

Student Registration Form

Florham Park School District

Student Information

Name: _____ Generation(e.g. Jr, Sr, III) _____ Grade: _____ Gender: _____
 Ethnicity(Hispanic): Y or N Race(s): Circle all that apply (American Indian) (Asian) (Black) (Hispanic) (Pacific) (White)
 Birthdate: _____ BirthCity: _____ BirthState: _____ BirthCountry: _____
 Street: _____ City: _____ State: _____ Zip: _____ Parent email: _____
 Home Phone: _____ Language Spoken at Home: _____ First Entry to US School(date) _____
 Immigrant Status: (Y) (N) -The term "immigrant children and youth" means individuals who: (A) are aged 3 through 21; (B) were not born in any State; and (C) have not been attending one or more schools in any one or more States for more than 3 full academic years.

Parent Information

Status: (Check One) Divorced _____ Married _____ Widow _____ Separated _____ Single _____

Relationship: Mother _____ Child resides with: _____ Relationship: Father _____ Child resides with: _____

Mother's Name: _____

Father's Name: _____

Address: _____

Address: _____

City, State, Zip: _____

City, State, Zip: _____

Home Phone: _____

Home Phone: _____

Day Phone: _____

Day Phone: _____

Other Phones: _____

Other Phones: _____

Employer: _____

Employer: _____

Employer Address: _____

Employer Address: _____

Employer City, State, Zip: _____

Employer City, State, Zip: _____

Other Parent or Guardian Information (Complete only if child does not reside with Mother or Father.)

P/G 1 Relationship: _____ Child resides with: _____ P/G 2 Relationship: _____ Child resides with: _____

P/G 1 Name: _____

P/G 2 Name: _____

Address: _____

Address: _____

City, State, Zip: _____

City, State, Zip: _____

Home Phone: _____

Home Phone: _____

Day Phone: _____

Day Phone: _____

Other Phones: _____

Other Phones: _____

Employer Address: _____

Employer Address: _____

Employer City, State, Zip: _____

Employer City, State, Zip: _____

Emergency Contact Information

<u>C</u> Name	<u>Relationship</u>	<u>Phone 1</u>	<u>Phone 2</u>	<u>Phone 3</u>
1				
2				
3				

Emergency Information. (Please list any additional emergency information.)

Last School Attended: _____ Address: _____ Phone: _____

Please verify that all the information on this form is correct. If information is missing or needs correction, please enter it on the form. Please sign the form and return it as soon as possible.

Signature of Parent and/or Guardian _____ Date _____

Florham Park Public Schools

Health Information Form

Name: _____ Grade: _____ Gender: _____ Phone: _____

Street: _____ City: _____ State: _____ Zip: _____

Health Insurance Status: _____ Health Insurance Provider: _____

*If Health Insurance status is **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 NJ Family Care Program so they may contact me about health insurance.*

Parent Signature: _____ Date: _____

Date of Last Medical Exam: _____ Date of Intial Polio Immunization: _____

Family Physician: _____ Hospital Preferred: _____

Physician Phone: _____ Hospital Phone: _____

Address: _____

Family Dentist: _____

Phone: _____

Address: _____

Medical Concerns/Conditions: Allergies (include to particular medicine, foods, and insects)

If student is currently taking medicine, please list: _____

List any limits to student's physical activities: _____

Indicate if student wears eyeglasses _____ contacts _____

In case of accident or illness, I authorize the school nurse to perform any necessary emergency treatment of my child.

Signature of Parent and/or Guardian _____ Date _____

I hereby authorize the school nurse to inform school personnel about my child's health needs when appropriate on a need to know basis.

Signature of Parent and/or Guardian _____ Date _____

***District Medication Policy** requires a physician's order and written parent permission for any medication (including over-the-counter medication) necessary for a student's well being while at school. You can contact your school nurse for a form or any questions.