



LACEY TOWNSHIP SCHOOL DISTRICT NON-RESIDENT STUDENT REGISTRATION FORM

Student Information: Please print/fill in separate form for each student registering

Student Name (Last, First, Middle)

Date of Birth: Place of Birth (City, State & Country):

School Entry Date: Entry Grade: Gender: • Male • Female

Ethnicity: • Hispanic or Latino • Non-Hispanic or Latino

Race: • White • Black /African American • Two or more races

• American Indian/Alaskan • Asian • Hawaiian Native/Other Pacific Islander

Language Spoken at Home:

Primary Language Spoken:

Student Residential Address

Home Address: Apt./Unit #

City/Zip Code: Third Party Residence? • Yes • No

PROOF OF RESIDENCY RECEIVED (2): • Lease/Deed • Driver's License • Tax Bill • Utility Bill

Student Resides With/ Head of Household

• Both Parents • Mother • Father • Mother/Stepfather • Father/Stepmother • Guardian

Do you have legal custody of this child? • Yes • No If yes, • Sole Custody • Joint Custody

• *Restricted Release* – If there are any problems relating to custody and releasing your child, please be aware that the school must have a copy of the legal documents in our files

Parent/Guardian #1

• Mother • Father • Stepmother • Stepfather • Guardian

Home Phone: Cell Phone: Work Phone:

E-Mail Address:

Marital Status: Occupation:

Parent/Guardian #2

• Mother • Father • Stepmother • Stepfather • Guardian

Home Phone: Cell Phone: Business Phone:

E-Mail Address:

Marital Status: Occupation:

If dual notification of Progress Reports and Report Cards is needed, please complete below: (Used for joint custody only)

Name: Relationship to student:

Mailing Address: Contact Phone:

Sibling Information: Please list **ALL** children in the family from oldest to youngest. If additional room is needed, please list on the back of this page.

Name: • Male • Female Date of Birth:

Does sibling attend any Lacey Elementary School? • Yes • No

Name: • Male • Female Date of Birth:

Does sibling attend Mill Pond or Middle School? • Yes • No

Name: • Male • Female Date of Birth:

Does sibling attend school at Lacey High School? • Yes • No



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Emergency Contact Information: (Someone other than parent/guardian)

Name:	Phone:	Relationship to student:
Name:	Phone:	Relationship to student:
Name:	Phone:	Relationship to student:

Last School Attended:

Last Grade Attended

Address:

Was the student previously enrolled in a Lacey Township School?

My child was receiving the following assistance in his/her previous school:

• Student seen by the CST	• Speech Therapy	• 504 Plan
• Student referred to the CST	• ESL/Bilingual Education in	• Math • Reading
• Student classified by the CST	• Gifted & Talented	• Free/Reduced Lunch • Student Retained

Health Insurance Information:

Current Health Insurance Status of your child: Coverage (YES) • Coverage (NO) •

If "YES", Name of Health Insurance Company:

Date of your child's last medical examination:

NJ Family Care provides free or low cost health insurance for uninsured children and certain low income parents. For more information call 800-701-0710 or visit www.njfamilycare.org to apply online.

Lacey Township Schools may release my name and address to NJ Family Care Program to contact me about health insurance.

Signature

Printed name

Date

Printed Name of Parent/Guardian

Signature of Parent/Guardian

Date

Registration Office Use Only!

Student Name:

School to Attend:

Year of Graduation:

Grade Level:

Home School (if different):

Resident District:

Municipal Code:

Proof of Residency: 1.

2.

3.

Tuition: • Yes • No

Free/Reduced Lunch: • Yes • No

Birth Certificate: • Yes • No

Transfer Card: • Yes • No

Health Record: • Yes • No

Report Card: • Yes • No

Student ID#

SID#

Registration Date:

Enrollment Date:

Registrar: