

Date of Registration: _____

Income Grade: _____

OCEANPORT SCHOOL DISTRICT
Oceanport, New Jersey

Student's Name: _____
Last First Middle Nickname

Address _____ Primary Telephone: _____

Birth Date _____ Place of Birth: _____ Gender: _____

Siblings: Name Age School Grade Gender

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: _____

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: _____

School Last Attended: _____

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: _____