

Westampton Township Public Schools

Registration Form

Grade _____ Date of Registration _____
Student Name: _____ Boy Girl
Birthdate: _____ Birth City: _____
Birth State: _____ Birth Country: _____
Current age of child ___yrs. ___mo. (A child must be five on or before October 1st to gain admission to the Kindergarten program.)

Parent or Guardian #1

Title _____ Name _____ Relationship _____
Address _____ City _____ State _____ Zip _____
Primary Phone _____ Secondary Phone _____
Email address _____
Employment _____ Work Phone _____
Child lives with this person Y N This person has residential custody Y N

Parent or Guardian #2

Title _____ Name _____ Relationship _____
Address _____ City _____ State _____ Zip _____
Primary Phone _____ Secondary Phone _____
Email address _____
Employment _____ Work Phone _____
Child lives with this person Y N This person has residential custody Y N
Child can be released to this person Y N
Custody Issues: Y N Court document provide at registration: Y N

In order to comply with a custody issue, the school must be provided with a court documentation.

Citizenship: U.S. Citizen ___ Yes ___ No (If no, date entered US) _____

Racial/Ethnic Group (Please Check): Used for State Reports Only

- ___ White (Non Hispanic)
___ Black or African American (Non Hispanic)
___ Hispanic or Latino (A person of Cuban, Mexican, Puerto Rican, south or Central American or Spanish origin regardless of race)
___ American Indian or Alaskan Native (A person of North, South, or Central America who maintains a tribal affiliation)
___ Asian (A person of the Far East, S.E. Asia, Cambodia, China, India, Japan, Malaysia, Pakistan, Philippine Islands, Thailand, or Vietnam.)
___ Hawaiian Native or Pacific Islander (A person having origins to Hawaii, Guam, Samoa, or other Pacific Island.)

2 or More Races: ___ Yes ___ No

Father's Race _____

Mother's Race _____

Are you displaced? Yes _____ No _____

School Last Attended _____

Address _____ City _____ State _____

Has student ever been recommended for retention? Yes No

If yes, what grade? _____

Special Services Received by Student (Please Check):

- Remedial Reading Special Education Other
 Remedial Mathematics Gifted
 Speech Counseling

Other Members of Household:

Name Relationship Age In School Employed

Name	Relationship	Age	In School	Employed

I affirm that everything on this form is true & accurate.

Parent/Guardian's Signature

Date

<p>(for office use only): Evidence of Birth ____ Birth Certificate ____ Passport/Visa Proof of Residency ____ Type of Documentation: _____</p>
