

# North Arlington School District Student Information Form

DATE: \_\_\_\_\_ SCHOOL: \_\_\_\_\_ INCOMING GRADE: \_\_\_\_\_

Name: \_\_\_\_\_ State ID# \_\_\_\_\_

Last, First, Middle (suffix)

Nickname: \_\_\_\_\_ Gender: Male  Female

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_ Place of Birth \_\_\_\_\_

(Location of hospital) City State Country

Address: \_\_\_\_\_

How long have you lived at this address? \_\_\_\_\_ Does the child receive Special Education Services (IEP)? Yes No

Do you have home wifi? Yes No

Ethnicity/Race (Required by the State of NJ):

Check all that apply: White \_\_\_ Hispanic \_\_\_ Black \_\_\_ Native American \_\_\_ Asian \_\_\_ Pacific \_\_\_

Home Language (Students): \_\_\_\_\_ Native Language (Students) \_\_\_\_\_

**LIST ALL PREVIOUS SCHOOLS ATTENDED (NAME & ADDRESS OF SCHOOL):**

Date of first entry into a United States school: \_\_\_\_/\_\_\_\_/\_\_\_\_ where (which state): \_\_\_\_\_

Student resides with: \_\_\_ both parents \_\_\_ mother \_\_\_ father \_\_\_ step parent \_\_\_ grandparent \_\_\_ legal guardian \_\_\_ other

as of (date): \_\_\_\_\_

Is student a dependent of a member of the US Military? (Required by the State of NJ)

\_\_\_ No \_\_\_ Member of the Active Duty Forces \_\_\_ Dependent of a member of the National Guard or Reserve Forces

**PARENT/LEGAL GUARDIAN INFORMATION:**

Name \_\_\_\_\_

Place of Birth: \_\_\_\_\_

Relationship to student \_\_\_\_\_

Address: \_\_\_\_\_

(if different than the student)

When did you move to this address? \_\_\_\_\_

Home Phone # (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Cell Phone # (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Occupation: \_\_\_\_\_

Employer Name: \_\_\_\_\_

Employer Address: \_\_\_\_\_

Work Phone # (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Email: \_\_\_\_\_

Can pick up child from school

**PARENT/LEGAL GUARDIAN INFORMATION:**

Name \_\_\_\_\_

Place of Birth: \_\_\_\_\_

Relationship to student \_\_\_\_\_

Address: \_\_\_\_\_

(if different than the student)

When did you move to this address? \_\_\_\_\_

Home Phone # (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Cell Phone # (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Occupation: \_\_\_\_\_

Employer Name: \_\_\_\_\_

Employer Address: \_\_\_\_\_

Work Phone # (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Email: \_\_\_\_\_

Can pick up child from school

MARITAL STATUS: \_\_\_ Married \_\_\_ Divorced \_\_\_ Widowed \_\_\_ Single

TYPE OF RESIDENCE: \_\_\_ Own Home \_\_\_ Rent

**PROOF OF ELIGIBILITY PURSUANT TO 6A:28-2.5**

**Other Siblings in the North Arlington School District:**

Name \_\_\_\_\_ Grade \_\_\_\_\_ School \_\_\_\_\_ | Name \_\_\_\_\_ Grade \_\_\_\_\_ School \_\_\_\_\_

Name \_\_\_\_\_ Grade \_\_\_\_\_ School \_\_\_\_\_ | Name \_\_\_\_\_ Grade \_\_\_\_\_ School \_\_\_\_\_

**Preschool/Previous School:** \_\_\_\_\_ **Last date of attendance:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Town:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

***If the student's parents are domiciled in different districts, regardless of which parent has legal custody, please answer the following questions:***

Is there a court order or written agreement between the parents? (You will be asked to provide a copy of this document.)  
\_\_\_\_\_

Does the student reside with one parent/ legal guardian for the entire year? If so, with which parent and at what address?  
\_\_\_\_\_

If not, for what portion of time does the student reside with each parent and at what addresses?  
\_\_\_\_\_

**In case of emergency, illness, or early closing of school, school personnel will try to contact the parents/guardians first. If neither parent is available, I designate the following people to pick up my child from school.**

**EMERGENCY CONTACTS:**

**Name** \_\_\_\_\_

**Name** \_\_\_\_\_

**Relationship to student** \_\_\_\_\_

**Relationship to student** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_

**City:** \_\_\_\_\_

**Home Phone #** (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**Home Phone #** (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**Cell Phone #** (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**Cell Phone #** (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**Work Phone #** (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**Work Phone #** (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**Email:** \_\_\_\_\_

**Email:** \_\_\_\_\_

The Board's affirmative action program shall recognize and value the diversity of persons and groups within society and promote the acceptance of persons of diverse backgrounds regardless of race, creed, color, national origin, ancestry, age, marital status, affectional or sexual orientation, gender, gender identity or expression, religion, disability, or socioeconomic status. The affirmative action program will also promote equal educational opportunity and foster a learning environment that is free from all forms of prejudice, discrimination, and harassment based upon race, creed, color, national origin, ancestry, age, marital status, affectional or sexual orientation, gender, gender identity or expression, religion, disability, or socioeconomic status in the policies, programs, and practices of the Board of Education.

Michael Burke, Director of Special Education and Coordinator of Section 504/ADA:  
NAHS Child Study Team Office: 222 Ridge Road, North Arlington, New Jersey 07031  
201-991-6800 ext. 2100

Mrs. Jennifer Rodriguez, Principal of Jefferson/Affirmative Action Officer School/ Coordinator of Title IX:  
100 Prospect Avenue, North Arlington, New Jersey, 07031  
201-991-6800 ext. 2400

El programa de acción afirmativa de la Junta deberá reconocer y valorar la diversidad de personas y grupos dentro de la sociedad y promover la aceptación de personas de distintos orígenes sin importar raza, credo, color, origen nacional, ascendencia, edad, estado civil, orientación afectiva o sexual, género, identidad de género o expresión, religión, discapacidad o estatus socioeconómico. El programa de acción afirmativa también promoverá la igualdad de oportunidades educativas y fomentará un ambiente de aprendizaje que esté libre de toda forma de prejuicio, discriminación y acoso basado en raza, credo, color, origen nacional, ascendencia, edad, estado civil, orientación afectiva o sexual, género, identidad de género o expresión, religión, discapacidad o estatus socioeconómico en las políticas, programas y prácticas de la Junta de educación.

Señor Michael Burke, Director de Educación Especial y Cordinadora de la Sección 504/ADA: Oficina del Equipo de Estudio de Niños: 222 Ridge Road, North Arlington, New Jersey 07031  
201-991-6800 extension 2100 NAHS.

Señora Jennifer Rodriguez, Directora de la Escuela Jefferson/Oficial de Acción Afirmativa/Consejera Título IX:  
100 Prospect Avenue, North Arlington, New Jersey, 07031  
201-991-6800 ext. 2400.

**CERTIFICATION**

***I certify that all information provided on this form is true in all respects.*** \_\_\_\_\_

***Parent/Legal guardian signature Date***