

# 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 \_\_\_\_\_

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

### FATHER / STEPFATHER / GUARDIAN

(Circle appropriate relationship)

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

### MOTHER / STEPMOTHER / GUARDIAN

(Circle appropriate relationship)

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

\* Enrollment in the Haddonfield Public Schools is subject to a more thorough review and evaluation of the information provided.  
There is a potential for assessment of tuition in the event that an initially admitted student is later found ineligible.

### 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 residency must be provided. The totality of the residency information will be considered. Required evidence of residency include:**

- **Lease (dated for current school year and signed and dated by all parties) OR Deed/Settlement Papers/Sales Contract stating approximate Date of settlement OR Haddonfield BOE Residency Affidavit**

**AND one of the following**

- **Tax bill**
- **Mortgage Statement**
- **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)**