



**Robbinsville** \_\_\_\_\_  
**Schools**

**PUPIL ENROLLMENT FORM**

Grade Entering: \_\_\_\_\_

Last Name		First Name		MI	Gender
Date of Birth	Birth City	Birth State	Proof of Birth <input type="checkbox"/> Birth Certificate <input type="checkbox"/> Passport	Country (if born outside of the US or US Territory, ALSO complete Form B)	
Current Address			City	Zip Code	
Own/Rent/Other	List closest corner or cross street to home:		Home Phone Number		
Primary Language spoken in home:		Other Language(s) spoken in home:		Language learned when first began to talk:	
Primary Language spoken by pupil:		Other Language(s) spoken by pupil:			
Do Parent/Guardian live separately? Please indicate the custody arrangements. If anyone other than the parent has legal custody of the child, if there is an protection order of protection, and/or if there is ANY court statement regarding educational rights, please explain.					
<b>NJ Law requires ANY legal/court documentation to be on file.</b> Parent/Guardian is responsible for updating documentation.					

**VERIFICATION:** If Affidavit family/student (Host) situation exists, STOP ENROLLMENT and contact the REGISTRATION OFFICE 609-632-0910 ext. 2281

**MUST PRODUCE THREE (3) PROOFS OF RESIDENCY including but not limited to:**

(please circle what documents are being submitted)

- LEASE (Expiration Date) \_\_\_\_\_ Mortgage Statement    Utility Bill    Tax Bill    Phone Bill  
 Voter Registration    Driver's License    Vehicle Registration    Auto Insurance Card    Pay Stub  
 Other: \_\_\_\_\_

State Agency Placement \_\_\_\_\_ Court \_\_\_\_\_ Guardian/Foster Parent \_\_\_\_\_ DYFS \_\_\_\_\_

**ALL MUST BE VERIFIED WITH DOCUMENTATION FROM THE PLACEMENT AGENCY**

**HEAD OF HOUSEHOLD** (Person responsible for financial obligations within the household for the children listed below)

**LIST ALL CHILDREN IN FAMILY** (list oldest child first; include enrollee)

Last Name	First Name	Gender	Date of Birth Month/Day/Year	Name/Type of School Attending

Last School attended by this pupil:	Address:
List Robbinsville School last attended:	Has this pupil ever been referred to a Child Study Team?

Does this pupil have an IEP?	Does this pupil have a 504 Plan?	Does this pupil have any health factor(physical or emotional) of which this school district should be aware? (attach documentation)
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For District Use  
 SCHOOL: \_\_\_\_\_ DATE: \_\_\_\_\_ STUDENT ID#: \_\_\_\_\_  
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PARENT/GUARDIAN: Mother \_\_\_\_\_ Father \_\_\_\_\_ Other \_\_\_\_\_ Title: Mr. Mrs. Ms. Dr. \_\_\_\_\_  
 (circle one) (circle one)

First Name:	Last Name:
Address, if different from pupil:	City, State, Zip:
Home Telephone Number:	Email Address:
Cell Phone:	Alternate Phone Number:
Date of Birth:	Place of Birth:
Place of Employment:	Occupation:
Business Telephone Number:	

PARENT/GUARDIAN: Mother \_\_\_\_\_ Father \_\_\_\_\_ Other \_\_\_\_\_ Title: Mr. Mrs. Ms. Dr. \_\_\_\_\_  
 (circle one) (circle one)

First Name:	Last Name:
Address, if different from pupil:	City, State, Zip:
Home Telephone Number:	Email Address:
Cell Phone:	Alternate Phone Number:
Date of Birth:	Place of Birth:
Place of Employment:	Occupation:
Business Telephone Number:	

**ETHNICITY/RACE INFORMATION** \*definitions of Ethnicity/Race available on Registration homepage

Primary (circle one)

American Indian or Alaskan Native    Asian    Black or African American    Hispanic or Latino    White or Caucasian

Native Hawaiian or Pacific Islander    Other: \_\_\_\_\_

Secondary (circle ALL that apply)

American Indian or Alaskan Native    Asian    Black or African American    Hispanic or Latino    White or Caucasian

Native Hawaiian or Pacific Islander    Other: \_\_\_\_\_

**Military Connected Indicator (check one)**

Not Military Connected-student is not military connected

Active Duty-student is dependent of the Active Duty Forces(Full Time:Army, Navy, Air Force, Marine Corps or Coast Guard)

National Guard or Reserve-student is a dependent of a member of the National Guard or Reserve Forces

Unknown-it is unknown whether the student is military-connected

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

Parent/Guardian Signature:	Date:	Relationship to pupil:
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For District Use

Registration Office Signature:	Date:
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**NOTE: TO BE RETAINED IN THE PUPIL'S CUMULATIVE FILE**