

Alloway Township School District

PreK/K - Student Registration Form

Entering Grade _____

Student's Full Name: _____ Date of Birth: _____

City/State where child was born: _____

Mailing Address: _____

Physical Address (if different from above): _____

Home Phone: _____ Gender: _____

Child resides with:

- Both Parents
- Mother only
- Father only
- Guardian (Custody Papers Required)

- We have just moved into the Alloway Township School District and are buying, renting, or own a home in the district. ***(If not, please check the following category/categories:)***
 - We are living in temporary housing
 - We are sharing housing

(If either of these boxes is checked, please refer immediately to liaison.)

The racial/ethnicity of your child:

- White
- African American/Black
- Hispanic/Latino
- Asian/Pacific Islander
- American Indian/Alaskan Native
- Two or More Races

Child's Physician: _____ Phone No.: _____

Does child have Health Insurance?

- Yes If yes, Name of insurance company _____
- No NJ Family Care provides free or low cost health insurance for uninsured Children and certain low income parents. For more information call 1-800-701-0710 or visit www.njfamilycare.org to apply online.

You may release my name and address to the NJ Family Care Program to contact me about health insurance.

Signature Printed Name Date
(Written consent required pursuant to 20 U.S.C. § 1232g(b)(1) and 34 C.F.R. 99.30 (b))

Is a language other than English spoken in the child's home?

- Yes If yes, what is that language? _____
- No

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Father's Full Name: _____

Place of Employment: _____

Work Phone: _____

Cell Phone: _____

Email address: _____

Mother's Full Name: _____

Place of Employment: _____

Work Phone: _____

Cell Phone: _____

Email address: _____

Guardian's Full Name: _____

Place of Employment: _____

Work Phone: _____

Cell Phone: _____

Email address: _____

Emergency Contacts:

Please list at least three people who may assume temporary care if the parent/guardian cannot be reached.

Contact Name	Relationship to Student	Phone Number	Cell Phone Number
Contact Name	Relationship to Student	Phone Number	Cell Phone Number
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Contact Name	Relationship to Student	Phone Number	Cell Phone Number

To the best of my knowledge, this form has been accurately completed.

Parent/Guardian Signature: _____

Date: _____

For office use only:

- Birth Certificate
- Immunization Record
- Tax Bill (home owner)
- Rental Agreement or Lease (renter)
- 2 utility bills
- Court Documents
- Affidavit