

New Student Registration Checklist

The following is a list of documents/forms that must be completed in order to enroll a student in Memorial School:

Student Full Name _____

Grade Entering _____

- ☐ Completed Student Registration Application
- ☐ Child's ORIGINAL Birth Certificate or Passport * (*MUST be translated, if not in English*)
- ☐ Home Language Survey
- ☐ Current Physical (within 365 days)
- ☐ Immunization (A-45) Health Records (a copy is acceptable)
- ☐ Academic records or report cards (if applicable)

Proof of Residency

Homeowners:

- ☐ Current property tax bill OR a recorded deed showing ownership of the property.
- ☐ Parent/Guardian Valid Drivers License [With South Hackensack Address]

Renters:

- ☐ Residential Rental Property Certificate of Inspection ****Must be completed by the Township of South Hackensack. Tenants to Contact the Landlord for this Form.***
- ☐ Parent/Guardian Valid Drivers License [With South Hackensack Address]

Office Use Only: Received By: _____

Staff Initials

_____ Date

SOUTH HACKENSACK MEMORIAL SCHOOL
REGISTRATION APPLICATION

Student Information

Student's Name: *(Please print your child's name the way it appears on their birth certificate)*

First

Middle

Last

Home Address:

Street

Apt. / PO Box

City

State

Zip

Gender: Male ☐ Female ☐

Date of Birth: _____

Month Day Year

Age: _____

Place of Birth: _____

City State or Country

If student is foreign born - Date Entered United States: _____

Date enrolled into a United States school: _____

Parent/Guardian 1 - Information

Parent/Guardian Full Name: _____ Relationship to Student: _____

Address (if different than student) _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____

Email: _____

Parent/Guardian 2 - Information

Parent/Guardian Full Name: _____ Relationship to Student: _____
Address (if different than student) _____
Home Phone: _____ Cell Phone: _____
Work Phone: _____
Email: _____

Student Resides With: (Please Check One)

Both Parent/Guardian 1 and 2 _____ Parent/Guardian 1 _____ Parent/Guardian 2 _____

Other _____ (please explain) _____

Are there any restraining orders and/or agreements that apply to this child? NO YES (if yes, please attach)

Please List Siblings at Memorial School:

Name: _____	Current Grade: _____
Name: _____	Current Grade: _____
Name: _____	Current Grade: _____
Name: _____	Current Grade: _____

Demographics/NJ SMART Information

Ethnic Group: (Please check)

- ☐ American Indian / Alaskan Native
- ☐ Asian
- ☐ Black/African American
- ☐ Hawaiian Native / Pacific Islander
- ☐ Hispanic
- ☐ White (not of Hispanic Origin)

Language

Language Spoken Most Often By the Student _____
Primary

Other Language(s) Spoken at Home _____
Secondary

Health Information

Physician's Name _____ Address _____

Phone: _____ Email: _____

Does the student have health insurance? Yes _____ No _____

If not, NJ FamilyCare provides free or low cost health insurance for uninsured children and certain low income parents. For more information call 1-800-701-0710 or visit www.njfamilycare.org to apply online. Written consent required pursuant to 20 U.S.C. § 1232g(b)(1) and 34 C.F.R. 99.30(b).

Signature: _____ Printed Name: _____ Date: _____

Educational History

Student Name: _____

Last School Attended: _____

Address: _____

Dates Attended: _____

Does your child have an IEP (Individual Education Plan)? _____ 504 Plan? _____

Has your child received any of the following services? (please circle all that apply)

Basic Skills Instruction

ESL classes

Bilingual classes

Gifted and Talented

Speech Services

Parent/Guardian Signature (Registering Student)

Date

Office Use Only:

Date Paperwork Submitted By Parent/Guardian

Date Paperwork Approved by Office

Official Start Date: _____