PUPIL REGISTRATION FORM REGISTRATION DATE_____
START DATE _____

GARWOOD PUBLIC SCHOOLS
GARWOOD, NEW JERSEY 07027

GRADUATION YEAR _____
GRADE _____

Pupil's Name: _____

Pupil's DOB: _____/_____/_____ Verified: _____BC _____Passport/Visa _____Other

Birth city/state/country:_____

Pupil's address/telephone: _____ _____

(number and street) (telephone)

Residency proof: ___ Tenant policy/lease ___ Homeowner's policy/deed ___ Fed. IRS return ___ Other

School pupil last attended: _____

Address: _____

PARENT/GUARDIAN INFORMATION	Mother	Father
Name of parent/guardian:	_____	_____
If deceased, year died:	_____	_____
Highest level of education:	_____	_____
Occupation:	_____	_____
Business address:	_____	_____
Business telephone:	_____	_____
Address (if different than pupil):	_____	_____
Telephone (if different):	_____	_____
Pupil's brothers (names, DOB):	_____	_____
	_____	_____
Pupil's sisters (names, DOB):	_____	_____
	_____	_____

ETHNIC GROUP (please circle appropriate box):

White Non-Hispanic	Black Non-Hispanic	Hispanic	American Indian	Asian	Hawaiian native/other Pacific Islander
02-M 03-F	04-M 05-F	06-M 07-F	08-M 09-F	10-M 11-F	12-M 13-F

Language spoken in home: _____ Native language: _____

Marital Status of Parents:

_____Married/living together _____Separated _____Divorced _____Widowed _____Remarried

Has the child been receiving Special Services? Please check appropriate box(es):

____Speech/Language _____OT _____PT _____Other

Is there an IEP in place? _____ Yes _____No

Other information:_____

CUSTODY: Is there an issue of child custody (court decree or other)?

_____ yes If yes, state the custodial parent _____
_____ no

If your answer above was "yes", please fill in the information below:

Court decree: Have you brought the original court decree to the main office this school year so that the school may photocopy it to place in the pupil's folder _____ yes _____ no

Affidavit: If child has been given informal custody to a responsible adult, perhaps due to illness or domestic issue, you should have filed an affidavit to that effect this school year so that it may be placed in the pupil's folder. Is this applicable? _____ yes _____ no

In the absence of one of the above forms, either parent will have the right to receive school correspondence regarding the child, to pick up the child, and to authorize emergency actions.

I hereby grant permission to the school district regarding my child in the following areas:

1. to transport to assemblies and programs across town
2. to exchange student information with the student's high school district prior to and after graduation
3. to be examined by the school physician with the understanding that I will be advised of the appointment and given the option of attending for my child only
4. to have my child appear in school publicity items including press releases, school website, photographs, and videotaping.

I AFFIRM THAT TO THE BEST OF MY KNOWLEDGE ALL INFORMATION CONTAINED ABOVE IS ACCURATE. I AM AWARE THAT DELIBERATELY FALSIFYING A PUBLIC DOCUMENT MAKES ME LIABLE FOR PROSECUTION (cf. N.J.S. 2 C:24-4 and N.J.S. 2 C:20-8). I FURTHER UNDERSTAND THAT MY CHILD'S REGISTRATION WILL NOT BE AUTHORIZED UNTIL I RETURN THE COMPLETED PUPIL MEDICAL FORM. I AUTHORIZE THE GARWOOD PUBLIC SCHOOLS TO TAKE PRUDENT ACTION IN AN EMERGENCY. MY SIGNATURE ALSO VERIFIES THAT I HAVE RECEIVED THE PUPIL/PARENT HANDBOOK, REVIEWED IT WITH MY CHILD AND WILL SEE THAT THE GUIDELINES ARE FOLLOWED.

_____ _____

Signature of parent/guardian Date

Reviewed by Building Principal _____ _____
Signature Date

Revised: 12/8/2006

Comments:_____
_____