

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	Current Zip+4 Code	Primary Contact Number for Household ()		
Student's Previous Residence	Previous City	Previous Zip Code	Primary Language Spoken at Home		
Is Student Hispanic or Latino? Yes No	Student's Race/Ethnicity (mark all that apply): <div style="display: flex; justify-content: space-between; font-size: small;"> American Indian or Alaska Native Black or African American Native Hawaiian or Other Pacific Islander </div> <div style="display: flex; justify-content: space-between; font-size: small;"> Asian Hispanic White </div>				
Was student born in the USA or Puerto Rico? Yes → _____ No → _____ <div style="display: flex; justify-content: space-between; font-size: small;"> Student's Place of Birth: City <i>and</i> State Student's Place of Birth: City and Country of Birth </div> <div style="display: flex; justify-content: space-between; font-size: small;"> Student's First Date of Entry into the US (MM/DD/YYYY) </div> <div style="display: flex; justify-content: space-between; font-size: small;"> Student's Date First Attended US School (MM/DD/YYYY) </div>					
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	Please note if the student has a preferred nickname:			
Has this student ever received any of the following services at their previous school(s)? (mark all that apply) No / None IEP (Individualized Education Program) Special Education Speech Basic Skills/Remedial/Title I Classes Bilingual or English as a Second Language 504					
Is this student's parent or guardian a Full-Time Active Duty member of the United States military services? (Army, Navy, Air Force, Marine Corps, Coast Guard, and National Guard) Not Active Military Connected - Student is not a dependent of a full-time, active member of the Armed Forces Active Military Connected - Student is a dependent of a full-time , active duty member of the Armed Forces					
Does student reside with both parents? Yes No	If no, with whom does student reside? Mother Father Guardian(s): _____ <div style="text-align: right; font-size: small;">Relationship(s) to Student</div>				

Parent/Guardian #1 Information - Please provide name as it appears on Photo ID			
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 - Please provide name as it appears on Photo ID			
If student does not reside with both parents, is there a court order regarding the rights of Parent/Guardian #2? Yes No _____ <div style="text-align: right; font-size: small;">Initials</div>			
Last Name	First Name	Relationship to Student	Cell Phone Number ()
Street Address		City, State	Zip Code
Home Phone Number ()		Place of Employment Address	
Place of Employment Phone Number ()		Personal Email Address	

Student's Doctor		
Doctor's Name / Practice	Address	Phone Number () -

Emergency Contact(s) – NOT A PARENT OR GUARDIAN – Please provide name(s) according to their Photo ID		
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
Last Name	First Name	Relationship to Student	Date of Birth	School Attending	Grade

Miscellaneous Information or Additional Emergency Contact(s) and their Relationship to the Student

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	Enrollment Calendar / Home School <input type="checkbox"/> AM <input type="checkbox"/> PM				Bus # In	Bus # Out			
10-digit NJ SID #	District/School Entry Date		Start Status / Entry Code		Registration Date		Registered By			
6-digit Local Student ID #	AUP <input type="checkbox"/> Yes <input type="checkbox"/> No Date: ____/____/____	Photo <input type="checkbox"/> Yes <input type="checkbox"/> No Date: ____/____/____	Google <input type="checkbox"/> Yes <input type="checkbox"/> No Date: ____/____/____	Homeless <input type="checkbox"/> Yes <input type="checkbox"/> No	DYFS <input type="checkbox"/> Yes <input type="checkbox"/> No	Custody Papers <input type="checkbox"/> Yes <input type="checkbox"/> No Date: ____/____/____	Affidavit <input type="checkbox"/> Yes <input type="checkbox"/> No Date: ____/____/____	Lease <input type="checkbox"/> Yes <input type="checkbox"/> No Date: ____/____/____	<input type="checkbox"/> MTM	

Egg Harbor Township Public Schools

TRANSPORTATION FORM

Please DO NOT write in the box.

Starting Date: _____	Bus Stop _____
Change of Address: _____	Bus # _____
Transfer Out: _____	Time _____
Race: _____ American Indian/Alaskan Native	Session _____
_____ Asian	School _____
_____ Black/African American	
_____ Pacific Islander	
_____ White	
Ethnicity: Hispanic or Latino? Yes or No	Student ID# _____
SID# _____	ACTIVITY BUS _____

