

# 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:	Previous School Name:
Birth State:	Is your child on the Free/Reduced lunch program?:
Birth Country:	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
Date entered a U.S. School if not born in the United States:	
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):**

<b>Primary Contact:</b>		<b>Contact #2:</b>	
Relationship:		Relationship:	
Home Phone:		Home Phone:	
Cell Phone:		Cell Phone:	
Work Phone:		Work Phone:	
<b>Contact #3:</b>		<b>Contact #4:</b>	
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