

HADDONFIELD PUBLIC SCHOOLS

STUDENT REGISTRATION FORM

FOR OFFICE USE:

Haddonfield student residing with parent/s
 Haddonfield student residing with relative or other adult
 Affidavit completed on _____ (date)
 Tuition Student
 Student was previously enrolled in a Haddonfield School
 School Name: _____ from ____/____/____ to ____/____/____

Date _____
 Birth Certificate Verified _____

Name of Student:			<input type="checkbox"/> Male <input type="checkbox"/> Female	Race: (Optional—you can pick more than one)		
(Last)	(First)	(Middle)		<input type="checkbox"/> American Indian or Alaskan <input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian or Pacific Islander	<input type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> Hispanic/Latino	
Birth Date:		Birth Place:		Language(s) Spoken in Home:		
(Month)	(Day)	(Year)	(City)	(State)		
Home Address:						
(Number)		(Street)		(City)		(State) (Zip)
School previously attended (if applicable):				<input type="checkbox"/> Current Grade: _____ <input type="checkbox"/> Last Grade Completed _____		
Previous School Address and Telephone Number:						
(Number)		(Street)		(City)		(State) (Zip) (Area Code) (Telephone #)

FATHER / STEPFATHER / GUARDIAN

(Circle appropriate relationship)

Name:			Home Phone #:		
			Cell Phone #:		
Home Address:					
(Number)		(Street)		(City) (State) (Zip)	
E-mail Address:					
Employer:				Occupation:	
Business Address:				Phone Number:	

MOTHER / STEPMOTHER / GUARDIAN

(Circle appropriate relationship)

Name:			Home Phone #:		
			Cell Phone #:		
Home Address:					
(Number)		(Street)		(City) (State) (Zip)	
E-mail Address:					
Employer:				Occupation:	
Business Address:				Phone Number:	

MEDIA RELEASE

I hereby [grant do not grant] permission for my child to be photographed and/or appear in media coverage approved by the Haddonfield Public Schools.

Parent's Signature

NOTE: As required by law, all students entering the district schools for the first time **MUST HAVE A LICENSED PHYSICIAN ATTEST TO THE STUDENT'S PHYSICAL CONDITION AND COMPLETE THE IMMUNIZATION INFORMATION ON THE MEDICAL FORM.** Students will not be permitted to attend school without up-to-date immunization records, physical and Mantoux Tuberculin Test, if applicable (out-of-state/country).

A person's domicile is where one has voluntarily fixed his habitation, not for a mere temporary or special purpose, but with a present intention of making it his home. Where there is more than one residence, the domicile is the place which a person regards as his true and permanent home. A child's domicile is generally that of his/her parents.

At least two examples of evidence of residing must be provided. The totality of the residency information will be considered. Examples of evidence of residency include:

- **Lease (dated for current school year)**
- **Deed**
- **Sales contract stating approximate date of settlement and Haddonfield BOE Affidavit**
- **Settlement papers**
- **Tax bills**
- **Mortgage book**
- **Driver's license**
- **Homestead Rebate claim**
- **Voter's registration**

If a parent/student is not domiciled in Haddonfield, enrollment will be considered on a tuition basis only. (If space is available)