

**CALDWELL-WEST CALDWELL PUBLIC SCHOOLS  
STUDENT ADMISSION FORM  
PLEASE PRINT CLEARLY**

<b>STUDENT INFORMATION:</b> (Must match Birth Certificate or Passport.)					
Student's First Name:		M.I.	Last Name:		Nickname:
Gender: Female      Male	Country of Birth:		If birth country is not the U.S. - U.S. Entry Date: *required ____/____/____	Form of Authorization: <input type="checkbox"/> Birth Certificate OR <input type="checkbox"/> Passport	
Birth Date: (Month/Day/Year) ____/____/____	Birth City/Town:		Birth State:	Immigrant?	Homeless?
Race: <input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian or Other Pacific Islander					
Ethnicity:    Hispanic or Latino <input type="checkbox"/> Yes <input type="checkbox"/> No					
Student's Home Address:		Apt. #:	Municipality (circle one): <b>Caldwell OR West Caldwell</b>		Zip Code: <b>07006</b> County: <b>Essex</b>
Student's Home Phone Number: (    )    ____ - ____		Please Specify: <input type="checkbox"/> Land Line OR <input type="checkbox"/> Mobile Number		<input type="checkbox"/> <b>Check here if preferred for school communications.</b>	
Residency: <input type="checkbox"/> Own <input type="checkbox"/> Rent <b>*See page 2 for proof of residency information.</b>		Primary language spoken at home if not English: Secondary language(s) spoken:			
<b>PARENT INFORMATION:</b>					
Parents Are: (circle one)      Married      Separated Divorced      Deceased		Student Lives With: <input type="checkbox"/> Both Parents <input type="checkbox"/> Mother & Step Parent <input type="checkbox"/> Mother Only <input type="checkbox"/> Father & Step Parent <input type="checkbox"/> Father Only <input type="checkbox"/> Guardian/Other			
Mother's First Name:		M.I.	Last Name:		Custody: <input type="checkbox"/> Yes <input type="checkbox"/> No
Mother's Home Address (if different from student):		Apt. #:	Municipality:		Zip Code:    County:
Home Phone (if different than student): (    )    ____ - ____		<input type="checkbox"/> Landline OR <input type="checkbox"/> Mobile Number		<input type="checkbox"/> <b>Check here if preferred for school communications.</b>	
Additional Phone: (    )    ____ - ____		<input type="checkbox"/> Landline OR <input type="checkbox"/> Mobile Number		<input type="checkbox"/> <b>Check here if preferred for school communications.</b>	
Email address:				<input type="checkbox"/> <b>Check here if preferred for school communications.</b>	
Mother's Occupation:		Business Name:		Business Phone: (    )    ____ - ____	
Father's First Name:		M.I.	Last Name:		Custody: <input type="checkbox"/> Yes <input type="checkbox"/> No
Father's Home Address (if different from student):		Apt. #:	Municipality:		Zip Code:    County:
Home Phone (if different than student): (    )    ____ - ____		<input type="checkbox"/> Landline OR <input type="checkbox"/> Mobile Number		<input type="checkbox"/> <b>Check here if preferred for school communications.</b>	
Additional Phone: (    )    ____ - ____		<input type="checkbox"/> Landline OR <input type="checkbox"/> Mobile Number		<input type="checkbox"/> <b>Check here if preferred for school communications.</b>	
Email address:				<input type="checkbox"/> <b>Check here if preferred for school communications.</b>	
Father's Occupation:		Business Name:		Business Phone: (    )    ____ - ____	

Continued...

<b>GUARDIAN/OTHER INFORMATION (IF APPLICABLE):</b>				
Guardian First Name:	M.I.	Last Name:	Custody: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Guardian Home Address (if different from student):	Apt. #:	Municipality (circle one):	Zip Code:	County:
Home Phone (if different than student):	<input type="checkbox"/> Landline OR <input type="checkbox"/> Mobile Number		<input type="checkbox"/> Check here if preferred for school communications.	
Additional Phone: ( ) - - - - -	<input type="checkbox"/> Landline OR <input type="checkbox"/> Mobile Number		<input type="checkbox"/> Check here if preferred for school communications.	
Email address:			<input type="checkbox"/> Check here if preferred for school communications.	
Occupation	Business Name:	Business Phone: ( ) - - - - -		

<b>EDUCATION HISTORY:</b>	
Has student ever attended Caldwell-West Caldwell Schools? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, name of school(s) and grade(s) attended:
Name of Previous School Attended ( <b>Students Grades 1-12</b> ):	Previous School Attended:
Pre-K and Kindergarten Students Only: Did student attend Day Care/Nursery School/Pre-School? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, name and address of Day Care/Nursery School/Pre-School:

*Middle School Students Only - Is student interested in taking music lessons? <input type="checkbox"/> Yes <input type="checkbox"/> No
--

<b>SIBLINGS:</b> Please list all siblings including birth dates and Caldwell-West Caldwell schools attended/attending if applicable.		
Name:	Birthdate:	C-WC School Attended/Attending (if applicable):
	__/__/____	
	__/__/____	
	__/__/____	
	__/__/____	

Can student participate in all physical education activities? <input type="checkbox"/> Yes <input type="checkbox"/> No	If no, please explain:
---	------------------------

<b>STATE OF NEW JERSEY REQUESTED HEALTH INFORMATION:</b>	
Does the student have health insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, Health Insurance Provider? (Optional):

Parent / Guardian Signature:	Date:
------------------------------	-------

<b>PROOF OF RESIDENCY:</b>
If you are renting you must provide the following: completed Domicile Statement, completed/notarized Landlord Statement, copy of current lease and <u>two</u> of the following items: utility bill, water bill, cable bill, telephone/mobile phone bill, insurance bill, bank statement, recent pay stub, valid NJ driver's license. If you are a home owner you must provide the following: completed Domicile Statement and <u>two</u> of the following items: utility bill, water bill, cable bill, telephone/mobile phone bill, insurance bill, bank statement, recent pay stub, valid NJ Driver's license.

<b>SCHOOL USE ONLY:</b>				
Date Registered:	School Placement:	Grade Entry:	Year of Graduation:	Student Start Date:
Initial HS Entry Date:	Student ID#: (Genesis)	Registered By/Date:	NJ Smart#:	Kindergarten: AM PM
Teacher:	Room #:	Notes:		