced* Single Parent

* In the absence of legal documents, both parents will have access to the student and the student's records.

Living with: Father Mother Shared Custody Step-Parent Other _____
 (Check all that apply)

Additional Information (Optional)

Former address of family _____

Former school and address _____ Phone _____

List all Siblings (List from oldest to youngest)

Name	Age	Birth Date			Name of School	
		Month	Day	Year	Public	Private
1.		/	/			
2.		/	/			
3.		/	/			
4.		/	/			

Signature of parent or guardian completing this form _____ Date _____ If applicable, signature of individual offering assistance _____ Date _____