

Winslow Township School District

40 Cooper Folly Road
Atco, NJ 08004
(856) 767-2850

Registration Form – Part I

For Office Use Only:

Start Date: _____
ID# _____
State ID# _____
Bus Route In: _____ Out: _____
Stop: _____ Time: _____

Registration Date: _____

School (Please Circle): WTHS WTMS #6 #5 #4 #3 #2 #1

Student Name: _____ Student Grade: _____
(Last) (First) (Middle)

Date of Birth: _____ Sex: _____ Male _____ Female

Mailing Address: _____
(House/Apt. #) (Street Name)

(City) (State) (Zip Code)

Housing Development: _____

Home Phone: _____

Father's Name: _____ Mother's Name: _____

Father's Cell: _____ Mother's Cell: _____

Guardian's Name: _____ Guardian's Cell: _____

Student Resides With: _____ Father _____ Mother _____ Both _____ Guardian

Legal Documents on File: _____ Yes _____ No

DCP&P Placement: _____ Yes _____ No Mentor Program: _____ Yes _____ No

In case of illness or emergency, when neither parent can be reached, list two nearby relatives or neighbors who will assume temporary care of your child. **Your child will be released only to the individual(s) listed below:**

1. Name: _____ Relationship: _____

Address: _____ Phone/Cell: _____

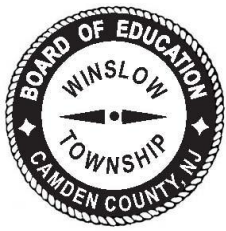
2. Name: _____ Relationship: _____

Address: _____ Phone/Cell: _____

Family Physician: _____ Telephone: _____

In case of illness/emergency, your child will be taken to the nearest hospital only when you cannot be reached. I give my son/daughter permission to receive hospital treatment, if necessary. I understand by signing this, medical information may be shared with others.

Signature Parent/Guardian: _____ Date: _____



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For Office Use Only:

Transfer Card: Yes No
Birth Certificate: Yes No
Report Card: Yes No
Residency Verification: _____

Registration Form – Part II

City/State or Country of Birth of Student: _____

Home Address (if different than mailing address): _____

Please indicate below the racial designation you wish to appear on all future records of your child (Circle at least one):

White African American/Black Asian Native Hawaiian/Pacific Islander American Indian/Alaskan Native

Is this child currently receiving special education services? Yes No

Is a language other than English spoken in your child's home? Yes No

If yes, what language? _____

Do you consider your child Hispanic or Latino? (Check One) YES NO

Has the parent/legal guardian of this student been engaged in any agricultural or food processing endeavors within the last five years? Yes No

Previous School Attended: _____

Previous School Mailing Address: _____

Previous School Telephone #: _____

Student's Previous Address: _____

Father's Full Name: _____

Place of Employment & Address: _____

Work Phone # _____ Home Phone # _____

Mother's Full Name: _____

Place of Employment & Address: _____

Work Phone # _____ Home Phone # _____

Guardian's Full Name: _____

Place of Employment & Address: _____

Work Phone # _____ Home Phone # _____

Other Children in Family

Name	Date of Birth	School Attended
_____	_____	_____
_____	_____	_____
_____	_____	_____

Other Persons Living in Your Home	Relationship to Child
_____	_____
_____	_____

Signature: _____ Date: _____

Relationship to Student: _____