

HADDONFIELD PUBLIC SCHOOLS

* STUDENT REGISTRATION FORM

FOR OFFICE USE:

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

Name of Student: (Last) (First) (Middle)		<input type="checkbox"/> Male <input type="checkbox"/> Female	Race: (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
Birth Date: (Month) (Day) (Year)	Birth Place: (City) (State)		Language(s) Spoken in Home:
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 # & Provider:
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 # & Provider:
Home Address: (Number) (Street) (City) (State) (Zip)	
E-mail Address:	
Employer:	Occupation:
Business Address:	Phone Number:

* 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)