



# Public Schools of Edison Township

ENROLLMENT CENTER  
312 PIERSON AVENUE \* EDISON, NEW JERSEY 08837  
TELEPHONE (732) 452-4570 FAX (732) 452-4576

**Richard J. O'Malley, Ed. D.**  
Superintendent of Schools

**Richard Benedict**  
Manager

STUDENT ENROLLMENT FORM: DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

***For Office Use ONLY***

**NEW ENROLLMENT: YES | NO RE-ENROLLMENT: YES | NO CHANGE OF ADDRESS: YES | NO**

SSID# \_\_\_\_\_ LOCAL ID# \_\_\_\_\_ PCC CODE \_\_\_\_\_

Affidavit of Residency: \_\_\_\_\_ Affidavit of Domicile: \_\_\_\_\_ Change of Custody: \_\_\_\_\_ Homeless: \_\_\_\_\_

Edison School: \_\_\_\_\_ Grade: \_\_\_\_\_ Previous School: \_\_\_\_\_ Grade: \_\_\_\_\_

Previous School Address \_\_\_\_\_ School Records Submitted: YES | NO

**Special Education: YES | NO [IEP Submitted: YES | NO] Basic Skills: \_\_\_\_\_ Speech: \_\_\_\_\_ ESL: \_\_\_\_\_**

**Student Information (PLEASE PRINT CLEARLY)**

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Middle Name \_\_\_\_\_ Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender: Male | Female  
MM DD YYYY (Circle one)

\_\_\_\_ White  
\_\_\_\_ Black  
\_\_\_\_ Hispanic  
Ethnicity: \_\_\_\_ American Indian / Alaskan  
\_\_\_\_ Asian  
\_\_\_\_ Hawaiian native/other Pacific Islander

Birth City: \_\_\_\_\_

Birth State: \_\_\_\_\_

Birth Country: \_\_\_\_\_

U.S. Citizen: YES / NO - If no, citizen of \_\_\_\_\_ Original Entry in U.S.: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Country of origin MM DD YYYY

First Entry in U.S. School: \_\_\_\_/\_\_\_\_/\_\_\_\_ Student's Primary Language \_\_\_\_\_  
MM DD YYYY

**Special Education: YES | NO [IEP Submitted: YES | NO] Basic Skills: \_\_\_\_\_ Speech: \_\_\_\_\_ ESL: \_\_\_\_\_**

**Previous Home Address** \_\_\_\_\_ Apt #: \_\_\_\_\_  
Street Address / Zip Code

PLEASE LIST ANY CHILD RESIDING AT THIS ADDRESS ELIGIBLE TO ATTEND SCHOOL

NAME	GENDER	BIRTHDATE	CURRENT SCHOOL	GRADE

**Nothing Less Than Excellence**

**Current Student Address Information (PLEASE PRINT CLEARLY)**

Student Legal Home Address \_\_\_\_\_ Apt #: \_\_\_\_\_

Street Address / Zip Code

Legal Home Phone Number ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_ Cell Phone ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

**Parent/Legal Guardian Information (PLEASE PRINT CLEARLY)**

Who has legal custody of the student? \_\_\_\_\_

*Note: If the parents are divorced or separated, or someone other than the parents has legal custody of the child, you are required to submit legal proof of residential custody.*

Legal proof of custody submitted? \_\_\_\_ YES \_\_\_\_ NO

**Parent/Legal Guardian Address Information (Complete address only if different from the student)**

Parent/Legal Guardian Name \_\_\_\_\_ Language Spoken: \_\_\_\_\_

Apt #: \_\_\_\_\_

Street Address / Zip Code

Home Phone Number ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_ Cell Phone ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

Occupation \_\_\_\_\_ Work Phone ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

Parent/Legal Guardian Email: \_\_\_\_\_

**Other Parent Address Information (Complete address information only if different from above)**

Name \_\_\_\_\_ Language Spoken: \_\_\_\_\_

Apt #: \_\_\_\_\_

Street Address / Zip Code

Home Phone Number ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_ Cell Phone ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

Other Parent Email: \_\_\_\_\_ Other Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

**Emergency Contact (Other than parent/legal guardian)**

Name \_\_\_\_\_ Relation to Student \_\_\_\_\_

Apt #: \_\_\_\_\_

Street Address / Zip Code

Phone Number ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_ Email \_\_\_\_\_

*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.*

\_\_\_\_\_  
Parent/Legal Guardian Signature

\_\_\_\_\_  
Date

Enrolled by: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Input by: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ (Rev. 12/2011)

**Nothing Less Than Excellence**