Greater Brunswick Charter School

Registration Form

Student's Name: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐ ☐☐☐☐☐☐☐☐☐☐ ☐☐

(Last) (First) (Mid. Init.)

Birth Date: _____ **Sex:** Male Female

City of Birth: _____ **State of Birth:** _____ **Country of Birth:** _____

STUDENT'S PRIMARY RESIDENCE

Name of Parent/Legal Guardian: (Last) _____ (First) _____

Name of Parent/Legal Guardian: (Last) _____ (First) _____

Address: (Street):_____

City: _____ **County:** _____ **Zip Code:** _____

(Telephone - Home)	**(Telephone - Work)**	**(Telephone - Cell)**
☐☐☐ ☐☐☐ ☐☐☐☐	☐☐☐ ☐☐☐ ☐☐☐☐	☐☐☐ ☐☐☐ ☐☐☐☐

Email Address: _____ @ _____.____

OTHER PARENT/LEGAL GUARDIAN

Name of Parent/Legal Guardian: (Last) _____ (First) _____

Address: (Street):_____

City: _____ **Zip:** _____

(Telephone - Home)	**(Telephone – Work)**	**(Telephone - Cell)**
☐☐☐ ☐☐☐ ☐☐☐☐	☐☐☐ ☐☐☐ ☐☐☐☐	☐☐☐ ☐☐☐ ☐☐☐☐

Email Address: _____ @ _____.____

Grade as of Sept. 2008: (circle one) **K 1 2 3 4 5 6 7 8**

Current Grade : _____

Current School: (Name) _____ (City) _____

Assigned District Public School:_____ **District Entry Date:** ☐☐ ☐☐ ☐☐☐☐

Signature: (Parent or Legal Guardian) _____ Date: _____

Please bring this form and the following information to register:

- **Proof of residency (2 of the following):** NJ driver's license, property deed, mortgage statement, lease, notarized statement from landlord, current utility bill
- **Proof of guardianship (1 of the following):** original birth certificate with raised seal (hospital birth certificate is not acceptable), copy of section of court decree awarding custody, copy of most recent NJ or U.S. Income Tax return indicating name of dependent, dependent's social security number, and name of adult claiming student as dependent)
- **Proof of enrollment in local school district:** child's report card, letter from district indicating you have registered
- **Proof of immunization:** up-to-date immunization record from school or doctor
- **Transportation Form:** completed form, including mileage from school (form is provided at Information Meetings)

DO NOT WRITE BELOW THIS LINE

proof of residency____ proof of guardianship_____ enrolled in local district_____ immunization record____ transport. form ____

Clerk name_____

Rev. 11.2007