

**Winslow Township School District**  
113 E. Central Ave. Blue Anchor, N. J. 08037 (609) 561-4102

**Registration Form**  
**PLEASE PRINT WHEN FILLING OUT THIS FORM**

Registration Date: \_\_\_\_\_

Birth Date: \_\_\_\_\_

Sex: M F

Student Name: \_\_\_\_\_  
(Last) (First)

Mailing Address: \_\_\_\_\_

Housing Development: \_\_\_\_\_

Town: \_\_\_\_\_ Zip: \_\_\_\_\_  
(Residence Location)

Home Phone: \_\_\_\_\_

Parent's Cell Phone: Mother: \_\_\_\_\_ Father: \_\_\_\_\_

Father's Name: \_\_\_\_\_

Mother's Name: \_\_\_\_\_

Guardian's Name: \_\_\_\_\_

DYFS Placement: Yes \_\_\_\_\_ No \_\_\_\_\_

Mentor Program: Yes \_\_\_\_\_ No \_\_\_\_\_

Custody: \_\_\_\_\_

Legal Document on File: Yes \_\_\_\_\_ No \_\_\_\_\_

STUDENT RESIDES WITH: \_\_\_ Mother \_\_\_ Father \_\_\_ Both

In cases of ILLNESS/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 individuals listed below:**

1. NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE/CELL \_\_\_\_\_

2. NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE/CELL \_\_\_\_\_

FAMILY PHYSICIAN \_\_\_\_\_ TELEPHONE # \_\_\_\_\_

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

Date: \_\_\_\_\_ Mother/Guardian's Signature \_\_\_\_\_ Father/Guardian's Signature \_\_\_\_\_

**Babysitter's Request Form:**  
**Needs to be completed at registration for**  
**the Transportation Department**  
**Ask for the form if needed**

**For Office Use Only** Start Date \_\_\_\_\_  
**Bus Route In** \_\_\_\_\_ **Out** \_\_\_\_\_  
**Stop:** \_\_\_\_\_ **Time:** \_\_\_\_\_  
**ID #** \_\_\_\_\_ **Ethnic Code:** \_\_\_\_\_  
**STATE ID#** \_\_\_\_\_  
**Transferred From:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
**Phone:** \_\_\_\_\_  
**SCHOOL:** \_\_\_\_\_ **GRADE:** \_\_\_\_\_  
**Registrar:** \_\_\_\_\_

**WINSLOW TOWNSHIP SCHOOL DISTRICT  
REGISTRATION FORM cont'd**

City/State or Country of birth of child: \_\_\_\_\_  
Home Address if different than mailing address: \_\_\_\_\_  
\_\_\_\_\_

Please indicate below the racial/ethnic designation you wish to appear on all future records of your child.  
White African American/Black Hispanic/Latino Asian/Pacific Islander American Indian/Alaskan Native

Is this child currently receiving special education services? \_\_\_\_\_

Is a language other than English spoken in the child's home? \_\_\_\_\_

If yes, what is that language? \_\_\_\_\_

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 \_\_\_\_\_

School's Mailing Address \_\_\_\_\_

School's Telephone Number (\_\_\_\_\_) \_\_\_\_\_

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/Foster Parent Full Name \_\_\_\_\_

Place of Employment & Address \_\_\_\_\_

Work Phone # \_\_\_\_\_ Home Phone # \_\_\_\_\_

**OTHER CHILDREN IN FAMILY**

Name	Date of Birth	School they attend
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Other persons living in your home	Relationship to child
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**SIGNATURE:** \_\_\_\_\_ **Date** \_\_\_\_\_

**RELATIONSHIP TO STUDENT:** \_\_\_\_\_