



MIDDLESEX COUNTY STEM CHARTER SCHOOL

Student Enrollment Form:

OFFICE USE ONLY / USO DE OFICINA SOLAMENTE

Enrolled By: _____ Date: _____ Input by: _____ Date: _____

ENROLLMENT: (please check one) NEW: _____ RE-ENTRY: _____

SID# _____ LOCAL ID# _____

Proof of Residency : (list type) _____ Date: _____

School to be enrolled: _____ Grade: _____

Please Note Any Special Programs Your Child Was Involved With:

ESL Basic Skills Bilingual Special Services (see below)

IEP Submitted: YES _____ NO _____ / Copy to SE: YES _____ NO _____

Custody Documentation Submitted: (please check one) Yes _____ No _____ Not Applicable _____

**If yes, is there a legal document describing the child's domicile for school purposes or limiting either parent's parental rights?
Please provide a copy of this document.*

Birth Certification: (list type) _____

Person Enrolling Student: Mother Father Guardian Other _____

Student Information (PLEASE PRINT CLEARLY)

Student's Name: _____
Last First Middle

Date of Birth: _____ Age: _____ Male Female

Please indicate if your ethnicity is Hispanic: YES _____ NO _____

Race (check all that apply)

<input type="checkbox"/>	Alaskan/ Native American	<input type="checkbox"/>	Hawaiian Native / Pacific Islander
<input type="checkbox"/>	Asian	<input type="checkbox"/>	White
<input type="checkbox"/>	Black	<input type="checkbox"/>	

City of Birth: _____ State/Country of Birth: _____

Student's First Language: _____ Language Spoken at Home: _____

Date Entered U.S. _____ Date Entered U.S. School: _____

Years attended School outside U.S. _____ Dates: From _____ To _____

Name of School Attended outside U.S. _____

Grade Completed: _____

Health Insurance: *Yes No *If yes, please provide name: _____

Student Resides: W/Both Parents W/Mother Only W/Father Only W/Guardian

*W /Agency or Shelter *In case of State Agency, Writ of Domicile or Homeless Shelter, identify the community in which the child was last domiciled: _____

Address: _____ Apt/ Floor: _____
Number & Street

Primary Phone: _____

Mother/ Guardian Name: _____
 Relationship to student: _____
 Mother's Guardian's Birthplace: _____
 DOB: _____
 Address: (if different than students)

 Mobile Phone: _____
 Email: _____
 Employer: _____
 Occupation: _____
 Work Phone: _____ Ext _____
 Full Time Military Employment Yes No
 Branch: _____

Father/ Guardian Name: _____
 Relationship to Student: _____
 Father/Guardian Birthplace: _____
 DOB: _____
 Address: (if different than students)

 Mobile Phone: _____
 Email: _____
 Employer: _____
 Occupation: _____
 Work Phone: _____ Ext _____
 Full Time Military Employment Yes No
 Branch: _____

Please List All Other Children in Your Family: (under 18 years old)

Name	M / F	DOB	Current School	Grade
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Previous Educational Information:

Has the Student Attended a Perth Amboy School Before? Yes No
 If yes: Date(s): _____ School: _____
 Has the Student Attended a School Outside the Perth Amboy District? Yes No If yes, Date: _____
 School: _____
 State/City _____

Emergency Contact Information: (please list 2 other people besides parents/ guardians)

Name	_____	Name	_____
Relation to student	_____	Relation to student	_____
Phone Number	_____	Phone Number	_____

Parent/Guardian Signature: _____

Date: _____