

STATE ID# _____
(Provided by School)

GLOUCESTER CITY PUBLIC SCHOOLS
Gloucester City, NJ 08030
REGISTRATION FORM

School _____
Grade _____

Name: Last _____ First _____ Middle _____ Age _____ Sex _____

Date of Birth _____ Place of Birth: City _____ State _____ County _____

If born outside of the United States, when did the student first enter a US school? _____

Home address _____

Mother's Name _____ Home # _____ Cell _____ Work _____

Father's Name _____ Home# _____ Cell _____ Work _____

Address _____

Emergency Contact _____ Home# _____ Cell _____ Work _____

Address _____

School Last Attended: (Previous school & address) _____

If new in the district, reason for relocation: _____

Has your child previously attended Gloucester City Schools? Yes No
If yes, circle what school(s) & write last year attended
PRE/CS MEC HS/HP Out of District _____

Is your child in need of child study team services? Yes No

What Language(s) is/are spoken in the home? _____

Child's race or ethnic identity Circle one of the following:

American Indian or Alaska Native Asian Black or African American

Hispanic or Latino Pacific Islander White

List All Other Children in household

Name	Age	School Attending
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

The court decision (Mansfield Twp. Board of Education vs. State Board of Education) has ruled that a child must attend school in the district where his/her parent(s) lives: Public School Law of NJ 18A:38-1.

I hereby certify that the above statements are true to the best of my knowledge and belief.

Signature of Parent or Legal Guardian

Date