

THE JERSEY CITY PUBLIC SCHOOLS
346 CLAREMONT AVENUE
JERSEY CITY, NJ 07305
PH (201) 915-6222
FAX (201) 332-7494

SCHOOL: _____

PRINCIPAL: _____

PRE- KINDERGARTEN – GRADE 12 REGISTRATION FORM

Dear Parent/Guardian,
Please Complete

Student _____ Gender _____
(Legal Name) Last Name First Name Middle Name

DOB ____/____/____ Birthplace: _____ Grade _____

Race* (circle **all** that apply) White Black or African Amer (Non-Hispanic) Asian Amer Indian or Alaskan Native
Native Hawaiian or Other Pacific Islander *If no race is given observer identification will be used

Hispanic/Latino: Yes _____ No _____

Native Language _____ Language most often used at home _____

Student Lives with _____ Relationship _____

Address _____

1st Contact Phone # _____ 2nd Contact Phone # _____

Email Address _____

NOTE: CHECK APPROPRIATE BOX FOR CUSTODIAL PARENT

Father _____

Last First Middle

Address _____ Home Phone _____

Place of Employment _____ Place of Birth _____

Cell Phone _____ Email Address _____

Mother _____

Last First Middle

Address _____ Home Phone _____

Place of Employment _____ Place of Birth _____

Cell Phone _____ Email Address _____

Step Father/Step Mother/Guardian/Foster Parent

(Circle if applicable)

_____ Last First Middle

Address _____ Home Phone _____

Place of Employment _____ Place of Birth _____

Cell Phone _____ Email Address _____

Do you have legal documents for guardianship? Yes _____ No _____

Do you have the child's birth certificate or passport to verify the birth date? Yes _____ No _____

Did your child ever attend a Jersey City Public School? Yes _____ No _____ School _____

Do you have proof of address? (PSE&G/Telephone Bill) Yes _____ No _____

Do you have a Notice of Transfer? Yes _____ No _____ Do you have a recent report card? Yes _____ No _____

Emergency Contact Person(s)

Name _____ Phone # _____ Relationship _____

Name _____ Phone # _____ Relationship _____

Name _____ Phone # _____ Relationship _____

Signature of Parent _____

Date _____