

# WEST ORANGE PUBLIC SCHOOLS

179 Eagle Rock Avenue  
Registration Office

West Orange, New Jersey 07052  
(973) 669-5400 ext. 20505 Fax: (973) 324-1289

## NEW STUDENT REGISTRATION INFORMATION

### STUDENT INFORMATION:

Last Name		First Name	Middle Name
Student Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>			
Street Address in West Orange			Apartment/Floor #
Birth Date (Month/Day/Year)	City of Birth	State of Birth	or Country of Origin
Date of Entry into USA (if not US born)	First Date Started School in US	Main Language Spoken in Home	
Previous School Attended	School Address	Present Grade	
Please check previous school type: Pre-School <input type="checkbox"/> Public School <input type="checkbox"/> Private School <input type="checkbox"/> Charter School <input type="checkbox"/> Other <input type="checkbox"/>			

### PARENT/GUARDIAN INFORMATION (must prove legal guardianship):

First Legal Guardian (Person Registering Student)	Home Phone*	Cell Phone*
Father <input type="checkbox"/> Mother <input type="checkbox"/> Guardian <input type="checkbox"/> Pending Guardian <input type="checkbox"/>	*Please circle which is primary #: Home / Cell	

E-mail Address	Occupation/Employer	Work Phone
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Second Legal Guardian (only if name is on birth/custody records)	Home Phone	Cell Phone
Father <input type="checkbox"/> Mother <input type="checkbox"/> Guardian <input type="checkbox"/> Pending Guardian <input type="checkbox"/> Deceased <input type="checkbox"/>		

Address (If different from Student's)	Occupation/Employer	Work Phone
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### Please check the following information (\*can check more than one ethnic group):

Ethnic Group*:	Black <input type="checkbox"/>	White <input type="checkbox"/>	Black Hispanic <input type="checkbox"/>	White Hispanic <input type="checkbox"/>	Native American/ Alaskan Native <input type="checkbox"/>	Asian <input type="checkbox"/>	Pacific Islander/ Native Hawaiian <input type="checkbox"/>
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1 <sup>st</sup> Legal Guardian Marital Status:	Married <input type="checkbox"/>	Separated <input type="checkbox"/>	Divorced <input type="checkbox"/>	Single <input type="checkbox"/>	Widow/er <input type="checkbox"/>	Dom. Partnership <input type="checkbox"/>
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Student Lives With:	Both Parents <input type="checkbox"/>	Mother <input type="checkbox"/>	Father <input type="checkbox"/>	Guardian <input type="checkbox"/>
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Home Language Survey:	Student's first spoken language: _____	Language parent/guardian speaks to Student: _____
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Language student speaks to parent/guard.: _____	Language student speaks to siblings: _____
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Language student speaks to other relatives: _____	Language student speaks to friends: _____
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### If the student previously attended a West Orange Public School, please complete the following:

West Orange School Attended	Dates Attended	Last Grade
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### To be Completed by Registration Official:

Student Number	Entry Date	School Assigned	Grade Assigned
SID#: _____		Transportation: Yes: _____ No: _____	

Registration Official Signature: \_\_\_\_\_