

GIBBSBORO ELEMENTARY SCHOOL

NEW STUDENT REGISTRATION

District Use Only:

Entry Date:	_____	Grade:	_____
Teacher:	_____		
SID	_____	GID	_____

Public schools in NJ are mandated to collect specific information for each student. It is then entered into a statewide student data base called **NJSmart**.

Student Personal Information

First Name:	Gender:
Last Name:	Home Language:
Birth Date:	Current Grade:
Birth City & State/Country:	Previous School Name:
Does your child receive special services? Please circle all that apply: IEP 504 Speech PT OT Other:	Is your child on the Free/Reduced lunch program?:
Date entered a U.S. School if not born in the United States:	Ethnicity/Race: <input type="checkbox"/> American Indian <input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> Pacific <input type="checkbox"/> White
Does your child have Health Insurance?	
Name of Health Insurance Company:	
Is student a military dependent (Army/Navy/Air Force/Marines/Coast Guard)?: Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/>	
<i>If yes, how?</i> <input type="checkbox"/> Active Duty (full time) <input type="checkbox"/> National Guard or Reserve <input type="checkbox"/> Retired	

Student Address Information

Street Address:	Address line 2
City/State/Zip:	Home Phone:
Who does student live with? (check all that apply): <input type="checkbox"/> Both Parents <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian <input type="checkbox"/> Other family member(s) _____	

Parent/Guardian Information

	Mother	Father	Other: Guardian/Stepparent
Name:			
Home Address if different from above:			
Home Phone:			
Cell Phone:			
Email address:			
Work Phone:			
Occupation:			
Employer Name:			
Employer Address:			

List any other brothers or sisters attending Gibbsboro School:

Alternate contacts (you must enter a primary home contact for child's legal residence):

Primary Contact:		Contact #2:	
Relationship:		Relationship:	
Home Phone:		Home Phone:	
Cell Phone:		Cell Phone:	
Work Phone:		Work Phone:	
Contact #3:		Contact #4:	
Relationship:		Relationship:	
Home Phone:		Home Phone:	
Cell Phone:		Cell Phone:	
Work Phone:		Work Phone:	

Custody Issues (please complete if applicable):

Custodial Parent/ Legal Guardian Name:		Custody Issues (circle one):	Yes No
Court Order (circle one):	Yes No	Court Order #:	
Custody Status:		Custody Dates:	Start: End: __/__/__ __/__/__
Name and Relationship 1 (mother, father, etc):		Name and Relationship 2 (mother, father, etc):	
Is student allowed to see relationship 1?		Is student allowed to see relationship 2?	
Is student allowed to go with relationship 1?		Is student allowed to go with relationship 2?	
Is student allowed to speak with relationship 1?		Is student allowed to speak with relationship 2?	
Copies of records to be sent to relationship 1 (check all that apply):	<input type="checkbox"/> Attendance <input type="checkbox"/> Discipline <input type="checkbox"/> Schedules <input type="checkbox"/> General Information <input type="checkbox"/> Report Card	Copies of records to be sent to relationship 2 (check all that apply):	<input type="checkbox"/> Attendance <input type="checkbox"/> Discipline <input type="checkbox"/> Schedules <input type="checkbox"/> General Information <input type="checkbox"/> Report Card

Please sign and date:

Name

Relationship to Student

Date