

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

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

Grade 5  
School \_\_\_\_\_

Student Name \_\_\_\_\_ M ( ) F ( )  
(Last) (First) (Middle Name)

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	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Black/African American	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Hispanic/Latino	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Asian	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Pacific Islander/Native Hawaiian	<input type="checkbox"/> Yes	<input type="checkbox"/> No
American Indian/Alaskan Native	<input type="checkbox"/> Yes	<input type="checkbox"/> 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

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If the family situation is such that school communications (i.e., report cards, newsletters) should be sent to more than one address, please specify. Provide name of recipient and address.

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Homeowner       Renter       Non-Rent Paying

Proof of Residency: (copy of one document required)

- |                |                             |
|----------------|-----------------------------|
| 1. Deed _____  | 3. Mortgage Statement _____ |
| 2. Lease _____ | 4. Property Tax Bill _____  |

Proof of attachment to address: (provide two of the following)

- |                           |                               |
|---------------------------|-------------------------------|
| 1. Bank Statement _____   | 5. Utility Bill _____         |
| 2. Cable/Phone Bill _____ | 6. Vehicle Registration _____ |
| 3. Insurance Bill _____   | 7. Voter Registration _____   |
| 4. Pay Stub _____         |                               |

**Credit card statements are *not* acceptable**

How long have you lived in this residence? \_\_\_\_\_

PRINT Name of person completing this form \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_ Approved by: \_\_\_\_\_