





# LEONIA PUBLIC SCHOOLS

Leonia, New Jersey

## SCHOOL REGISTRATION

School \_\_\_\_\_ Grade \_\_\_\_\_ Entry Date \_\_\_\_\_ Student ID# \_\_\_\_\_

## STUDENT INFORMATION

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Nickname: \_\_\_\_\_ Student Email (Grade 6-12): \_\_\_\_\_ Gender: M \_\_\_ F \_\_\_

Home Address: \_\_\_\_\_

If Renting, Date Lease Expires: \_\_\_\_\_ Home Telephone: (\_\_\_\_) \_\_\_\_\_

**\*Ethnicity** (must check one): Hispanic \_\_\_ Non-Hispanic \_\_\_

**\*Race** (must check at least one, or all that apply): White \_\_\_ Black/African American \_\_\_

Asian \_\_\_ Native American/Pacific Islander \_\_\_ American Indian/Alaskan Native \_\_\_

Date of Birth: \_\_\_\_\_ City, State and Country of Birth: \_\_\_\_\_

**\*US Entry Date:** \_\_\_\_\_ **\*US School Entry Date:** \_\_\_\_\_

1<sup>st</sup> Language Spoken: \_\_\_\_\_ Primary Language Spoken at Home: \_\_\_\_\_

Proficient in English: Yes \_\_\_ No \_\_\_ All Languages Spoken: \_\_\_\_\_

### Names, Dates and Grades of Previous Schools of Attendance

School & Address	Grades Attended	First Date of Enrollment	Last Date of Enrollment	Public or Private

**FAMILY INFORMATION FOR THE HOME WHERE THE CHILD LIVES**

**Guardian # 1 – Home Where the Child Lives**

Relationship to Student: Mother \_\_\_ Father \_\_\_ Guardian\* \_\_\_ Affidavit \_\_\_ Other \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Title: Mr. \_\_\_ Mrs. \_\_\_ Ms. \_\_\_ Dr. \_\_\_ Email Address: \_\_\_\_\_

Cell Phone: (\_\_\_\_) \_\_\_\_\_ Business Phone:(\_\_\_\_) \_\_\_\_\_ Occupation: \_\_\_\_\_

Employer Name/Address: \_\_\_\_\_

**Guardian # 2- Home where the Child Lives**

Relationship to Student: Mother \_\_\_ Father \_\_\_ Guardian\* \_\_\_ Affidavit \_\_\_ Other \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Title: Mr. \_\_\_ Mrs. \_\_\_ Ms. \_\_\_ Dr. \_\_\_ Email Address: \_\_\_\_\_

Cell Phone: (\_\_\_\_) \_\_\_\_\_ Business Phone: (\_\_\_\_) \_\_\_\_\_ Occupation: \_\_\_\_\_

Employer Name/Address: \_\_\_\_\_

**Guardian # 3 – Non Custodian Parent**      **No Contact Allowed** \_\_\_ **Receives Extra Mailing** \_\_\_

Relationship to Student: Mother \_\_\_ Father \_\_\_ Guardian\* \_\_\_ Affidavit \_\_\_ Other \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Home Address (Street) \_\_\_\_\_ (City, State, Zip) \_\_\_\_\_

Title: Mr. \_\_\_ Mrs. \_\_\_ Ms. \_\_\_ Dr. \_\_\_ Email Address \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone(\_\_\_\_) \_\_\_\_\_ Business Phone:(\_\_\_\_) \_\_\_\_\_

Employer/Address: \_\_\_\_\_ Occupation: \_\_\_\_\_

\*If checked, guardianship papers must be produced for examination

# 4 – Student Resides at More than One Address: \_\_\_\_\_ Receives Extra Mailing: \_\_\_\_\_

Relationship to Student: Mother \_\_\_ Father \_\_\_ Guardian\* \_\_\_ Affidavit \_\_\_ Other \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name \_\_\_\_\_

Home Address (Street) \_\_\_\_\_ (City, State, Zip) \_\_\_\_\_

\*If checked, guardianship papers must be produced for examination

Title: Mr. \_\_\_ Mrs. \_\_\_ Ms. \_\_\_ Dr. \_\_\_ Email Address: \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_ Business Phone:(\_\_\_\_) \_\_\_\_\_

Employer/Address: \_\_\_\_\_ Occupation: \_\_\_\_\_

SIBLING INFORMATION						
Name	Birthdate	Grade	Gender	Relationship	School	Resides w/Student

My child has Health Insurance: Yes \_\_\_ No \_\_\_  
If yes, please provide name of Insurance Company: \_\_\_\_\_

I acknowledge that the above information is accurate and all provided documentation is valid and current.

Please sign and date:

Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Should it be determined that my child(ren)'s primary domicile is not in Leonia or Edgewater, I agree to pay tuition for the time my child(ren) has (have) been educated in the Leonia Public Schools.

Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_