

BETTY McELMON
ELEMENTARY
PRE-K - GR.4
20 PARKER ROAD
W.L.B., NJ 07764

WEST LONG BRANCH PUBLIC SCHOOL DISTRICT
135 LOCUST AVENUE
WEST LONG BRANCH, NEW JERSEY 07764

FRANK
ANTONIDES
SCHOOL. GR. 5 - 8
135 LOCUST AVE.
W.L.B., NJ 07764

PUPIL REGISTRATION FORM (PAGE 1)

DATE OF APPLICATION: _____ DATE OF ENTRANCE: _____

CHILD'S NAME: _____ BOY GIRL

ADDRESS: _____ LAST FIRST MIDDLE PHONE: _____

DATE OF BIRTH: _____ PLACE OF BIRTH: _____
MONTH/DAY/YEAR CITY STATE COUNTRY

GRADE: _____ TEACHER ASSIGNMENT: _____

PROOF OF RESIDENCE (MANDATORY): **ONE (1) OF EITHER:** LEASE / MORTGAGE STATEMENT / INCOME TAX STATEMENT / PROPERTY TAX BILL / DEED **PLUS TWO (2):** UTILITY BILLS / OTHER _____

AFFIDAVIT & SUPPORTING DOCUMENTS: Y N/A
(PROOF OF RESIDENCY AND SUPPORTING DOCUMENTS SHOULD REFLECT THE RESIDENCY OF OWNER / PERSON SIGNING AFFIDAVIT)

TRANSFERRED FROM: _____
(SCHOOL DISTRICT & ADDRESS)

PREVIOUS SCHOOL: PUBLIC: Y N OR PRIVATE: Y N NJ SID# _____

BIRTH CERTIFICATE RECEIVED: Y N OR PASSPORT: Y N TRANSFER CARD RECEIVED: Y N

(CIRCLE ONE)	NAME	HIGHEST LEVEL OF EDUCATION	OCCUPATION	EMPLOYER NAME & ADDRESS	CELL PHONE
FATHER / STEPFATHER / GUARDIAN					
MOTHER / STEPMOTHER / GUARDIAN					

ARE THERE ANY CUSTODIAL ISSUES THAT WE SHOULD BE MADE AWARE OF REGARDING THE CHILD YOU ARE REGISTERING? Y N IF YES, PLEASE EXPLAIN (PLEASE SUPPLY LEGAL DOCUMENTATION IF APPLICABLE):

BROTHER'S NAME(S)	DATE OF BIRTH	SISTER'S NAME(S)	DATE OF BIRTH

ARE THERE ANY FOREIGN LANGUAGES SPOKEN IN THE HOME? Y N IF YES, LANGUAGE: _____

HAS YOUR CHILD BEEN IN AN ESL / ELL PROGRAM PROVIDED BY THEIR SCHOOL? (ENGLISH AS A SECOND LANGUAGE) Y N

HAS YOUR CHILD BEEN SEEN BY A CHILD STUDY TEAM FOR ANY REASON? Y N _____

DOES YOUR CHILD HAVE AN IEP? Y N _____

DOES YOUR CHILD HAVE A 504 ACCOMMODATION PLAN? Y N _____

HAS YOUR CHILD BEEN IN A BASIC SKILLS PROGRAM? Y N _____

HAS YOUR CHILD BEEN IN AN ACADEMICALLY GIFTED/ TALENTED PROGRAM? Y N IF YES, SUBJECT: _____

DO YOU (SPECIFICALLY) HAVE NEW JERSEY FAMILY CARE INSURANCE? Y N _____

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____

MOTHER'S LEGAL NAME (IF DIFFERENT FROM CHILD'S): _____

REGISTRAR: _____ DATE: _____