EGG HARBOR TOWNSHIP SCHOOLS STUDENT ENROLLMENT FORM

Student Information - PLEASE PROVIDE NAME AS IT APPEARS ON BIRTH CERTIFICATE											
Student Last Name		lent First Name		Student MI	Date o	of Birth	Age	Gender			
								М	F		
Student's Current Residence	Curr	ent City, State		Current Zip C	Codo T	Primary Teleph	-ana Numbar				
Student's current hesidence	Curr	ent city, State		Current zip C	.oue	Primary relepin	Offe Mulliper				
						()					
Student's Previous Residence	rious City, State		Previous Zip	Previous Zip Code Primary Lang			guage Spoken at Home				
Is Student Hispanic or Latino?	Hispanic or Latino? Student's Race (mark all tha										
is student inspanie or Laune.		White	. upp.y/	Hispanic	Hispanic		Native Hawaiian or Other Pacific Islande				
Yes No		Black or African A	American	Asian		Native American or Alaska Native					
Was student born in the USA?											
Yes—			No —	•							
·				Student's	Diaca of	f Birth: <i>Country</i>	of Origin				
Student's Place of Birth: City/St	ate			Student 5 i	Place or	Birtii: Couna)	OI OTIBILI				
				Student's I	Date of	Entry into the U	iS				
				Student's Date First Attended US School							
Student's Last School Attended Name/Address				Last School At	tended	Phone I	Last School Attended Fax				
							, \		ļ		
				()			()				
Has this student ever previously attended an EHT so	:hool?		Does student h	nave internet ca	apabilit	y at home?					
Yes No			Yes	No							
Has this student ever received any of the following:	services at his	s/her previous school(s)	? (mark all that a	apply)							
Child Study Team (Special Education)	Speed	ch Classes Bas	sic Skills/Remedia	al/Title I Classe:	c	Rilingual or E	nglish as a Secor	nd Language	2		
				11/ TILIC T C.0000		Dilligue: 0: -:	IIgnon as a sec.	10 20115000			
Does student reside with both parents? If no, with whom does student is a student reside with both parents?				- 11							
Yes No Mother			Father	Guardian		Relationsh	ip to Student		—		
							10 00 00 00 00 00				
Parent/Guardian #1 Information											
	irst Name		Relationship to Student Cell Phone Number								
		т				()					
Place of Employment Address Place of Employment Address											
Place of Employment Phone Number	Personal Email Add	dress									
1											
()											
Parent/Guardian #2 Information			1	- I I							
Last Name F	irst Name		Relationsn	nip to Student		Home Phone N	iumber				
						()					
Street Address (if different than Parent/Guardian #1) City, State			1	Zip Code		Cell Phone Nun	nber				
						,					
						()					
Place of Employment	Place of Employme	ent Address									
Place of Employment Phone Number	Personal Email Add	dress									
<i>(</i>)											
Shared Constituting and a second seco		1 1 12									
Should Parent/Guardian #2 receive correspondence		tudent?									
Yes No If no, is there a court order? Yes No											

Student's Physician													
Name Address								Phone N	Phone Number				
									1	١			
									\				
Emergency Contact Person(s	– NOT A PA	ARENT	OR GUAF	RDIAN									
Last Name			First Name						Relation	ship to S	Student		
				l									
Personal Email Address				Home	Phone Numb	er			Cell Pho	ne Num	ber		
				()				()			
Last Name			First Name	`					Relation	shin to 9	Student		
2000 1101110									T.C.G.C.O.	p	, taucint		
Personal Email Address				Home F	hone Numb	er			Cell Pho	ne Num	ber		
				,	1				1	١			
				()				()			
Student's Siblings Living in th	e Home Tha	at Are	Currently	Atten	ding Egg H	arbor T	ownship	School(s)					
Last Name	First Name			Relatio	nship to Stud	ent	Date of Bir	rth S	chool Atter	ding		Gr	rade
Last Name	First Name			Relationship to Student Date of Birth So			School Attending			Gr	rade		
Last Name	E' No			D.J.C.			Data (D)	ul C	ala ad Alla	.1			
Last Name	First Name			Relatio	nship to Stud	hip to Student Date of Birth		rth S	chool Atter	iding		Gr	rade
Last Name	First Name			Relationship to Student Date of Birth Sch			chool Attending Grade				rade		
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				l			Į.						
Miscellaneous Information													
-													
I hereby affirm that the inform	nation ente	red is	true and c	orrect	to the bes	t of mv	knowled	ge.					
,						,		J -					
Parent/Guardian Signature _								Da	to:				
arent/ duardian signature _								Da					
			FC	OR O	FFICE U	SE OI	VLY						
Household Name		Grade I			Enrolled			Per	s No.	Homele	255	DYFS	
TIOUSEIIUIU INAITIE		Grade L	.evei	3211001	Linoned			80	3110.	_			
										l	_		
SID No.		District	/School Entr	y Date	Entry code	Date	Reg.	Registered	1 By	Dat	e Enrolled	Enrolle	ad By
Local Student ID No.		Photo \	Vaiver	AUP		Custoda	Papers	Affidavit P	aners		Lease	L	
Local Student ID No.											Lease		
		∐ Ye:	s 🗌 No	∐Ye	s No	☐ Yes	□ No	☐ Yes DATE	□No		Yes DATE	No	

Egg Harbor Township Public Schools TRANSPORTATION FORM

	Please DO NO	T 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				
D	DATE:	NEXT YEAR LOCATION:	_			
F	IRST NAME:	GENDER: M	F	GRADE <u>:</u>		
L	AST NAME:	HOME PHONE:)		
٨	MIDDLE NAME:	EMERGENCY PHONE: ()		
D	OATE OF BIRTH:					
P	ARENT/GUARDIAN:					
	ΛAILING ADDRESS:					
	STREET	CITY		STATE	ZIP	
E	XACT LOCATION OF YOUR HOME:					
Ν	IAME OF NEAREST ROAD INTERSECTION AND APPROX	XIMATE DISTANCE FROM	I IT:			
	DISTGUISHING LANDMARKS OR ADDITIONAL INFORMA EESIDENCE:	ATION, WHICH CAN HELF	P US B	ETTER LOCA	TE STUDEN	IT'S
D	OOES STUDENT HAVE A BROTHER OR SISTER ATTENDI	NG E.H.T. SCHOOLS?: _				
Ν	IAME OF BUS STOP HE OR SHE IS NOW USING:					