

## **Student Registration Checklist (For Parents)**

This registration packet can also be found on our school website at [www.shmemorial.org](http://www.shmemorial.org) (Parent Tab).

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

- Completed Student Registration Application
- Record Request Form (if student is entering 1st grade or above)
- Child's ORIGINAL Birth Certificate or Passport (*A copy will be made at the registration appointment and the original returned to you; MUST be translated, if not in English.*)
- Transfer card from the previous school
- Current Physical (within 365 days)
- Immunization (A-45) Health Records (a copy is acceptable)
- Home Language Survey

**Proof of Residency: Must show TWO proofs of Identification:**

**Homeowners:**

- Current property tax bill OR a recorded deed showing ownership of a residence within South Hackensack

AND

- A valid driver's license

**Renters:**

- Notarized Landlord Affidavit (to be completed by the landlord, listing all occupants of the rental premises)

AND ONE of the following

- Lease, pay stub, water bill, current gas/electric bill, valid driver's license, valid car registration

**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)*

\_\_\_\_\_

Last

First

Middle

Home Address:

\_\_\_\_\_

Street

Apt. / PO Box

City

State

Zip

Gender: Male  Female

Age: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Month                  Day                  Year

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**

Parent/Guardian Full Name: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

Address (if different than student) \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**Parent/Guardian 2**

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

Student resides with:  
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 \_\_\_\_\_

**Health Information**

Physician's Name \_\_\_\_\_ Address \_\_\_\_\_

Phone: \_\_\_\_\_

Does the student have health insurance? Yes \_\_\_\_\_ No \_\_\_\_\_

If no, 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](http://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)**

**Basic Skills Instruction**

**ESL classes**

**Bilingual classes**

**Gifted and Talented**

**Speech Services**

\_\_\_\_\_  
**Signature of person registering student**

\_\_\_\_\_  
**Date**