



**WILDWOOD CREST SCHOOL DISTRICT
REGISTRATION FORM**
9100 Pacific Avenue
(609) 522-1522
www.crestmem.edu

STUDENT INFORMATION						
Student's Last Name:		First:	Middle:	Grade:	Class of:	School:
Primary Language English: <input type="checkbox"/> Yes <input type="checkbox"/> No	Birth City:	Birth State:		Birth Date: / /	Age:	Sex: <input type="checkbox"/> M <input type="checkbox"/> F
Street Address:			County:	Home Phone No.: ()		
P.O. Box:	City:	State:		ZIP Code:		
Ethnicity: <input type="checkbox"/> Hispanic <input type="checkbox"/> White <input type="checkbox"/> African American <input type="checkbox"/> American Indian/Alaskan <input type="checkbox"/> Asian <input type="checkbox"/> Hawaiian native/ other Pacific Islander						

ADDITIONAL INFORMATION	
Siblings that attend Wildwood Crest School District:	Name: _____ Grade: _____

Has your child been found eligible for special education services? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Does your child receive any services and/or therapy from a speech therapist? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is your child eligible for any school accommodations based upon Section 504 eligibility? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Does this child have health insurance? (Health insurance including NJ Family Care/Medicaid, Medicare, private or other.) <input type="checkbox"/> Yes, my child has health insurance. Name of insurance company: _____ <input type="checkbox"/> No, my child does not have health insurance. You may release my name and address to the NJ Family Care Program to contact me about health insurance. *By law, your child must have health insurance. NJ Family Care provides free or low cost health insurance for uninsured children and certain low-income parents. For more information visit www.njfamilycare.org to apply online, or call 1-800-701-0710.	
May the student be photographed or have his or her name published by the school media? <input type="checkbox"/> Yes <input type="checkbox"/> No	
The above information completed for the Wildwood Crest School District registration form is true to the best of my knowledge.	
_____	_____
<i>Patient/Guardian signature</i>	<i>Date</i>