

Monroe Township Public Schools
75 East Academy Street, Williamstown, NJ 08094
Phone: 856-629-6400 - Fax: 856-262-2499

PLEASE PRINT		STUDENT DATA ENTRY FORM		PLEASE PRINT	
School Assigned:			Today's Date:		
Student's Name:					
Last		First		Middle	
Suffix, (Jr, Sr, III)					
Enrollment Date:		Current Grade Level:		Projected Graduation Year:	
Gender: Male Female			Date of Birth: (MM-DD-YYYY)		
Race/Ethnicity: (If more than one, please circle all that apply)					
American Indian/ Alaskan Native		Asian		Black	
		Hispanic		Pacific Islander/ Native Hawaiian	
White					
City of Birth:			State of Birth:		
Country of Birth:			If Not Born in USA, Date First Entered Into a US School:		
HOME ADDRESS			MAILING ADDRESS		
Street/Apt. No.:			Street/Apt. No.:		
City, State, Zip:			City, State, Zip:		
Neighborhood/ Development:			Neighborhood/ Development:		
<p>Emergency information is delivered by an automated notification system called Global Connect which provides real-time information regarding school closings, late openings, early dismissals and other emergent notifications. The system is occasionally used to announce school related activities and special events. If an automated message is distributed via Global Connect, the following phone numbers will be contacted: PRIMARY HOME PHONE, SECONDARY HOME PHONE (if applicable), MOTHER'S CELL PHONE, FATHER'S CELL PHONE, LEGAL GUARDIAN'S CELL PHONE (if applicable). Global Connect will only dial a ten-digit phone number; it cannot dial an extension number.</p>					
Primary Home Phone: (Primary Global Connect Phone)			Secondary Home Phone: (Secondary Global Connect Phone/In Cases of Joint Custody)		
Student Lives With:			Adult Student: YES NO		
School Transferring From: (Name and Address)					
Previous Enrollment(s) in Monroe Twp:		Year(s):		School(s):	
Siblings in District:		Name(s):		Grade(s):	
				School(s):	
Language(s) Other Than English Spoken in Home:					
Parent/Guardian Currently Active Duty Military or Military Reserves:				YES	NO
Student Was Classified by Child Study Team at Previous School:				YES	NO
Student Was Receiving Basic Skills Program Services at Previous School:				YES	NO
Student is Transported to School by Bus:				YES	NO

PARENT/LEGAL GUARDIAN INFORMATION		
Mother's Name: (Last, First and Maiden Name)		Mother's Email:
Mother's Home Phone:		Mother's Cell Phone:
Mother's Employer:		Mother's Work Phone:
Father's Name: (Last, First)		Father's Email:
Father's Home Phone:		Father's Cell Phone:
Father's Employer:		Father's Work Phone:
Legal Guardian Name: (Last, First)		Legal Guardian's Email:
Legal Guardian's Home Phone:		Legal Guardian's Cell Phone:
Legal Guardian's Employer:		Legal Guardian's Work Phone:
ADDITIONAL ADULT HOUSEHOLD MEMBERS		
#1 Name: (Last, First)	Relationship to Student:	Cell Phone:
#2 Name: (Last, First)	Relationship to Student:	Cell Phone:
Additional School Mailing		
Name: (Last, First)		Name: (Last, First)
Relationship to student:		Relationship to student:
Street/Apt #:		Street/Apt #:
City, State, Zip:		City, State Zip:

Name (Please Print)		Signature	Date
<div> <div>OFFICE USE ONLY</div> <div> Entered in PS by: Date Entered: </div> </div>			