

BYRAM TOWNSHIP SCHOOLS

STUDENT REGISTRATION

Student Information

(Note: It is important for parents/guardians to inform the office, in writing, of any changes in address, phone numbers guardianship, emergency contacts, etc.)

First Name:		Middle Name:
Last Name:	Suffix Name:	Nick Name:

Birth Date (mm/dd/yyyy):	Gender	Male	Female
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Ethnicity	American Indian/Alaskan	Asian	African-American
	Hawaiian/Pacific Islander	Hispanic	White

Birth City:	Birth State (US only):	Birth Country:
Citizenship:	Primary Language:	Home Language:

Legal Residence Information		
Street Address:		
City:	State:	Zip Code:
Mailing Address (if different):		
City:	State:	Zip Code:
Home Phone Number (xxx-xxx-xxxx):		
Parent/Legal Guardian	Name(s):	
	Signature:	
Custody Ruling (circle): Yes No If Yes, show Legal Custody status (circle): Joint Father Mother Guardian		

Emergency Contacts	List at least 2 contacts that will assume temporary custody of your child if you cannot be reached. Please ask prior permission from the contacts listed.
Name & Relationship	Phone Number (xxx-xxx-xxxx)
1.	
2.	
3.	

-----Office use only-----

Original Birth Certificate	Immunizations	Proof of Residency	
Registered – Grade Level	Homeroom	Year of Graduation/Class of	

Parent Information

(Note: It is important for parents/guardians to inform the office, in writing, of any changes in address, phone numbers guardianship, emergency contacts, etc.)

Marital Status (choose one)	Married	Divorced	Separated	Single
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Father's Information	Father resides with student (circle one)		Yes	No
	If not, parent is to receive copies of (choose)	Attendance Letters	Schedules	
		Report Card	Discipline Letters	

Father's Name:

Mailing/Street Address:

City:	State:	Zip Code:
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Phone Number Information (including area code xxx-xxx-xxxx)

Home Phone:	Cell Phone:	Work Phone:
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Employer:

Mother's Information	Mother resides with student (circle one)		Yes	No
	If not, parent is to receive copies of (choose)	Attendance Letters	Schedules	
		Report Card	Discipline Letters	

Mother's Name:

Mailing/Street Address:

City:	State:	Zip Code:
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Phone Number Information (including area code xxx-xxx-xxxx)

Home Phone:	Cell Phone:	Work Phone:
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Employer:

All Children in Family:	Birth date			In school (Y/N)	Grade
	Name	Month	Day		
1.					
2.					
3.					
4.					
5.					
6.					

Additional Information concerning the Student (For example: Step-parent, Restraining Orders, etc.):

Student Medical Information

Student Name:					
Disease History	Other info	Year	Disease History	Other Info.	Year
Allergies			Asthma		
Lyme Disease			Chicken Pox		
Hepatitis			Convulsive Dis.		
Neuromusc. Dis.			Diabetes		
Otitis media			Rheumatic Fever		
Strep Infections			Mononucleosis		
Drug Sensitivities			Heart Disease		
Congenital Defects					
Other					

Operations or Injuries	Year

Attention: If the student listed above has any <u>Special Health Concerns</u> , please indicate the concern and the procedure to follow and <i>CONTACT YOUR SCHOOL NURSE</i> :	
Name	Telephone
Physician	
Dentist	
Orthodontist	

In Case of accident or serious illness, I request that the school contact me. If the school is unable to reach me, the school may make whatever arrangements seem necessary.

Please **CROSS OUT** the following services that you **DO NOT** want done for your child:

1. Permission to share the above Special Health Concerns with the staff that meets the daily needs of my child.
2. Permission for the nurse to check that the child's spine is not curved (called Scoliosis) when they are in grade 5 and 7.

Signature of legal Parent/Guardian:	
Date:	Print name: