

Date of Registration _____

Grade _____

OCEANPORT SCHOOL DISTRICT Registration Form

Student's Name: _____
Last First Middle Gender

Address: _____ Primary Telephone: _____

Birth Date: _____ Place of Birth: _____

Siblings:

<u>Name</u>	<u>Age</u>	<u>School</u>	<u>Grade</u>	<u>Gender</u>

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

Does child have health insurance? Yes ___ No ___
Name of Insurance Company _____

Date of Entry: _____