LENAPE REGIONAL HIGH SCHOOL DISTRICT
Registration Form

STUDENT
Name: ____________________________ (Last) (First) (Full Middle) (Suffix)
Nickname (if applicable): ____________________________________________________
Address: ________________________________________________________________
(City) (State) (Zip)
Home Telephone #: _______________________________________________________

Grade: ________ ☐ Male ☐ Female
Date of Birth: ____________________________
City/State of Birth: ____________________________
Country of Birth: ____________________________
If student was not born in any State, District of Columbia, or Puerto Rico, then please indicate
First Day in U.S. School: ____________________________________________________

GUARDIAN 1
Name: ____________________________ (Last) (First)
Address if different from Student: ____________________________________________
(City) (State) (Zip)
Occupation: ____________________________

Relation to student: ____________________________
Home Phone: ____________________________
Work Phone: ____________________________
Cell Phone: ____________________________
Email address: ____________________________
Employer: ____________________________

GUARDIAN 2
Name: ____________________________ (Last) (First)
Address if different from Student: ____________________________________________
(City) (State) (Zip)
Occupation: ____________________________

Relation to student: ____________________________
Home Phone: ____________________________
Work Phone: ____________________________
Cell Phone: ____________________________
Email address: ____________________________
Employer: ____________________________

GUARDIAN 3
Name: ____________________________ (Last) (First)
Address if different from Student: ____________________________________________
(City) (State) (Zip)
Occupation: ____________________________

Relation to student: ____________________________
Home Phone: ____________________________
Work Phone: ____________________________
Cell Phone: ____________________________
Email address: ____________________________
Employer: ____________________________

FAMILY
Parent(s): ☐ Together ☐ Separated ☐ Divorced ☐ Remarried ☐ Single ☐ Father Deceased ☐ Mother Deceased
Student resides with: ☐ Father ☐ Mother ☐ Stepfather ☐ Stepmother
☐ Other (explain relationship)

<table>
<thead>
<tr>
<th>Names of Other Children (Oldest to Youngest)</th>
<th>Date of Birth (Month/Day/Year)</th>
<th>Place of Birth</th>
<th>Name of School/Grade Attended</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

pg. 4
Year of H.S. Graduation: ____________________ Year Entered H.S.: ________________ Grade Entering: ________________
Ethnicity: □ White □ Black □ Hispanic □ Asian □ Native Hawaiian or Other Pacific Islander □ American Indian or Alaska Native

PREVIOUS SCHOOL
Name: __________________________ Dates Attended: ______________ Type: □ Public □ Private □ Home Schooled
Phone: __________________________ City: ______________ County: ______________ State: ______________ Country if not U.S.: ______________

Do you have a court order stating any persons are not permitted to pick up your student from school? □ No □ Yes If yes, please supply a copy of the court order (Person’s name: __________________________) and please explain: __________________________

Is a language besides English spoken in your home? □ No □ Yes (language: __________________________)
Has your student received English as a Second Language services (ESL)? □ No □ Yes (which grade(s): ______________)
Has your student participated in or been recommended for a Gifted/Talented Program? □ No □ Yes
Has your student repeated a grade? □ No □ Yes Does your student currently have an IEP or 504 Plan or receive specialized school program/related services? □ No □ Yes If Yes:
Has your student received Speech Therapy? □ No □ Yes; Occupational Therapy? □ No □ Yes; Physical Therapy? □ No □ Yes

“I hereby authorize the Lenape Regional High School District to investigate and confirm any and all statements made by me on this form. I am aware that, if any statements on this registration form concerning residency are false, I may be assessed the tuition for the aforementioned student and prosecuted to the full extent of the law.”

Parent/Guardian Name: (please print) __________________________
Parent/Guardian Signature: (please sign in ink) __________________________
Date: __________________________