

Date of Registration _____

Grade _____

MONMOUTH BEACH SCHOOL DISTRICT

Registration Form

Student's Name: _____
Last First Middle Nickname

Address: _____ Primary Phone: _____

Birth Date: _____ Place of Birth: _____ Gender: _____

Siblings:

Name Age School Grade Gender

Mother/Guardian: _____ 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 _____

Father/Guardian: _____ 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, please include the following:

Name of non-custodial parent: _____

Address: _____ Phone: _____

Name/Address of previous school: _____

Indicate any special programs or services received: G&T ___ Basic Skills ___

Special Ed ___ Other _____

Language spoken at home if other than English: _____

Ethnic origin: ___ White ___ Black/African American ___ Asian ___ Hispanic/Latino
___ American Indian/Alaskan Native ___ Native Hawaiian/Pacific Island ___ Other

Military Connected Indicator (CheckOne):

_____ Not Military Connected _____ Active Duty

Enrollment Under McKinney Vento Yes ___ No ___