

PITMAN PUBLIC SCHOOLS
Pitman, New Jersey

PRESCHOOL REGISTRATION INFORMATION

NAME OF STUDENT _____ MALE _____ FEMALE _____
Last First M.

DATE OF BIRTH _____ CITY OF BIRTH _____ STATE OF BIRTH _____
Proof of Age: Transfer card _____ B.C. _____

EMAIL ADDRESS _____

ADDRESS _____ PHONE _____
PO Box not accepted Indicate if not home phone

STUDENT RESIDES WITH: FATHER _____ MOTHER _____ BOTH _____ OTHER _____

ETHNICITY American Indian/Alaskan Native Asian/Pacific Islander Black Caucasian Hispanic Other
Please specify

NATIVE LANGUAGE OF PARENT/GUARDIAN/PERSON ENROLLING STUDENT _____
(If English is not the native language, please check here if English is spoken and understood by the parent/guardian/person enrolling student _____)

FATHER/STEPFATHER/GUARDIAN INFORMATION

NAME _____ CELL PHONE _____

PLACE OF EMPLOYMENT _____ WORK PHONE _____

MOTHER/STEPMOTHER/GUARDIAN INFORMATION

NAME _____ CELL PHONE _____

PLACE OF EMPLOYMENT _____ WORK PHONE _____

LIST ALL CHILDREN IN FAMILY:

NAME	DATE OF BIRTH	GRADE
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

PRESCHOOL PROGRAM CHILD IS BEING ENROLLED IN:

School _____

Number of Days _____

DATE _____

Parent/Guardian Signature

REGISTRAR SIGNATURE