

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

South Hackensack Home Address:

Street

Apt. / PO Box

Gender: Male Female

Date of Birth: _____

Month Day Year

Age: _____

Place of Birth: _____

City State or Country

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

Date enrolled into a United States school: _____

Ethnicity/Race

(Please check all that apply)

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

Language Spoken Most Often By the Student: _____

Primary

Other Language(s) Spoken at Home: _____

Secondary

Parent/Guardian Contact #1

Parent/Guardian Full Name: _____
Relationship to Student: _____
Address (if different than student) _____
Cell Phone: _____ Home Phone: _____
Work Phone: _____
Email - NEEDED FOR GENESIS PARENT PORTAL: _____

Parent/Guardian Contact #2

Parent/Guardian Full Name: _____
Relationship to Student: _____
Address (if different than student) _____
Cell Phone: _____ Home Phone: _____
Work Phone: _____
Email - NEEDED FOR GENESIS PARENT PORTAL: _____

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)

Custody Information [IF APPLICABLE]

Is there a court order or written agreement between the parents designating the district for school attendance, and if so, where does it require the student to attend school? (You will be asked to provide a copy.) NO YES

Does the student reside with one parent for the entire year? At which address: _____

If not, for what portion of time does the student reside with each parent and at which address:

Address #1: _____

Address #2: _____

Sibling Information

<u>Sibling's Name</u>	<u>School Attending</u>	<u>Grade</u>

Educational History

Student Name: _____

Last School Attended: _____

Address: _____

Dates Attended: _____

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

- IEP (Individual Education Plan) | 504 Plan
- Basic Skills Instruction | ESL | Bilingual Classes
- Gifted and Talented | Speech Services | Special Education

