

Sussex-Wantage Regional School District

STUDENT REGISTRATION FORM

Child's First Name _____ Middle Initial _____ Last Name _____

Date of Birth _____ Gender M / F Grade _____
(MM/DD/YYYY)

Race (please check all that apply)

White _____ Black _____ Hispanic _____ American Indian _____ Asian _____ Pacific Islander _____

Child's Home Address _____ Sussex _____ Wantage _____

Home Telephone _____

Mother's Name _____ Father's Name _____

Home Address _____ Home Address _____

Mailing Address _____ Mailing Address _____

Mother's Cell# _____ Father's Cell# _____

Mother's Email _____ Father's Email _____

- Are both parents to receive mail or email? Yes No
- Did your child attend preschool? Yes No
- Does your child receive Special Services or have an IEP? Yes No

If yes, please list classification _____

- Does your child have a 504 plan? Yes No

• Child's Primary Language _____

- Does your child require English as a Second Language services? Yes No

- Does your child have an allergy to peanuts? Yes No

- Do you receive food stamps, TANF, other assistance or did your child receive Free or Reduced Lunch at his/her previous school? Yes No

If yes, please indicate type of assistance _____

Child's First Name _____ Middle Initial _____ Last Name _____

Emergency Contact Information:

Name	Relationship to child	Telephone
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Name(s) of Sibling(s) who attend SWRSD:	Grade	Bus #
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Special Busing Needs (pick up or drop off at Babysitter or Daycare)

AM Pick up location: _____

PM Drop off location: _____

Print Name

Signature

Date