

EGG HARBOR TOWNSHIP SCHOOLS

STUDENT ENROLLMENT FORM

Student Information - <i>PLEASE PROVIDE NAME AS IT APPEARS ON BIRTH CERTIFICATE</i>					
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; padding: 0 10px;"> American Indian or Alaska Native Black or African American Native Hawaiian or Other Pacific Islander </div> <div style="display: flex; justify-content: space-between; padding: 0 10px;"> Asian Hispanic White </div>				
Was student born in the USA or Puerto Rico? <div style="display: flex; justify-content: space-between; align-items: flex-start; padding: 10px 0;"> <div style="width: 45%;"> Yes → _____ Student's Place of Birth: City <i>and</i> State </div> <div style="width: 45%;"> No → _____ Student's Place of Birth: City <i>and</i> Country of Birth Student's First Date of Entry into the US (MM/DD/YYYY) Student's Date First Attended US School (MM/DD/YYYY) </div> </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: No / None			
Has this student ever received any of the following services at their previous school(s)? (mark all that apply) <div style="display: flex; justify-content: space-between; padding: 0 10px;"> IEP (Individualized Education Program) Special Education Speech Basic Skills/Remedial/Title I Classes Bilingual or English as a Second Language 504 </div>					
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) <div style="display: flex; justify-content: space-between; padding: 0 10px;"> <div style="width: 45%;"> Not Active Military Connected - Student is not a dependent of a full-time, active member of the Armed Forces </div> <div style="width: 45%;"> Active Military Connected - Student is a dependent of a full-time, active duty member of the Armed Forces </div> </div>					
Does student reside with both parents? Yes No	If no, with whom does student reside? Mother Father Guardian(s): _____ <div style="text-align: right; margin-top: 5px;">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; margin-top: 5px;">Initials</div>			
Last Name	First Name	Relationship to Student	Cell Phone Number ()
Street Address	City, State	Zip Code	Home Phone Number ()
Place of Employment		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: _____