

**EGG HARBOR CITY PUBLIC SCHOOLS**  
**NEW STUDENT REGISTRATION FORM**  
*(Please print)*

*To be completed by school personnel*

State Student ID: \_\_\_\_\_  
 Local Student ID: \_\_\_\_\_

STUDENT INFORMATION			
Student's Last Name:	First:	Middle:	<input type="checkbox"/> Male <input type="checkbox"/> Female
			Grade:
Date of Birth (mm/dd/yyyy):	Age:	Place of Birth (City/State):	Country of Birth (if not US):
Address:		Ethnicity: (check one) <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Not Hispanic/Latino	
City/State/Zip:		Race: (check all that apply) <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White	
Primary Contact Phone Number:			
Name of School last attended:	Address:		City/State/Zip:
Does student participate in or receive any services in the following programs? <input type="checkbox"/> Special Education <input type="checkbox"/> Basic Skills <input type="checkbox"/> Gifted/Talented <input type="checkbox"/> Speech/Language <input type="checkbox"/> ELL (English Language Learner) <input type="checkbox"/> 504 Plan			
MILITARY CONNECTION: <input type="checkbox"/> Not Active Military Connected <input type="checkbox"/> Active Military Connected = Student is a dependent of a member of the full-time, Active Duty Forces			
PARENT / GUARDIAN INFORMATION			
<i>Please complete address of non-custodial parent, if applicable.</i>			
Student lives with: <input type="checkbox"/> Both Parents <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian(s) <input type="checkbox"/> Other: _____			
Name of custodial parent (if applicable):	Custody Limitations: <input type="checkbox"/> Yes <input type="checkbox"/> No	Can non-custodial parent be contacted? <input type="checkbox"/> Yes <input type="checkbox"/> No	Can student be released to non-custodial parent? <input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Mother <input type="checkbox"/> Other: _____	<input type="checkbox"/> Father <input type="checkbox"/> Other: _____	
Name:			
Home Address:			
City/State/Zip:			
Landline Phone #:			
Cell Phone #/Provider:			
Email:			
Employer:			
Work Phone/Ext:			
Marital Status:			

Student's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_

OTHER CHILDREN IN THE FAMILY			
Name:	Date of Birth:	Grade:	School Name:

**EMERGENCY CONTACT INFORMATION**  
*List contacts (other than parent/guardian) in case of an emergency.  
 These individuals would be permitted to sign your child out of school if you are unavailable.*

**EMERGENCY CONTACT 1:**

Name:			
Relationship to Student:		City/State:	
Home Phone Number:			
Cell Phone Number:			

**EMERGENCY CONTACT 2:**

Name:			
Relationship to Student:		City/State:	
Home Phone Number:			
Cell Phone Number:			

**EMERGENCY CONTACT 3:**

Name:			
Relationship to Student:		City/State:	
Home Phone Number:			
Cell Phone Number:			

**PHYSICIAN INFORMATION:**

Physician Name:	
Phone Number:	

**MEDICAL INFORMATION:**

Allergies / Health & Medical Information:	
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I certify all of the information I have provided is true to the best of my knowledge. I give permission for the school nurse to share medical information with the appropriate school personnel who may have contact with my child. Further, I give my permission that in the event of an emergency my child may be taken to nearest hospital and I authorize first aid and/or emergency medical treatment if necessary. I will provide the school with updated information if anything should change during the school year.

Parent/Guardian Name (please print): \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_