

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: _____