

**VERONA PUBLIC SCHOOLS – VERONA, NEW JERSEY
ENROLLMENT FORM - PERMANENT RECORD INFORMATION**

PLEASE FILL OUT **BOTH** PAGES OF THIS FORM COMPLETELY

School _____

Date Entered _____

M ()

F () Generation Code _____

Name _____
Last First Middle Name (Jr. , Sr.)

Address _____ Phone _____

Date of Birth _____ Place of Birth _____ **Birth certificate is required**
(Month, Day, Year) (City, State, Country)

PARENT / GUARDIAN INFORMATION : child resides with _____

<p>1. Name (first & last) _____</p> <p>Address _____ Home Phone (____) _____</p> <p>_____ Work Phone (____) _____</p> <p>email: _____ Cell Phone (____) _____</p>	<p>2. Name (first & last) _____</p> <p>Address _____ Home Phone(____) _____</p> <p>_____ Work Phone(____) _____</p> <p>email: _____ Cell Phone (____) _____</p>
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If Student does not reside with Parent please provide the following information:

Name of Legal Guardian _____ Legal Document _____

Relationship of Guardian (if other than parent) _____

Is the student homeless? _____

Former Place of Residence _____
(Street) (Town) (State & Zip)

School Last Attended _____
(Name of School) (Address of School)

(County of School) (State of School)

Grade Last Attended _____ Dates of attendance _____ Entering Grade _____

Ethnicity/Race:

(You MUST select at least one, however, you may select more than one.)

- | | | |
|----------------------------------|------------------------------|-----------------------------|
| White/Caucasian | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Black/African American | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Hispanic/Latino | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Asian | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Pacific Islander/Native Hawaiian | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| American Indian/Alaskan Native | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Language, other than English, spoken in the home by parent or child _____

If another language is spoken in the home, country of origin _____

Siblings - Names / Dates of Birth / School

If the family situation is such that school communications (i.e., report cards, newsletters) should be sent to more than one address, please specify. Provide name of recipient and address.

Does your child have any physical handicap that would prevent his/her participation in physical education or after-school sports?

Optional Information - Please include any additional information that you feel may help us to provide better service for your child.

Proof of Residency: (Copy of one document required)

- | | |
|----------------------------|-----------------------------|
| 1. Property Tax Bill _____ | 3. Lease _____ |
| 2. Deed _____ | 4. Mortgage statement _____ |

Proof of attachment to address: (provide one of the following)

- | | |
|-----------------------------|-------------------------------|
| 1. Voter registration _____ | 4. Telephone/cable bill _____ |
| 2. Utility bill _____ | 5. Vehicle registration _____ |
| 3. Delivery receipt _____ | 6. Other _____ |

How long have you lived in this residence? _____

A child cannot be admitted to school until PROOF OF IMMUNIZATIONS is received by the school nurse.

PRINT Name of person completing this form _____ Date _____

Signature _____

