

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
School Office 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: _____

Father's Email : _____ Mother's Email : _____

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 (You may check all that apply) 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: _____