

Riverton Public School

600 Fifth Street, Riverton, NJ 08077

www.riverton.k12.nj.us

Telephone: (856) 829-0087

Fax: (856) 829-5317

Please return the enclosed forms along with:

- Birth Certificate
- (4) Proofs of Current Residency
(lease, rental agreement, license, bank statement, PSEG bill, water bill, etc.)
- Immunization Records

RIVERTON SCHOOL REGISTRATION FORM

Registration Date: _____ First Day of Attendance: _____

Student: _____
Last name First Name Middle Name Name child prefers to be called

Age: _____ Gender: _____ Grade Entering: _____

Date of Birth: _____ Birthplace: _____
M D Y city state country

Name of Parent(s) / Guardian: _____

Person Enrolling Student: _____

Relationship of Person Enrolling the Student: _____

Home Address: _____ *rental/lease end date: _____

Home phone or Main # to call (incl. area code): _____

Mother's name _____ Mother's address _____
Mother's cell phone _____ Mother's e-mail _____
Mother's workplace _____ Mother's work phone _____

Father's name _____ Father's address _____
Father's cell phone _____ Father's e-mail _____
Father's workplace _____ Father's work phone _____

Child resides with: Mother/Father _____ Mother only _____ Father only _____
Mother/Stepfather _____ Father/Stepmother _____ Other _____

A copy of custody/guardianship papers MUST be provided to the school to be kept on file.

Legal Guardians: Please note relationship to student next to your name.

Name of custodial parent (if applicable) _____

Name of stepparent or guardian (if applicable) _____

FAMILY INFORMATION

NOTE: Riverton Borough Public School District Affidavit of Residency Form (Renters), An Affidavit Student Form (family whose child is living with another family who is providing care without compensation) or A Family in Transition Form (those lacking a permanent residency in the Riverton Borough Public School District) need to be completed as per circumstances.

1. Are you living in a temporary residence out of necessity because the family lacks a regular or permanent residence of their own? ___Yes ___No **If yes, last district of permanent residency** _____ **(then proceed to #2.)**

2. (Check one) The family is currently seeking _____ or the family will be _____ seeking a permanent residence in Riverton. The family is NOT seeking a permanent residence in Riverton at this time _____.

MILITARY CONNECTION -Please select which answer best matches your child's current situation

Not Military Connected _____ Dependent of Member of Active Duty Armed Forces _____
Unknown _____ Dependent of Member of National Guard or Reserves _____

PREVIOUS SCHOOL (include preschool experience if a kindergarten registrant)

- Name of school _____ Number of years attended _____
- Address _____
- Type of school: ___Public ___Private ___Home School
- Are there any areas of concern? _____
- Has your child ever repeated a grade? ___Yes ___No
- Is your child currently receiving any specialized school program / related services (speech, OT, PT, etc.) or does your child have a 504 Plan or IEP? ___Yes ___No If Yes, what services: _____

OTHER SIBLINGS IN THE FAMILY: (List names and date of birth)

EMERGENCY CONTACT INFORMATION:

(In the event we are unable to reach a parent/guardian, please list who may we contact)

Contact #1

Name: _____ Relationship: _____ Phone: _____

Contact #2

Name: _____ Relationship: _____ Phone: _____

HEALTH / INSURANCE INFORMATION:

Child's Physician: _____ Physician's Phone: _____

Does child have Health Insurance?

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 on-line. By signing below you indicate that we may release your name and address to the NJ FamilyCare Program to contact you about health insurance.

Signature _____

LANGUAGE SURVEY:

Is another language besides English spoken in your home? ___Yes ___No If yes, what language? _____

Has your child ever received English as a Second Language services (ESL)? ___Yes ___No If yes, what grades? _____

Please also complete the Home Language survey (attached in packet).

RACE/ETHNICITY BACKGROUND INFORMATION FOR FEDERAL/STATE REPORTING:

Is your child: United States Citizen Immigrant Temporary Resident

Federal Ethnicity/Race Categories (please check **all** that apply)

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

Ethnic Category (check **one**)

Hispanic or Latino OR Non- Hispanic/Latino

For non-Hispanic/Latino please check all that apply:

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

If applicable:

- What was the date and year your child entered the United States? _____
- What was the date and year your child entered school in the United States? _____
- In what country was your child residing before coming to the United States? _____

I hereby authorize the Riverton Borough School District to investigate and confirm any and all statements made by me on this form. I am aware that if any statements contained on this registration form concerning residency are false, I may be assessed the tuition for the aforementioned child and prosecuted to the full extent of the law.

Signature of parent/guardian

Date