

Date of Registration: _____

Income Grade: _____

OCEANPORT SCHOOL DISTRICT
Registration Form

Student's Name: _____

Last First Middle Nickname

Address _____ Primary Telephone: _____

Birth Date _____ Place of Birth: _____ Gender: _____

Siblings: Name Age School Grade Gender

Is student returning to school district: _____ Yes _____ No If yes, what year did student previously attend: _____

Mother/Parent/Guardian Name: _____ Living: Yes _____ No _____

Circle One: Natural, Step, Foster, Other _____ Living in the Home: Yes _____ No _____

Address if different than student: _____

Cell Phone: _____ Email: _____

Business Phone: _____ Business Address: _____ Occupation: _____

Father/Parent/Guardian Name: _____ Living: Yes _____ No _____

Circle One: Natural, Step, Foster, Other _____ Living in the Home: Yes _____ No _____

Address if different than student: _____

Cell Phone: _____ Email: _____

Business Phone: _____ Business Address: _____ Occupation: _____

If one of the two natural parents of the child does not have custody or has shared custody, please include the following:

Name of non-custodial parent: _____

Address: _____ Phone: _____

Name/Address of Previous School: _____

Name Address

Indicate any special programs or services received: G&T _____, Basic Skills _____, Special Education _____, Speech / OT _____

Language spoken at home if other than English: _____

Ethnic Origin: ___White ___Black/African American ___Asian ___Hispanic/Latino

___ American Indian/ Alaskan Native ___ Native Hawaiian / Pacific ___ Other

Does the child have health insurance? Yes _____ No _____

Name of Insurance Company: _____

Military Connected Indicator (check one): Not Military Connected _____ Active Duty _____

Enrollment under McKinney Vento: Yes _____ No _____

Date of Entry: _____ Registered By: _____