PUBLIC SCHOOLS OF EDISON TOWNSHIP SSID# ID# PCC Code STUDENT ENROLLMENT DATA Enrolled by _____ Date ____ Entered by ____ _____ Re-enrollment ____ Affidavit of Residency _____ Change of Address ____ Affidavit of Domicile PREVIOUS EDISON SCHOOL: _____ Grade: _____ CURRENT EDISON SCHOOL: ____ Grade: ____ STUDENT'S LAST NAME: _____ FIRST NAME: ____ MIDDLE NAME: ______ NICKNAME: _____ SEX: MALE **FEMALE** ETHNIC CODE: WHITE BLACK ASIAN HISPANIC AMERICAN INDIAN PACIFIC ISLANDER BIRTH DATE: _____ AGE: ____ US CITIZEN? YES/NO DATE OF US ENTRY: _____ BIRTH COUNTRY: ______ BIRTH CITY & STATE (if born in US): _____ PARENTS / GUARDIANS: MARRIED DIVORCED SEPARATED SINGLE **WIDOWED** STUDENT RESIDES WITH: PARENTS MOTHER FATHER **GUARDIAN** WHO HAS LEGAL CUSTODY OF THE STUDENT? HOME ADDRESS: _____ZIP CODE: ____ APT. #: _____ HOME PHONE: () _____ LANDLORD'S NAME: PHONE: () _____ PREVIOUS HOME ADDRESS: NAME/ADDRESS OF LAST SCHOOL ATTENDED: _____ _____ GRADE: _____ NO Classification: STUDENT IS: In special education YES NO____ In basic skills YES NO____ In ESL/bi-lingual education YES NO____ In speech correction YES In gifted & talented ___YES NO____ PLEASE LIST BROTHERS / SISTERS (Under age 18 who are living at home with you): NAME SEX BIRTH DATE CURRENT SCHOOL GRADE

HOME ADDRESS: ZIP CODE: HOME PHONE: ()	FATHER'S/GUARDIAN'S NAME:		
EMPLOYER'S NAME & ADDRESS: OCCUPATION: DRIVER'S LICENSE #: E-MAIL: MOTHER'S/GUARDIAN'S NAME: HOME ADDRESS: ZIP CODE: HOME PHONE: () EMPLOYER'S NAME & ADDRESS: OCCUPATION: WORK PHONE: () DRIVER'S LICENSE #: E-MAIL: OCCUPATION: WORK PHONE: () DRIVER'S LICENSE #: E-MAIL: NATIVE LANGUAGE OF PARENT/GUARDIAN: CODE: PRIMARY LANGUAGE SPOKEN BY STUDENT: CODE: EMERGENCY CONTACT NAME (other than parent / guardian): RELATIONSHIP TO STUDENT: DAYTIME PHONE: () Live fully understand that the Edison School District retains the full right to verify any information contained in this application at any time during the period for which enrollment is pending or after enrollment has actually taken place. If at any time the pupil registered no longer qualifies as an Edison pupil, live shall forthwith advise the office of the Superintendent of Schools, 312 Pierson Anenue, Edison NJ 108837. Whe fully understand that failure to do so shall hold melus legally responsible for all tuition costs, legal costs, and any other expenses incurred by the Edison School District during that period of time for which the pupil was not so qualified for enrollment. Inve undersand that no documents or pupil records, awards, or diplomas shall be issued to the pupil or to his parent/guardian or be forwarded any other school district or school until such costs have been settled with the Edison School District. Unve swear that to information contained herein is true. Any false information concerning residency shall be penalized according to N.J. Statute 18A:38-1.	HOME ADDRESS:	ZIP CODE:	
OCCUPATION:	HOME PHONE: ()	CELL PHONE / PAGER: ()
MOTHER'S/GUARDIAN'S NAME: HOME ADDRESS: ZIP CODE: HOME PHONE: ()	EMPLOYER'S NAME & ADDRESS:		
MOTHER'S/GUARDIAN'S NAME: HOME ADDRESS:	OCCUPATION:	WORK PHONE: ()
HOME ADDRESS:	DRIVER'S LICENSE #:	E-MAIL:	
HOME PHONE: ()	MOTHER'S/GUARDIAN'S NAME:		
EMPLOYER'S NAME & ADDRESS: OCCUPATION:	HOME ADDRESS:	ZIP COI	DE:
OCCUPATION:	HOME PHONE: ()	CELL PHONE / PAGER: ()
DRIVER'S LICENSE #:	EMPLOYER'S NAME & ADDRESS:		
NATIVE LANGUAGE OF PARENT/GUARDIAN:	OCCUPATION:	WORK PHONE: ()
PRIMARY LANGUAGE SPOKEN BY STUDENT:			
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EMERGENCY CONTACT NAME (other than parent / guardian): RELATIONSHIP TO STUDENT: DAYTIME PHONE: (DA			
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RELATIONSHIP TO STUDENT: DATE:	SIGNATURE OF PARENT / GUARDIAN:		
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Enroll. Form 8/24/09