UPPER SADDLE RIVER SCHOOL DISTRICT
395 West Saddle River Road
Upper Saddle River, New Jersey

ENROLLMENT BLANK

Child's name: _____ Gender: ☐ M ☐ F
First Middle Last

Nickname: _____ ☐ Birth Certificate or ☐ Passport _____
Examiner's Signature

Date of Birth: _____ Place of Birth: _____
Month Day Year City State or Country

Person enrolling student: _____ Relationship: _____
Print name

Student's address (Domicile): _____
Street City State Zip code

Are you currently residing at this address? ☐ Yes ☐ No Home phone number: _____

Email address #1: _____ Email address #2: _____

Father's name: _____ Father's Occupation: _____

Father's address if different than above: _____

Father's business phone number: _____ Cell number: _____

Mother's name: _____ Mother's Occupation: _____

Mother's address if different than above: _____

Mother's business phone number: _____ Cell number: _____

Race Category (enter primary (P) and secondary (S)) ☐ White ☐ Asian/Far East/Southeast Asia/Indian sub continent
☐ American Indian/Alaskan Native ☐ Black/African American ☐ Native Hawaiian/Pacific Island/Guam/Samoa

Ethnicity: ☐ Hispanic ☐ Non Hispanic | Languages spoken at home: _____
Primary Secondary

Student's previous school (if not a United States school, has the child ever attended a school in the United States? Yes ☐ No ☐)

Name and address of previous school	Last grade completed	Dates attended
1.		
2.		

Previous home address: _____

Child's doctor: _____ Doctor's phone #: _____

Health Insurance ☐ Yes ☐ No Health Insurance Provider: _____

Persons other than parents to be called in case of emergency:

1. Name: _____ Phone number 1: _____
Relation: _____ Phone number 2: _____
2. Name: _____ Phone number 1: _____
Relation: _____ Phone number 2: _____

Other children in family:

Name	Gender	Birth date	School/Grade or Occupation
	☐ M ☐ F		
	☐ M ☐ F		
	☐ M ☐ F		

Parent signature: _____ Date: _____