

13. **The National or Ethnic subgroup which a child or parent/guardian most clearly identifies** (Optional). A representative sample of subgroups in New Jersey are listed below. Place an “X” in the box for one or more subgroups (up to 3 selections possible).

<input type="checkbox"/>	United States of America
<input type="checkbox"/>	Albania
<input type="checkbox"/>	Chile
<input type="checkbox"/>	China
<input type="checkbox"/>	Colombia
<input type="checkbox"/>	Cuba
<input type="checkbox"/>	Dominican Republic
<input type="checkbox"/>	Egypt
<input type="checkbox"/>	India

<input type="checkbox"/>	Iran
<input type="checkbox"/>	Iraq
<input type="checkbox"/>	Italy
<input type="checkbox"/>	Japan
<input type="checkbox"/>	Jordan
<input type="checkbox"/>	Korea
<input type="checkbox"/>	Lebanon
<input type="checkbox"/>	Mexico
<input type="checkbox"/>	Nigeria

<input type="checkbox"/>	Pakistan
<input type="checkbox"/>	Philippines
<input type="checkbox"/>	Poland
<input type="checkbox"/>	Puerto Rico
<input type="checkbox"/>	Russia
<input type="checkbox"/>	Syria
<input type="checkbox"/>	Other
<input type="checkbox"/>	Other
<input type="checkbox"/>	Other

14. **Native Language of Child.** The language or dialect first learned by an individual or first used by the Parent/Guardian with a child. This term is often referred to as the first language spoken. A representative sample of languages in New Jersey is listed below. Place an “X” in the box to indicate the native language of the child.

<input type="checkbox"/>	English
<input type="checkbox"/>	Albanian
<input type="checkbox"/>	Arabic
<input type="checkbox"/>	Chinese, Cantonese
<input type="checkbox"/>	Chinese, Mandarin
<input type="checkbox"/>	French
<input type="checkbox"/>	Gujarati
<input type="checkbox"/>	Haitian, Creole French
<input type="checkbox"/>	Hindi

<input type="checkbox"/>	Japanese
<input type="checkbox"/>	Korean
<input type="checkbox"/>	Polish
<input type="checkbox"/>	Russian
<input type="checkbox"/>	Spanish
<input type="checkbox"/>	Tagalog
<input type="checkbox"/>	Urdu
<input type="checkbox"/>	Yoruba
<input type="checkbox"/>	Other

15. **Race/ethnicity of Child.** Place an “X” in one or more boxes to indicate what you or your child considers the child to be.

<input type="checkbox"/>	American Indian or Alaska Native - A person having origins in any of the original Peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.
<input type="checkbox"/>	Asian – A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand or Vietnam.
<input type="checkbox"/>	Black or African American – A person having origins in any of the black racial groups of Africa. Terms such as “Haitian” or “Negro” can be used in addition to “Black or African American.”
<input type="checkbox"/>	Spanish/Hispanic/Latino – A person of Cuban, Mexican, Puerto Rican, South or Central American or other Spanish culture or origin, regardless of race.
<input type="checkbox"/>	Native Hawaiian or Other Pacific Islander – A person having origins in any of the original peoples of Hawaii, Guam, Samoa or other Pacific Islands.
<input type="checkbox"/>	White – A person having origins in any of the original peoples of Europe, Middle East or North Africa.

16. What language does the child speak most frequently at home? _____

17. Is the student qualified to receive federal support as an immigrant? An immigrant is a student who is age 3 to 21 and was NOT born in the US, and has not been attending one or more schools in any one or more states for more than three full academic years.

Yes No

18. Is the child a U.S. citizen Yes _____ No _____

19. Are you enrolling in this school as a result of exercising your No Child Left Behind choice option?

Yes No

20. If you answered YES to the above question please identify the reason from the list below.

- No Child Left Behind – School in Need of Improvement
- No Child Left Behind – Unsafe School – Persistently Dangerous School
- No Child Left Behind – Unsafe School – Student is Victim

21. What is the name and location of the institution which provided care, education, and/or services to the student prior to this enrollment?

