



## LACEY TOWNSHIP SCHOOL DISTRICT NON-RESIDENT STUDENT REGISTRATION FORM

**Student Information:** Please print/fill in separate form for each student registering

Student Name (Last, First, Middle)		
Date of Birth:	Place of Birth (City, State & Country):	
School Entry Date:	Entry Grade :	Gender: • Male • Female
Ethnicity: • Hispanic or Latino • Non-Hispanic or Latino		
Race: • White • Black /African American • Two or more races • American Indian/Alaskan • Asian • Hawaiian Native/Other Pacific Islander		
Language Spoken at Home:		
Primary Language Spoken:		

### Student Residential Address

Home Address:	Apt./Unit #
City/Zip Code:	Third Party Residence? • Yes • No
PROOF OF RESIDENCY RECEIVED (2): • Lease/Deed • Driver's License • Tax Bill • Utility Bill	

<b>Student Resides With/ Head of Household</b>	<input type="checkbox"/> Both Parents • <input type="checkbox"/> Mother • <input type="checkbox"/> Father • <input type="checkbox"/> Mother/Stepfather • <input type="checkbox"/> Father/Stepmother • <input type="checkbox"/> Guardian Do you have legal custody of this child? • Yes • No <b>If yes,</b> • Sole Custody • Joint Custody <input type="checkbox"/> <i>Restricted Release</i> – If there are any problems relating to custody and releasing your child, please be aware that the school must have a copy of the legal documents in our files
--	---

<b>Parent/Guardian #1</b>		• Mother • Father • Stepmother • Stepfather • Guardian
Home Phone:	Cell Phone:	Work Phone:
E-Mail Address:		
Marital Status:		Occupation:
<b>Parent/Guardian #2</b>		• Mother • Father • Stepmother • Stepfather • Guardian
Home Phone:	Cell Phone:	Business Phone:
E-Mail Address:		
Marital Status:		Occupation:

**If dual notification of Progress Reports and Report Cards is needed, please complete below:** (Used for joint custody only)

Name :	Relationship to student:
Mailing Address:	Contact Phone:

**Sibling Information:** Please list **ALL** children in the family from oldest to youngest. If additional room is needed, please list on the back of this page.

Name:	• Male • Female	Date of Birth:
Does sibling attend any Lacey Elementary School? • Yes • No		

Name:	• Male • Female	Date of Birth:
Does sibling attend Mill Pond or Middle School? • Yes • No		

Name:	• Male • Female	Date of Birth:
Does sibling attend school at Lacey High School? • Yes • No		



## LACEY TOWNSHIP SCHOOL DISTRICT NON-RESIDENT STUDENT REGISTRATION FORM

**Emergency Contact Information:** (Someone other than parent/guardian)

Name: _____	Phone: _____	Relationship to student: _____
Name: _____	Phone: _____	Relationship to student: _____
Name: _____	Phone: _____	Relationship to student: _____

Last School Attended: _____	Last Grade Attended _____
Address: _____	
Was the student previously enrolled in a Lacey Township School? _____	

**My child was receiving the following assistance in his/her previous school:**

• Student seen by the CST _____	• Speech Therapy _____	• 504 Plan _____
• Student referred to the CST _____	• ESL/Bilingual Education in _____	• Math • Reading _____
• Student classified by the CST _____	• Gifted & Talented _____	• Free/Reduced Lunch • Student Retained _____

**Health Insurance Information:**

Current Health Insurance Status of your child: _____	Coverage (YES) • _____	Coverage (NO) • _____
If "YES", Name of Health Insurance Company: _____		
Date of your child's last medical examination: _____		

**NJ Family Care** provides free or low cost health insurance for uninsured children and certain low income parents. For more information call 800-701-0710 or visit [www.njfamilycare.org](http://www.njfamilycare.org) to apply online.

**Lacey Township Schools may release my name and address to NJ Family Care Program to contact me about health insurance.**

Signature	Printed name	Date
-----------	--------------	------

Printed Name of Parent/Guardian	Signature of Parent/Guardian	Date
---------------------------------	------------------------------	------

**Registration Office Use Only!**

<b>Student Name:</b> _____		
School to Attend: _____	Year of Graduation: _____	Grade Level: _____
Home School (if different): _____	Resident District: _____	Municipal Code: _____
Proof of Residency: 1. _____	2. _____	3. _____
Tuition: • Yes • No _____	Free/Reduced Lunch: • Yes • No _____	Birth Certificate: • Yes • No _____
Transfer Card: • Yes • No _____	Health Record: • Yes • No _____	Report Card: • Yes • No _____
Student ID# _____	SID# _____	
Registration Date: _____	Enrollment Date: _____	Registrar: _____