

**Alpha Public School**  
**Student Registration Form**

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Grade/Teacher: \_\_\_\_\_

**STUDENT INFORMATION:**

\_\_\_\_\_  
Full Legal Name: (Last, First, Middle)

\_\_\_\_\_  
Current Address: (Number/Street, City, State, Zip)

\_\_\_\_\_  
Gender (M/F)

\_\_\_\_\_  
Home Telephone

\_\_\_\_\_  
Cell Telephone

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Place of Birth (City, State, County, Country)

\_\_\_\_\_  
Name of Previous School

\_\_\_\_\_  
Address (City, State, Zip)

\_\_\_\_\_  
Phone

Ethnic Data: (Please check the category that best describes your child.)

/\_\_\_\_\_/ White

/\_\_\_\_\_/ Hispanic/Latino

/\_\_\_\_\_/ Black/African American

/\_\_\_\_\_/ Asian

/\_\_\_\_\_/ American Indian/Alaska Native

/\_\_\_\_\_/ Native Hawaiian/Pacific Islander

Is English the primary language spoken at home? \_\_\_\_ Yes \_\_\_\_ No

If no, please print the language(s) spoken: \_\_\_\_\_

\_\_\_\_\_  
Student Resides With - Name(s) of Parent/Guardian

\_\_\_\_\_  
Relationship to Student

\_\_\_\_\_  
All Other Members of Household

\_\_\_\_\_  
Relationship to Student

\_\_\_\_\_  
Birthdate

\_\_\_\_\_  
Grade in School

**PARENT INFORMATION:**

**Mother:** Contact: 1<sup>st</sup> \_\_\_\_\_ 2<sup>nd</sup> \_\_\_\_\_ (Choose one)

\_\_\_\_\_  
Mother (Last Name, First Name)

\_\_\_\_\_  
Home Phone

\_\_\_\_\_  
Mother's Address: (Number/Street, City, State, Zip)

\_\_\_\_\_  
Cell Phone

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Employer's Name Occupation Work Phone

**Father:** Contact: 1<sup>st</sup> \_\_\_\_\_ 2<sup>nd</sup> \_\_\_\_\_ (Choose one)

\_\_\_\_\_  
Father (Last Name, First Name) Home Phone

\_\_\_\_\_  
Father's Address: (Number/Street, City, State, Zip) Cell Phone

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Employer's Name Occupation Work Phone

**Please answer the following questions. If you answer Yes to any of these questions, please provide documentation.**

1) Is student in Foster Care or in a court placement?

\_\_\_\_\_ No \_\_\_\_\_ Yes (If yes, please provide further information/documentation.)

2) Parents status: \_\_\_\_\_ Married \_\_\_\_\_ Divorced \_\_\_\_\_ Separated

- Is there a Court Custody Agreement or any Legal Documents regarding this student?

\_\_\_\_\_ No \_\_\_\_\_ Yes (If yes, please provide further information/documentation.)

3) Is there a guardianship agreement?

\_\_\_\_\_ No \_\_\_\_\_ Yes (If yes, please provide further information/documentation.)

4) Is the student currently receiving or received Special Education Services or been eligible under Section 504?

\_\_\_\_\_ No \_\_\_\_\_ Yes ( \_\_\_\_\_ 504 / \_\_\_\_\_ SE - Classification, description of handicap currently or previously)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5) Does the child have any chronic medical problems, special needs or handicapping conditions?

\_\_\_\_\_ No \_\_\_\_\_ Yes (Please explain) \_\_\_\_\_

\_\_\_\_\_

6) What kind of health insurance does the child have? (Please check one.)

\_\_\_\_\_ Private or employment based health insurance

\_\_\_\_\_ Medicaid

\_\_\_\_\_ NJ FamilyCare

\_\_\_\_\_ Other health insurance: \_\_\_\_\_

\_\_\_\_\_ Uninsured

**RESIDENCY:**

Please be advised that I, the parent(s)/guardian(s) of \_\_\_\_\_,  
(Print Student's Name)

entering grade \_\_\_\_\_, would like to register my child with the Alpha Public School District. I certify that I am domiciled in the Town of Alpha, New Jersey, and that the requested information and/or documentation provided herein is true and accurate. I further certify that to determine a student's eligibility for enrollment in the District, the Alpha Board of Education has the right to request documentation of domicile, residency, or affidavit of student status.

I further certify that if information/documentation of residency is falsely represented to the Alpha School District, legal action may be taken against me for payment of full tuition (back to the start date of the student's attendance in our district) together with Attorney's fees that may be incurred by the District.

**I understand that I am responsible for full tuition payment to the Alpha Public School District if I am not domiciled in the Borough of Alpha, New Jersey. I affirm that all the information provided on this registration form is true and accurate. I also understand that if my residency status changes during my child's enrollment in the Alpha School District, it is my responsibility to notify the district immediately.**

Name (printed): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**REQUIRED DOCUMENTATION:**

- 1) An original birth certification with raised seal (will be copied and returned);
- 2) Report of Physical Exam completed by the child's physician (examination must be conducted with 1 year before the start of school);
- 3) Vaccination Record completed by the child's physician;
- 4) Proofs of residency – At least one from Column A and one from Column B (will be copied and returned)

Column A

- Property Tax Bill
- Contract of Sale
- Mortgage
- Deed
- Lease

Column B

- Driver's License
- Court Order
- Utility Bill
- Cancelled Check