

PUBLIC SCHOOLS OF EDISON TOWNSHIP

STUDENT ENROLLMENT DATA

SSID# _____
ID# _____ PCC Code _____
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: _____

STUDENT IS: In special education _____ YES NO _____ Classification: _____
 In basic skills _____ YES NO _____
 In ESL/bi-lingual education _____ YES NO _____
 In speech correction _____ YES NO _____
 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

FATHER'S/GUARDIAN'S NAME: _____

HOME ADDRESS: _____ ZIP CODE: _____

HOME PHONE: () _____ CELL PHONE / PAGER: () _____

EMPLOYER'S NAME & ADDRESS: _____

OCCUPATION: _____ WORK PHONE: () _____

DRIVER'S LICENSE #: _____ E-MAIL: _____

MOTHER'S/GUARDIAN'S NAME: _____

HOME ADDRESS: _____ ZIP CODE: _____

HOME PHONE: () _____ CELL PHONE / PAGER: () _____

EMPLOYER'S NAME & ADDRESS: _____

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: () _____

I/we 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, I/we shall forthwith advise the office of the Superintendent of Schools, 312 Pierson Avenue, Edison NJ 08837. I/we fully understand that failure to do so shall hold me/us 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. I/we understand that no documents or pupil records, awards, or diplomas shall be issued to the pupil or to his parent/guardian or be forwarded to any other school district or school until such costs have been settled with the Edison School District. I/we swear that the information contained herein is true. Any false information concerning residency shall be penalized according to N.J. Statute 18A:38-1.

SIGNATURE OF PARENT / GUARDIAN: _____

RELATIONSHIP TO STUDENT: _____ DATE: _____