

EGG HARBOR TOWNSHIP SCHOOLS

STUDENT ENROLLMENT FORM

Student Information - PLEASE PROVIDE NAME AS IT APPEARS ON BIRTH CERTIFICATE

Student Last Name	Student First Name	Student MI	Date of Birth	Age	Gender M F
Student's Current Residence	Current City, State	Current Zip Code	Primary Telephone Number ()		
Student's Previous Residence	Previous City, State	Previous Zip Code	Primary Language Spoken at Home		
Is Student Hispanic or Latino? Yes No	Student's Race (mark all that apply) White Black or African American	Hispanic Asian	Native Hawaiian or Other Pacific Islander Native American or Alaska Native		
Was student born in the USA? Yes → _____ No → _____					
Student's Place of Birth: City/State			Student's Place of Birth: Country of Origin		
			Student's Date of Entry into the US		
			Student's Date First Attended US School		
Student's Last School Attended Name/Address			Last School Attended Phone ()	Last School Attended Fax ()	
Has this student ever previously attended an EHT school? Yes No			Does student have internet capability at home? Yes No		
Has this student ever received any of the following services at his/her previous school(s)? (mark all that apply)					
Child Study Team (Special Education)		Speech Classes	Basic Skills/Remedial/Title I Classes	Bilingual or English as a Second Language	
Does student reside with both parents? Yes No		If no, with whom does student reside? Mother Father Guardian _____ Relationship to Student			

Parent/Guardian #1 Information

Last Name	First Name	Relationship to Student	Cell Phone Number ()
Place of Employment	Place of Employment Address		
Place of Employment Phone Number ()	Personal Email Address		

Parent/Guardian #2 Information

Last Name	First Name	Relationship to Student	Home Phone Number ()
Street Address (if different than Parent/Guardian #1)	City, State	Zip Code	Cell Phone Number ()
Place of Employment	Place of Employment Address		
Place of Employment Phone Number ()	Personal Email Address		
Should Parent/Guardian #2 receive correspondence about this student? Yes No If no, is there a court order? Yes No			

Student's Physician		
Name	Address	Phone Number ()

Emergency Contact Person(s) – NOT A PARENT OR GUARDIAN		
Last Name	First Name	Relationship to Student
Personal Email Address	Home Phone Number ()	Cell Phone Number ()
Last Name	First Name	Relationship to Student
Personal Email Address	Home Phone Number ()	Cell Phone Number ()

Student's Siblings Living in the Home That Are Currently Attending Egg Harbor Township School(s)					
Last Name	First Name	Relationship to Student	Date of Birth	School Attending	Grade
Last Name	First Name	Relationship to Student	Date of Birth	School Attending	Grade
Last Name	First Name	Relationship to Student	Date of Birth	School Attending	Grade
Last Name	First Name	Relationship to Student	Date of Birth	School Attending	Grade

Miscellaneous Information

I hereby affirm that the information entered is true and correct to the best of my knowledge.

Parent/Guardian Signature _____ Date: _____

FOR OFFICE USE ONLY							
Household Name	Grade Level	School Enrolled		Bus No.	Homeless <input type="checkbox"/>	DYFS <input type="checkbox"/>	
SID No.	District/School Entry Date	Entry code	Date Reg.	Registered By	Date Enrolled	Enrolled By	
Local Student ID No.	Photo Waiver <input type="checkbox"/> Yes <input type="checkbox"/> No	AUP <input type="checkbox"/> Yes <input type="checkbox"/> No	Custody Papers <input type="checkbox"/> Yes <input type="checkbox"/> No	Affidavit Papers <input type="checkbox"/> Yes <input type="checkbox"/> No DATE _____	Lease <input type="checkbox"/> Yes <input type="checkbox"/> No DATE _____		

Egg Harbor Township Public Schools

TRANSPORTATION FORM

Please DO NOT write in the box.

Starting Date: _____ Bus Stop _____

Change of Address: _____ Bus No. _____

Transfer Out: _____ Time _____

Race: _____ American Indian/Alaskan Native Session _____

_____ Asian

_____ Black/African American

_____ Pacific Islander

_____ White

School _____

Ethnicity: Hispanic or Latino? Yes or No Student ID#: _____

SID# _____ ACTIVITY BUS _____

DATE: _____

NEXT YEAR LOCATION: _____

FIRST NAME: _____

GENDER: M F GRADE: _____

LAST NAME: _____

HOME PHONE: () _____

MIDDLE NAME: _____

EMERGENCY PHONE: () _____

DATE OF BIRTH: _____

PARENT/GUARDIAN: _____

MAILING ADDRESS: _____

STREET

CITY

STATE

ZIP

EXACT LOCATION OF YOUR HOME: _____

NAME OF NEAREST ROAD INTERSECTION AND APPROXIMATE DISTANCE FROM IT:

DISTINGUISHING LANDMARKS OR ADDITIONAL INFORMATION, WHICH CAN HELP US BETTER LOCATE STUDENT'S RESIDENCE:

DOES STUDENT HAVE A BROTHER OR SISTER ATTENDING E.H.T. SCHOOLS?: _____

NAME OF BUS STOP HE OR SHE IS NOW USING: _____