

Transportation Office
 520 W. Main St.
 Rockaway, NJ 07866
 (973) 664-2354

MORRIS HILLS REGIONAL DISTRICT
APPLICATION FOR REGISTRATION

| | | | | | |
|--|--|---|---|--|--|
| Today's Date: | | Gender (Circle One): M F | | Current Grade: | |
| Last Name: First: Middle: | | Place of Pupil's Birth: | | | |
| Date of Birth: Month: Day: Year: | | Town or City | | State | |
| Address: | | Country | | | |
| Number & Street Apt. #, P.O. Box, R.D. Town State Zip | | If born outside the U.S., Puerto Rico, or another U.S. Territory, please list the date (Month & Year) the student first entered a U. S. school: | | | |
| Is this a temporary or permanent address? <input type="checkbox"/> Permanent <input type="checkbox"/> Temporary | | Primary Phone Number: | | | |
| Township or Borough (Circle One) Rockaway Township Denville Rockaway Borough Wharton | | Student Cell Phone Number: | | | |
| Other: | | Mailing Address (Complete if not the same as above. Leave blank if same as address where you reside) | | | |
| Nearest Intersecting Street to Above Address: | | | | | |
| Name of Current School or School Last Attended: | | Address of Current School or School Last Attended: | | | |
| Is the student Hispanic or Latino (a person of Cuban, Mexican, Puerto Rican, South or Central America, or other Spanish culture or origin, regardless of race)? The purpose of this information request is to give accurate numbers to the State Department of Education and not to identify students. You are not required to complete this section, but your cooperation would be appreciated. <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | |
| Ethnic background information is required of all N.J. Public Schools in the completion of an annual state report. The purpose of this information request is to give accurate numbers to the State Department of Education and not to identify students. You are not required to complete this section, but your cooperation would be appreciated. (Check All that Apply): | | | | | |
| <input type="checkbox"/> White | | <input type="checkbox"/> Black | | <input type="checkbox"/> American Indian or Alaska Native | |
| | | | | <input type="checkbox"/> Asian | |
| | | | | <input type="checkbox"/> Native Hawaiian or other Pacific Islander | |
| Primary Language spoken at home: _____ | | Date of Entry into ESL Program: _____ | | | |
| Language spoken most often by student : _____ | | Does the student have an IEP? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| Language first learned by student: _____ | | Does the student have a 504 Plan? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| Contact #1: Name of <input type="checkbox"/> Parent or <input type="checkbox"/> Guardian: | | | Contact #2: Name of <input type="checkbox"/> Parent or <input type="checkbox"/> Guardian: | | |
| Relationship to Student: | | | Relationship to Student: | | |
| Last Name: First: | | Last Name: First: | | | |
| Mailing Address: | | | Mailing Address: | | |
| City, State, ZIP: | | | City, State, ZIP: | | |
| Parent/Guardian Signature: | | | Parent/Guardian Signature: | | |
| Lives with Student : <input type="checkbox"/> Yes <input type="checkbox"/> No | | | Lives with Student : <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Name & Address of School Attending in September 2018: | | | Grade: 9 10 11 12 | | |
| | | | Program/Academy (if applicable): | | |

The Morris Hills Regional School District affirms its responsibility to ensure equal educational opportunity to all students in its schools regardless of ancestry, color, creed, national origin, race, religious, gender, or socio-economic status.

Revised 11/28/17