UNION TOWNSHIP SCHOOL DISTRICT
Hunterdon County
Registration Offices
District Phone Number – 908-735-5511

Grades Pre-K – 4
149 Perryville Road
Hampton, New Jersey 08827
908-238-6016 (tel)
908-730-7591 (fax)

Grades 5 - 8
165 Perryville Road
Hampton, New Jersey 08827
908-238-6015 (tel)
908-735-6657 (fax)

ENTRANCE REGISTRATION FORM

Date: ____________________________________________________________________________

Pupil's Full Name: _______________________________________________________________

(Last) (First) (Middle)

Home Address: ________________________________________________________________

(Street) (City/State) (Zip)

E-mail Address(es) _____________________________________________________________

Home Telephone No.: ______________________________________________________________________

Birth Date: ___________________ City of Birth: ___________________ State of Birth: ________________


If not a U.S. Citizen, Citizen of What Country? __________________________________________________

Language your Child First Acquired: _______________________________________________________

Language Most Often Spoken by your Child: _________________________________________________

Language Most Often Spoken in your Home: _________________________________________________

Name of Father: ____________________________________ Occupation: _______________________

Place of Employment: ______________________________ Telephone No.: ______________________

Name of Mother: ____________________________________ Occupation: _______________________

Place of Employment: ______________________________ Telephone No.: ______________________

Martial Status of Parents: Married_____ Divorced_____ Separated_____ Single _____

Are Both Parents Living at Home? Yes_____ No_____ If no, who is Absent? Father_____ Mother _____

Custody Disposition: _____________________________________________________________________

Address of Non-Custodial Parent: __________________________________________________________

(Street) (City/State) (Zip)

Alternate/Emergency Contact: ____________________________________________________________

(Name) (Telephone No.)
Other Children in Family:

Boys: Name: ________________  DOB: ________  Girls: Name: ________________  DOB: ________

Name: ________________  DOB: ________  Name: ________________  DOB: ________

Name of School Last Attended: ______________________________________________________________

Address: ________________________________________________________________________________

Dates Attended: __________________________________________________________________________

Name of Teacher in Last Year: __________________________  Grade on Last Day Attended: ________

Was this student receiving services under speech therapy, resource room or other program for exceptional children?  (Special Education?)  Yes________  No________

If yes, please describe program: ________________________________________________________________________________________________

Please describe any condition(s) which would prevent your child from participating in a full-school program:

__________________________________________________________

Does your child have health insurance:  Yes _____  No_____  Name of insurance company_________________

If no, NJ FamilyCare provides free or low cost health insurance for uninsured children and certain low income parents. For more information call 800-701-0710 or visit www.nifamilycare.org to apply online. You may release my name and address to the NJ FamilyCare Program to contact me about health insurance.

Name and Address of Family Physician: _______________________________________________________

__________________________________________________________

Any Current Health Problems?  Yes _____  No _____  (if yes, please describe)_______________________

__________________________________________________________

Any Known Allergies?  Yes _____  No _____  (if yes, please describe)__________________________

__________________________________________________________

Name and Address of Family Dentist: __________________________________________________________

__________________________________________________________

Signature of Parent/Guardian: _______________________________________________________________

(For Office Use Only)

Birth Certificate Verified By:___________________________________________________

District Entrance Date: __________________________________________________________

Grade: ____________  Room: ____________  Bus: ____________