# KINGWOOD TOWNSHIP SCHOOL
# REGISTRATION FORM

***Please print.***

Student Name:________________________________ Age:_______ Birth date:___________ Place of Birth:______________

Grade:________ Gender:_______ Ethnicity of Child (for state reports):_____________________________________

Home Address:_____________________________________________________________________________

Mailing Address (if different):____________________________________________ Home Phone:_________________

Person Enrolling Student:______________________________ Relationship (if other than parent):__________________

**PARENT INFORMATION**

| | **Mother** | **Father** |
|---|---|---|
| Name | | |
| Home Address | | |
| Home Phone | | |
| E-mail Address | | |
| Place of Work/Address | | |
| Work Phone | | |
| Cell Phone | | |

Marital Status of Parents: Married______________ Divorced_____________ Remarried___________ Single________

Student Lives With: Both Parents_________ Father________ Mother_______ Other_________

If Other, Please Explain:______________________________________________________________________

Court Designated Custodial Person(s) (Please attach paperwork)_____________________________________________

Native Language of Parent/Guardian/Person Enrolling Student:________________________________________
(If English is not the native language, please check here ____ if English is spoken and understood by the parent/guardian/person enrolling student.

**PLEASE TURN OVER – FORM IS TWO SIDED**

**SIBLING INFORMATION:** Please list other children in the family.

| | NAME | GENDER | DATE OF BIRTH |
|---|---|---|---|
| 1. | | | |
| 2. | | | |
| 3. | | | |
| 4. | | | |

**EMERGENCY INFORMATION**

The following information is required in case your child becomes ill or injured at school or in the event of an emergency and you cannot be reached. Please list three adults who can act in your absence to assume responsibility for your child.

| | NAME | Address | Home Phone | Cell Phone |
|---|---|---|---|---|
| 1. | | | | |
| 2. | | | | |
| 3. | | | | |

In case of accident or serious illness, I request the school to contact me. If the school is unable to reach me, I hereby authorize the school to call the physician indicated below and to follow his instructions. If it is impossible to contact this physician, the school may make whatever arrangement that they deem necessary.

Family Physician:_______________________________________________ Physician Phone:_________________________________________

I give permission for the school nurse to administer: **Tylenol** Yes____ No____ **Benadryl** Yes_____ No_____

Please list any medical conditions (allergies, etc.)_________________________________________________________________________________

**DOES YOUR CHILD HAVE HEALTH INSURANCE?**

YES______ If yes, name of insurance company:_______________________________________________________________________________

NO______ NJ FamilyCare provides free or low cost health insurance for uninsured children and certain low income parents.
For more information call 800-701-0710 or visit www.njfamilycare.org to apply online.
You may release my name and address to the NJ FamilyCare Program to contact me about health insurance.

Signature:__________________________ Printed Name:_____________________________ Date:________________
Written consent required pursuant to 20 U.S.C. 1232g(b)(1) and 34 C.F.R. 99.30(b)

Date of Entrance:____________ School Last Attended: (Name and town):______________________________________________________

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