Name:

Address:

City:

State: Zip:

22. If applicable, what was the last grade completed by the student?

<input type="checkbox"/>	Preschool	<input type="checkbox"/>	Fourth Grade	<input type="checkbox"/>	Ninth Grade
<input type="checkbox"/>	Kindergarten	<input type="checkbox"/>	Fifth Grade	<input type="checkbox"/>	Tenth Grade
<input type="checkbox"/>	First Grade	<input type="checkbox"/>	Sixth Grade	<input type="checkbox"/>	Eleventh Grade
<input type="checkbox"/>	Second Grade	<input type="checkbox"/>	Seventh Grade	<input type="checkbox"/>	Twelfth Grade
<input type="checkbox"/>	Third Grade	<input type="checkbox"/>	Eighth Grade	<input type="checkbox"/>	Adult High School

23. Has the student ever been referred to or evaluated by a Child Study Team?

Yes No

24. What is the extent of formal instruction the student's parent/guardian has received? If currently enrolled, select the previous grade level or highest degree received. (OPTIONAL)

- | | |
|---|--|
| <input type="checkbox"/> No schooling completed | <input type="checkbox"/> High school graduate – high school diploma or the equivalent (i.e. GED) |
| <input type="checkbox"/> Nursery School to 4 th grade | <input type="checkbox"/> Some college credit, but no degree |
| <input type="checkbox"/> 5 th or 6 th grade | <input type="checkbox"/> Associate degree (i.e. AA,AS) |
| <input type="checkbox"/> 7 th or 8 th grade | <input type="checkbox"/> Bachelor's degree (i.e. BA, AB, BS) |
| <input type="checkbox"/> 9 th grade | <input type="checkbox"/> Master's degree (i.e. MA, MS, MEng, Med, MSW MBA) |
| <input type="checkbox"/> 10 th grade | <input type="checkbox"/> Professional degree (i.e. MD,DO,DDS,DVM,LLB,JD) |
| <input type="checkbox"/> 11 th grade | <input type="checkbox"/> Doctorate degree (i.e. PhD, EdD) |
| <input type="checkbox"/> 12 th grade | |

Signature Date:

Parent/Guardian: _____

Title: First Name:

Last Name:

Relationship to Student: _____

Parent/Guardian: _____

Title: First Name:

Last Name:

Relationship to Student: _____

*******This completes the NJ State Enrollment Form. *******
The following page requests information specific to Jefferson Township School District
(over)

PARENT EMPLOYMENT:

	Mother Name	Father Name
Place		
Address		
Occupation		
Work No.		

IS THE CHILD LIVING WITH: Both Parents Father Mother Step-Father Step-Mother Legal Guardian
(Please Circle One)

Other(s) (explain): _____

PARENTS: Married Divorced Separated Remarried (please circle one)

CHILDREN IN FAMILY (Include this child – List oldest first)

<u>Name</u>	<u>School</u>	<u>Grade</u>	<u>Age</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

SCHOOLS PREVIOUSLY ATTENDED:

<u>Name of School</u>	<u>Address</u>	<u>Grade</u>
_____	_____	_____
_____	_____	_____

In the event of any emergency, when we might not be able to contact either parent, whom shall we call? Where shall we send your child?

Name _____ Tel. No. _____

Doctor's or Health Department's certificate indicating dates of vaccines is mandatory.

MEDICAL RECORD: Please check diseases as applicable. Give dates where possible:

_____ Chicken Pox	_____ Asthma	_____ Lyme Disease
_____ German Measles	_____ Pneumonia	
_____ Measles	_____ Meningitis	
_____ Mumps	_____ Tuberculosis (or exposure)	
_____ Scarlet Fever	_____ T.B. in Family	

Does child have any disabilities that may effect school work? _____

Any known sensitivity, such as bee stings? _____

Any known condition which may cause an emergency? _____

Signature (Parent, Guardian, Other (explain))

IF YOUR CHILD IS INVOLVED IN A MEDICAL EMERGENCY, WHEN NONE OF THE AFOREMENTIONED PEOPLE CAN BE CONTACTED IMMEDIATELY, THE SCHOOL AUTHORITIES WILL ARRANGE FOR TRANSPORTATION OF THE CHILD TO THE NEAREST HOSPITAL. PARENTS ARE RESPONSIBLE FOR THE FINANCIAL OBLIGATION FOR SUCH EMERGENCY CARE AND TRANSPORTATION HOME FROM THE HOSPITAL.