MORIARTY-EDGEWOOD SCHOOL DISTRICT
_____*ELEMENTARY SCHOOL ENROLLMENT FORM*

Date:_____

Student Name: _____ Date of Birth: _____ Current Grade: ____

Gender: _____ Age: _____ Birthplace: _____ Telephone: _____

Mailing Address: _____
PO Box/Street City State Zip

Physical Address: _____
Street City State Zip

Ethnicity (circle one) : 1. African-American (Black, not of Hispanic origin) 2. American Indian/Alaskan 3. Asian/Pacific Islander 4. Caucasian 5. Hispanic

Last School Attended: _____
Name Address Date withdrawn

Father/Guardian: _____ email: _____ Resides with: Y or N

Employer: _____ Work Phone: _____ Cell: _____

Mother/Guardian: _____ email: _____ Resides with: Y or N

Employer: _____ Work Phone: _____ Cell: _____

Brothers/Sisters	Birthdate	Grade/Preschool	School Attending

OTHER INFORMATION

Was this student in a special program in his/her last school? Yes or No What level? _____

Has this student been long-term suspended or expelled from another school? Yes or No

Are there any legal records that we should have on file relating to custody agreements for the student? Yes or No If yes, please provide a copy so that we can adequately protect your rights.

IN CASE OF EMERGENCY, AND UNABLE TO REACH PARENTS/GUARDIANS, PLEASE CALL:

1st Emergency Contact: _____
Relationship to Student: _____ Phone:_____

2nd Emergency Contact: _____
Relationship to Student: _____ Phone:_____

Family Doctor/Clinic: _____ Phone: _____

IN CASE OF EMERGENCY AND UNABLE TO REACH A PARENT, YOU HAVE MY PERMISSION TO TAKE ABOVE STUDENT TO, OR TO CONTACT, THE DOCTOR/CLINIC OR EMERGENCY CONTACT LISTED ABOVE.

_____
Parent/Guardian Signature

STUDENTS WILL BE RELEASED FROM SCHOOL ONLY TO THE AUGHORIZED PERSONS LISTED ABOVE.
PLEASE DRAW A MAP OR GIVE DIRECTIONS TO YOUR HOME ON THE BACK OF THIS FORM.
NOTIFY SCHOOL OF ANY CHANGES TO THE INFORMATION PROVIDED ABOVE.

**********Office UseOnly**********

Teacher: _____Bus No.: _____ Date:_____

IN/OUT of District: _____ Birth certificate on file? _____ Shot record up to date? _____