

Grade \_\_\_\_\_  
School \_\_\_\_\_  
Year \_\_\_\_\_

**SADDLE BROOK PUBLIC SCHOOLS**  
**SADDLE BROOK, NEW JERSEY**  
**STUDENT REGISTRATION FORM**

*Please PRINT all information and SIGN at bottom of form*

**STUDENT DATA** (Please use name that appears on the birth certificate)

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_  
Student's Address: \_\_\_\_\_ Saddle Brook, NJ 07663  
Home Telephone # \_\_\_\_\_  
Gender: \_\_\_\_\_ Male \_\_\_\_\_ Female Birthdate \_\_\_\_\_ US Citizen: \_\_\_\_\_ Yes \_\_\_\_\_ No  
Place of Birth (City and State): \_\_\_\_\_ Country of Birth (if not U.S.): \_\_\_\_\_  
Language most often spoken at home: \_\_\_\_\_ Language first acquired: \_\_\_\_\_  
Last school attended: \_\_\_\_\_  
Address: \_\_\_\_\_

**ETHNICITY:** (Please check one)

\_\_\_\_\_ White \_\_\_\_\_ Black (non-Hispanic) \_\_\_\_\_ Hispanic or Latino \_\_\_\_\_ American Indian or Alaskan Native  
\_\_\_\_\_ Asian \_\_\_\_\_ Pacific Islander \_\_\_\_\_ Two or more races – if checked, please specify \_\_\_\_\_

\*\*Was your child ever referred for educational support services? \_\_\_\_\_ Yes \_\_\_\_\_ No

If Yes, check all that apply: \_\_\_\_\_ Early Intervention Services \_\_\_\_\_ Basic Skills \_\_\_\_\_ English Language Services  
\_\_\_\_\_ Intervention & Referral Services \_\_\_\_\_ Child Study Team Evaluation \_\_\_\_\_ Speech Services \_\_\_\_\_ OT \_\_\_\_\_ PT

\*\*Did your child ever receive ANY of the following educational support services? \_\_\_\_\_ Yes \_\_\_\_\_ No

If Yes, check all that apply: \_\_\_\_\_ Early Intervention Services \_\_\_\_\_ Basic Skills \_\_\_\_\_ English Language Services  
\_\_\_\_\_ Intervention & Referral Services \_\_\_\_\_ Child Study Team Evaluation \_\_\_\_\_ Speech Services  
\_\_\_\_\_ OT \_\_\_\_\_ PT

Any additional information relating to these services: \_\_\_\_\_

**FAMILY DATA:** **Father** \_\_\_\_\_ or \_\_\_\_\_ **Guardian** (please check one) If guardian you must submit legal documentation.

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Occupation: \_\_\_\_\_ Name of Employer: \_\_\_\_\_  
Business Address: \_\_\_\_\_ Business Telephone # \_\_\_\_\_  
Cell Phone # : \_\_\_\_\_ Email Address: \_\_\_\_\_  
Home Address (if different from student): \_\_\_\_\_  
Marital Status: \_\_\_\_\_

**Mother** \_\_\_\_\_ or \_\_\_\_\_ **Guardian** (please check one) If guardian you must submit legal documentation.

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Occupation: \_\_\_\_\_ Name of Employer: \_\_\_\_\_  
Business Address: \_\_\_\_\_ Business Telephone # \_\_\_\_\_  
Cell Phone # : \_\_\_\_\_ Email Address: \_\_\_\_\_  
Home Address (if different from student): \_\_\_\_\_  
Marital Status: \_\_\_\_\_

**SIBLINGS**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ D.O.B. \_\_\_\_\_ School/Grade \_\_\_\_\_  
First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ D.O.B. \_\_\_\_\_ School/Grade \_\_\_\_\_

**PARENT SIGNATURE** \_\_\_\_\_ **GUARDIAN SIGNATURE** \_\_\_\_\_

**DATE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**DISTRICT REPRESENTATIVE SIGNATURE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_ **COMPLETE** \_\_\_\_\_ **INCOMPLETE** \_\_\_\_\_

**Documents still required:** \_\_\_\_\_

**\*\*\*Any false misrepresentation to residency may result in payment of Saddle Brook School District tuition\*\*\***