DATE: _____

FIRST NAME: _____ GENDER: M F GRADE: _____

LAST NAME: _____ HOME PHONE: () _____

MIDDLE NAME: _____ EMERGENCY PHONE: () _____

DATE OF BIRTH: _____

PARENT/GUARDIAN: _____

ADDRESS: _____
STREET CITY STATE ZIP+4

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 SIBLING OR SIBLINGS ATTENDING EHT SCHOOLS? _____

NAME OF BUS STOP THEY ARE NOW USING: _____

Please submit a separate application for each child to the private school

SCHOOL YEAR _____ RESIDENT DISTRICT BOARD OF EDUCATION _____

STUDENT'S NAME _____ DATE OF BIRTH _____
LAST FIRST MIDDLE MONTH DAY YEAR

PARENT OR GUARDIAN _____ DAYTIME PHONE _____
AREA CODE + NUMBER

HOME ADDRESS _____ CITY or TWP _____ ZIP _____

NEAREST INTERSECTION TO STUDENT'S RESIDENCE _____

MAILING ADDRESS _____ ZIP _____

FULL NAME OF SCHOOL TO BE ATTENDED _____ PHONE _____

ADDRESS OF SCHOOL _____

STUDENT'S GRADE FOR THE COMING YEAR _____

SHORTEST ONE-WAY MILEAGE BETWEEN HOME AND SCHOOL _____
(MEASURED VIA THE SHORTEST ROUTE ALONG PUBLIC ROADWAYS OR WALKWAYS IN MILES AND TENTHS)

DATE SCHOOL OPENS _____ CLOSES _____ MILES TENTHS
 SCHOOL HOURS FROM _____ AM TO _____ PM

NAME AND ADDRESS OF LAST SCHOOL OF ATTENDANCE _____

DATE _____ SIGNATURE _____

DO NOT WRITE BELOW THIS LINE - FOR PUBLIC SCHOOL USE ONLY

YOUR APPLICATION HAS BEEN REVIEWED BY THE RESIDENT DISTRICT BOARD OF EDUCATION. THE FOLLOWING DETERMINATION HAS BEEN MADE:

_____ TRANSPORTATION WILL BE PROVIDED _____ YOU ARE ELIGIBLE FOR PAYMENT IN LIEU OF TRANSPORTATION

_____ INELIGIBLE _____ (REASON)

DATE _____ SIGNATURE _____ TITLE _____

INSTRUCTIONS FOR COMPLETING THE APPLICATION FOR PRIVATE SCHOOL TRANSPORTATION (B6T) N.J.A.C. 6A:27-2.5

1. IT IS THE OBLIGATION OF THE PARENT OR GUARDIAN OF PRIVATE SCHOOL STUDENTS TO:
- ANNUALLY OBTAIN THE APPLICATION FOR PRIVATE SCHOOL TRANSPORTATION FROM THE ADMINISTRATIVE OFFICE OF THE PRIVATE SCHOOL FOR EACH STUDENT FOR WHICH TRANSPORTATION SERVICES ARE BEING REQUESTED. SUBMIT A SEPARATE APPLICATION FOR EACH STUDENT.
- NOTE:**
- IF THERE IS A CHANGE OF HOME ADDRESS, A NEW APPLICATION SHALL BE SUBMITTED TO THE PUBLIC SCHOOL DISTRICT OF RESIDENCE.
 - IF THERE IS A CHANGE IN THE NONPUBLIC SCHOOL OF ATTENDANCE, A NEW APPLICATION SHALL BE SUBMITTED TO THE PUBLIC SCHOOL DISTRICT OF RESIDENCE.
 - COMPLETE THIS APPLICATION AND RETURN IT TO THE PRIVATE SCHOOL ON OR BEFORE MARCH 10TH PRECEDING THE SCHOOL YEAR IN WHICH TRANSPORTATION IS BEING REQUESTED.
 LATE APPLICATIONS - ANY APPLICATION RECEIVED AFTER MARCH 10TH WILL BE A LATE APPLICATION AND MUST BE ACCOMPANIED BY A STATEMENT OF THE REASON FOR LATENESS. ELIGIBLE STUDENTS WILL RECEIVE TRANSPORTATION OR AID IN LIEU OF TRANSPORTATION BASED ON THE DATE THE APPLICATION IS RECEIVED BY THE PUBLIC SCHOOL.
2. IT IS THE OBLIGATION OF THE NONPUBLIC SCHOOL ADMINISTRATOR TO ANNUALLY COLLECT THE APPLICATION AND SUBMIT IT TO THE PUBLIC SCHOOL FROM WHICH TRANSPORTATION IS BEING REQUESTED PRIOR TO MARCH 15TH.
3. IT IS THE OBLIGATION OF THE PUBLIC SCHOOL ADMINISTRATOR TO NOTIFY THE PARENT OR GUARDIAN AS TO THE DETERMINATION OF EACH APPLICATION BY AUGUST 1ST.
- A DISTRICT BOARD OF EDUCATION SHALL PAY AID IN LIEU OF TRANSPORTATION TO THE PARENT OR GUARDIAN OF AN ELIGIBLE STUDENT ONLY AFTER RECEIVING A SIGNED "REQUEST FOR PAYMENT OF TRANSPORTATION AID" VOUCHER AS PRESCRIBED BY THE COMMISSIONER OF EDUCATION.