

New Student School Registration

LUMBERTON TOWNSHIP SCHOOL DISTRICT

33 Municipal Drive
Lumberton, NJ 08048
Phone (609) 267-1406
Fax: (609) 267-0002

OFFICE USE ONLY	
LTBOE Student ID # _____	_____
Lunch PIN ID # _____	_____
NJ Student ID# _____	_____

1. Former Lumberton Student? Yes ___ No ___
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2. Date Registered _____ 3. Date Entered: _____ 4. Entering Grade _____

5. Last Name _____ 6. First Name _____ 7. Middle Name _____

8. Birth Date ____/____/____

9. Race: **CHECK ONE ONLY:** White ___ Black ___ Hispanic ___ Asian ___ American Indian/Alaskan Native ___

Pacific Islander ___ If your child is multiracial, write each race here: _____

IF YOUR CHILD IS MORE THAN ONE RACE, write in all races under multiracial. (Required for state reporting).

10. Male ___ Female ___

11. Birthplace (U.S. City/State **OR** Non-U.S. Country) _____ 12. Language Spoken at Home _____

13. Transferred from: Name of School _____

Address _____

City _____ State _____ Zip _____ Phone Number (____) _____

14. Home Address _____

Neighborhood/Development: _____

15. Home Telephone #(____) _____ Mother Cell #(____) _____ Mother e-mail address _____

Father Cell #(____) _____ Father e-mail address _____

16. Student resides with: Mother ___ Father ___ Both Parents _____ Other (specify) _____

17. Mother/Guardian Name _____ Work Phone # _____

18. Mother/Guardian Employer _____

19. Father/Guardian Name _____ Work Phone # _____

20. Father/Guardian Employer _____

21. Last Name of Sibling	First Name of Sibling	Male/Female	Date of Birth
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

22. Emergency Contact Numbers (*OTHER THAN PARENTS/GUARDIANS*)

a. Name: _____ Relationship: _____ Home Ph. # (____) _____
Address: _____ Work Ph. # (____) _____ Cell Ph. # (____) _____
b. Name: _____ Relationship: _____ Ph. Number (____) _____
Address: _____ Work Ph. # (____) _____ Cell Ph. # (____) _____

23. Does student participate in any of the following programs? (Check all that apply. Information is confidential.)

Special Education _____ Speech _____ Basic Skills _____ Counseling _____ Free/Reduced Lunch _____
Limited English (ESL) _____ Gifted & Talented _____

If student is Special Education classified, contact the Office of Supervisor of Pupil Personnel Services at (609) 267-9099

24. If student participates in instrumental music (band or orchestra), specify instrument played: _____

25. Has student been previously retained? No _____ Yes _____ (If yes) Grade _____

26. Does student have health insurance? No _____ Yes _____ (If yes) Insurance Carrier Name _____

Residence Information (all information is confidential)

27. Did you establish residence in Lumberton by:

Purchasing _____ Renting _____ Living with a friend/relative _____ Living in a motel/hotel _____

28. Are you homeless? No _____ Yes _____

PLEASE NOTE: Students registered in the two weeks prior to the start of the school year will not receive transportation services until the second full week of school.

OFFICE USE ONLY: DO NOT WRITE BELOW DASHED LINE

Record date of receipt of the following information in the spaces provided

School Records _____ Immunization _____ Birth Certificate _____

Record date of receipt of the following information PLUS TYPE OF DOCUMENT in the space provided

Proof of Residency: _____ Type of document: _____

Host Family Affidavit: _____