

Date of Registration _____

Grade _____

OCEANPORT SCHOOL DISTRICT Registration Form (Preschool – Fourth Grade)

Student's Name: _____
Last First Middle Nickname

Address: _____ Primary Telephone: _____

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 _____ 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 Island ___ Multi

Does 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: _____