

MONTGOMERY TOWNSHIP SCHOOLS
1014 Route 601, Skillman, New Jersey 08558

FORM B: Kindergarten
Registration Form

Date of Registration _____

KINDERGARTEN REGISTRATION FORM

ID# _____

Student Name _____
Last First (Birth) First (if different from Birth) Middle
Gender (Birth) M or F _____ Gender (if different from Birth) M or F or Non-Binary/Undesignated _____
Address _____ P.O. Box _____ Apt. # _____

Primary Guardian Name _____ Relation _____
Address (if different from above) _____
Home Phone _____ Cell Phone _____ Work Phone _____
Email _____

Secondary Guardian Name _____ Relation _____
Address (if different from above) _____
Home Phone _____ Cell Phone _____ Work Phone _____
Email _____

Emergency Contact Information, other than guardians (who we would call if we cannot reach you):
(1) _____ Relation _____ Phone: (c) _____ (h/w) _____
(2) _____ Relation _____ Phone: (c) _____ (h/w) _____

Siblings and Grade: _____

Birth Date _____ Birth City _____ Birth State _____
Birth Country _____ US Entry Date: _____ First Entry US School _____
Ethnicity (Must check one): Hispanic Non-Hispanic
Race (check all that apply):
American Indian/Alaskan | Asian | Black | Hawaiian Native/other Pacific Islander | White
Primary Language _____ **Home Language** _____

Student living with: _____ Both Parent _____ Mother _____ Father _____ Step-Mother _____ Step-Father _____ Guardian _____ Other _____

Custody Issues: _____ Yes _____ No Custody Status: _____ Court Order on File: _____ Yes _____ No
Court Order Document: _____ Custody Start Date: _____ Custody End Date: _____

Military Connected (Please check one):
_____ Unknown (It is unknown whether or not student is military-connected).
_____ Not Military Connected (Student is not military-connected).
_____ Active Duty (Dependent of a member of the Active Duty Forces—Full Time: Army, Navy, Airforce, Marine Corps, or Coast Guard).
_____ National Guard or Reserve (Student is a dependent of a member of the National Guard or Reserve Forces).

Has your child attended a Pre-School Program? _____ Yes _____ No If so, please give name of school: _____

Signature _____ Relationship _____ Date _____

(Revised 1/2020)