LITTLE FALLS TOWNSHIP PUBLIC SCHOOLS – LITTLE FALLS, NEW JERSEY
Registration Form

PLEASE FILL OUT **BOTH** PAGES OF THIS FORM COMPLETELY

Grade_____
Out-of-District School_____

Student Name_____ M ( ) F ( )
(Last) (First) (Middle)
Address_____Phone_____

Date of Birth_____Place of Birth_____**Birth Certificate or**
(Month, Day, Year) (City, State, Country) **Passport is required**

PARENT / GUARDIAN INFORMATION: Child resides with_____

1. Name (first & last) _____
Address_____Home Phone (___)_____
_____Work Phone (___)_____
email_____Cell Phone (___)_____

2. Name (first & last)_____
Address_____Home Phone (___)_____
_____Work Phone (___)_____
email_____Cell Phone (___)_____

If student does not reside with parent, please provide the following information:

Name of Legal Guardian_____Legal Document_____
Relationship of Guardian (if other than parent)_____
Is the Student homeless?_____

Former Place of Residence_____
(Street) (City) (State & Zip)
School Last Attended_____
(Name of School) (Address of School)
_____
(County of School) (State of School)

Grade Last Attended_____Dates of Attendance_____Current Grade_____

Ethnicity/Race:
(You MUST select at least one, however, you may select more than one.)

White/Caucasian	☐ Yes	☐ No
Black/African American	☐ Yes	☐ No
Hispanic/Latino	☐ Yes	☐ No
Asian	☐ Yes	☐ No
Pacific Islander/Native Hawaiian	☐ Yes	☐ No
American Indian/Alaskan Native	☐ Yes	☐ No

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Language, other than English, spoken in the home by parent or child_____

If another language is spoken in the home, country of origin_____

Siblings – Names / Dates of Birth / School

_____

_____

_____

If the family situation is such that school communications should be sent to more than one address, please specify. Provide name of recipient and address.

_____

_____

Homeowner ❒ Renter ❒ Non-Rent Paying ❒

Proof of Residency: (one document required – *must be current*)

1. Deed (with first month's Mortgage Statement or Township Property Tax Bill)_____
2. Mortgage Statement_____
3. Township Property Tax Bill_____
4. Lease_____
5. Affidavit of Residence & Resident (in the absence of a valid lease) Signed & Notarized_____

Proof of attachment to address: (two of the following required – *must be dated within 30 days*)

1. Bank Statement_____
2. Cable Bill_____
3. Home or Vehicle Insurance Bill_____
4. Utility Bill_____ (Electric, Gas, or Water – **Billing & Service Address must be the same**)
5. Vehicle Registration_____

Credit card statements are *not* acceptable

How long have you lived in this residence?_____

Name of person completing this form (PRINT)_____Date_____

Signature_____Approved by: *For office use only*_____