

**NUTLEY PUBLIC SCHOOLS-ENROLLMENT FORM**  
**PRINT CLEARLY**

ID# \_\_\_\_\_ STATE ID# \_\_\_\_\_ CODE \_\_\_\_\_

\_\_\_\_\_ Male( ) Female( )  
Student's Last Name                      First name                      Middle

Street Address                      Apt. No.                      City, State, Zip                      Home Phone

School Assigned \_\_\_\_\_ Date Enrolled \_\_\_\_\_ Class Assignment \_\_\_\_\_

Former School (transfers only) \_\_\_\_\_

\_\_\_\_\_ If applicable, date entered US \_\_\_\_\_

Date and place of birth (city, state, country)

Proof of Birth: Certificate( ) Passport( )

Returning to district: Yes( ) No( )

**\*\*FAMILY RECORD**

Please Include: Full Names; Country of Birth; US Citizen? If not, indicate where; Occupation; and Business Phone

Father \_\_\_\_\_

Mother \_\_\_\_\_

Guardian \_\_\_\_\_

PARENTAL STATUS: Married( ) Single( ) Divorced( ) Widowed( )

ETHNIC GROUP: White( ) Black( ) Hispanic( ) Native Indian( ) Asian/Pacific Islander( ) Other( )

LANGUAGE SPOKEN AT HOME: English( ) Other \_\_\_\_\_

STUDENT LIVES WITH: Both Parents( ) Mother( ) Father( ) Guardian( )

If you want a separate mailing to other parent, please complete the following:

Second Parent Name for Mailing                      Mailing Address

OTHER CHILDREN IN FAMILY (LIST FULL NAMES & AGES)                      OTHERS LIVING AT HOME                      RELATIONSHIP

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Family Physician: \_\_\_\_\_

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

**\*\*EMERGENCY CONTACT INFORMATION** List names and numbers of persons to be notified in case of emergency. Please include important cell phone numbers.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**\*\*Additional Information** \_\_\_\_\_