

HAZLET TOWNSHIP PUBLIC SCHOOLS



REGISTRATION FORM

PRESCHOOL KINDERGARTEN

PRESCHOOL

(Circle one)

AM

PM

No Preference

STUDENT INFORMATION

Last Name _____ First Name _____ Middle _____

Address _____

Date of Birth ___/___/___ City of Birth _____ Sex ___ Grade _____

Home Phone # _____

Ethnicity/Race: (This information is being requested solely for the purposes of data gathering as required by state law)

Do you consider yourself: ___ White ___ Black/African America ___ Hispanic ___ Asian
___ Native Hawaiian/Pacific Islander ___ American Indian/Alaska Native (Check all that apply)

Is English spoken at home? ___ Yes ___ No

Language spoken at home other than English: _____

PARENT/GUARDIAN INFORMATION

Are parents: ___ Married ___ Separated ___ Divorced ___ Other

Student living with: (check all that apply) ___ Mother ___ Father ___ Step-Mother ___ Step-Father

___ Guardian(s), Describe the relationship _____

- **Proof of guardianship/custody must be presented prior to the student's admission into the district.**
- **If parents are divorced, the district requires a copy of the divorce decree citing the residential custodial parent.**

Father's Name _____ Occupation _____

Work # _____ Cell # _____ E-mail _____

Address (if different than student) _____

Mother's Name _____ Occupation _____

Mother's Maiden Name _____

Work# _____ Cell# _____ E-mail _____

Address (if different than student) _____

Guardian's Name _____ Occupation _____

Work# _____ Cell# _____ E-mail _____

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Step-father's Name _____ Occupation _____
 Work# _____ Cell# _____ E-mail _____

Step-mother's Name _____ Occupation _____
 Work# _____ Cell# _____ E-mail _____
 (Over)

MISCELLANEOUS INFORMATION

Please list names and dates of birth

Brothers/Step-brothers

Name: _____ D.O.B. _____
 Name: _____ D.O.B. _____
 Name: _____ D.O.B. _____

Sisters/Step-sisters

Name: _____ D.O.B. _____
 Name: _____ D.O.B. _____
 Name: _____ D.O.B. _____

SPECIAL ACCOMMODATIONS

Has the student been evaluated by Early Intervention Services? Yes___ No___
 Has the student been evaluated by the Child Study Team? Yes___ No___
 Was the student found eligible for services? Yes___ No___
 Has the student participated in Special Education classes? Yes___ No___
 Does the student have a 504 Plan? Yes___ No___
 Does the student require any special medical accommodations? Yes___ No___
 Does student attend an academic assistance program? Yes___ No___
 Is student working with a Speech Therapist, OT or PT? Yes___ No___

If yes please specify: _____

TRANSFER INFORMATION

Name and address of the last school attended: Name: _____
 Address: _____
 Phone: _____

OFFICIAL USE ONLY

____ Transfer Card Proof of Residency ___ 1) ___ 2) ___ 3) ___ 4)
 ____ Birth Certificate _____ Immunization & Health Records
 ____ Academic Record

_____ Entering Date _____ Homeroom #

(File Is Not Complete Until All Documents Listed Above Are Received)