



# HOLMDEL TOWNSHIP PUBLIC SCHOOLS REGISTRATION FORM

For Office Use Only  
Student ID # (eight digit #)  
\_\_\_\_\_

NJ State ID: \_\_\_\_\_ (10 digits) Date \_\_\_\_\_

School \_\_\_\_\_ Entering Grade \_\_\_\_\_

Student's Last Name \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Resident Address \_\_\_\_\_

Mailing Address (if different from above) \_\_\_\_\_ Telephone \_\_\_\_\_

Date of Birth \_\_\_\_\_ Place \_\_\_\_\_ Sex \_\_\_\_\_

Ethnicity: (circle one) White Black Hispanic American Indian/Alaskan Native Asian Pacific Isl.

School Transferred From \_\_\_\_\_ School Telephone \_\_\_\_\_

Mailing Address of School \_\_\_\_\_

Father's Name/Legal Guardian's Name:

Mother's Name/Legal Guardian's Name:

Name of Employer and Location:

Name of Employer and Location:

Home Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

List Other Children:	<u>Name</u>	<u>Sex</u>	<u>Date of Birth</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Is your child presently receiving Special Education services?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Has your child received Special Education services?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is your child presently receiving remedial education services?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Has your child received remedial education services?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please check one or more:	<input type="checkbox"/> Reading	<input type="checkbox"/> Writing
	<input type="checkbox"/> Mathematics	
What is your child's first language?	_____	
What language is spoken at home? (Ex.: Spanish, Mandarin, other)	_____	
<i>Information in this shaded section is optional.</i>		