



SOUTH PLAINFIELD PUBLIC SCHOOLS APPLICATION FOR ENROLLMENT



Id#	Student Name: First	Middle Name	Last Name
Address: House #		Street	Home Phone #
Date of Birth	Birth Place (Include City, State, Country)		Cell Phone #
Language spoken in home:		Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Home e-mail address
Racial/Ethnic Categories:	<input type="checkbox"/> W-White	<input type="checkbox"/> B-Black/African American	<input type="checkbox"/> H-Hispanic <input type="checkbox"/> I-American Indian/Alaskan Native <input type="checkbox"/> P-Pacific Islander/Native Hawaiian <input type="checkbox"/> A-Asian
Please check box which indicates who child lives with: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Parents <input type="checkbox"/> Other: please indicate			
Birth Father's Name	Father's Address		Father's Cell Phone
Father's Employer	Work e-mail Address		Work Phone
Birth Mother's Name	Mother's Address		Mother's Cell Phone
Mother's Employer	Work e-mail address		Work Phone
Name of Guardian	Guardian's Address		Guardian's Cell Phone
Guardian's Employer	Work e-mail Address		Work Phone
Authority of Guardianship:			
Is Child a transfer student? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please indicate from which school:	School	Location
Has your child ever been classified as a special needs or special education student? <input type="checkbox"/> Yes <input type="checkbox"/> No	IEP <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please indicate type of program	<input type="checkbox"/> Self-contained <input type="checkbox"/> Resource Room <input type="checkbox"/> Supplemental <input type="checkbox"/> Speech <input type="checkbox"/> Other
Total number of children in family:	Number younger	Number older	
<p>We reside at _____ in South Plainfield, Middlesex County, NJ and have lived there continuously for the past _____ years. I certify that the information supplied on this form is complete, true and correct to the best of my knowledge.</p> <p>AUTHORIZED SIGNATURE: _____ DATE: _____</p>			
SCHOOL USE ONLY			
Date of School Entrance	School	Grade	Year of Grad
Own/Lease/Domiciled	Eligible for Transportation	Family ID	NJ_SID
PREVIOUSLY ATTENDED SO. PLFD. SCHOOLS:		Building	Grade Year