

Student Registration Checklist (Parent)

This registration packet can also be found on our school website at 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:

Student Name: _____ Grade: _____

- Completed Student Registration Application
- 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.*)
- Current Physical (within 365 days)
- Immunization (A-45) Health Records (a copy is acceptable)
- Home Language Survey
- Academic records or report cards (if applicable)

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 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