

PITMAN PUBLIC SCHOOLS
PITMAN, NJ

PRESCHOOL REGISTRATION INFORMATION

STUDENT'S NAME: _____ MALE _____ FEMALE _____
Last First M.

DATE OF BIRTH: _____ CITY OF BIRTH: _____ STATE OF BIRTH: _____
Proof of Age: Transfer Card _____ Birth Certificate _____

EMAIL ADDRESS: _____

ADDRESS: _____ PHONE: _____
PO BOX not accepted Indicate if not home phone

STUDENT RESIDES WITH: FATHER MOTHER BOTH OTHER _____

ETHNICITY: American Indian/Alaskan Asian/Pacific Islander Black Caucasian Hispanic Other

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

Any false or fraudulent information will result in retroactive tuition charges and/or removal of the student from school.