

ADDITIONAL FAMILY INFORMATION

Additional (Step Parent) _____

Additional (Step Parent) _____

Daytime Phone _____

Daytime Phone _____

Cell Phone _____

Cell Phone _____

Place of Employment _____

Place of Employment _____

Siblings (in order of age – oldest first)

SPECIAL ACCOMMODATIONS

Is the student classified? Yes _____ No _____

Does the student have an IEP? Yes _____ No _____

Does the student have a 504 Plan (Americans with Disabilities Act)? Yes _____ No _____

Does student require any special medical accommodations? Yes _____ No _____

If yes, please specify _____

MISCELLANEOUS INFORMATION

Ethnic Background (please check one)

_____ 1. Hispanic or Latino – A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

_____ 2. Not Hispanic or Latino – A person who is not of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

Race (more than one race category may be checked)

White ___ Black or African American ___ Asian ___ Am. Ind./Alaskan Native ___ Native Hawaiian or Pacific Islander ___

EMERGENCY CONTACT INFORMATION (OTHER THAN PARENTS)

Name _____

Name _____

Relationship _____

Relationship _____

Daytime Phone _____

Daytime Phone _____

Cell Phone _____

Cell Phone _____

Doctor's Name _____

Phone # _____

Is student covered by Health Insurance? Yes _____ No _____

For office use only

Student I.D. # _____ NJSmart # _____