



North Warren Regional School District

New Student Registration Form

PLEASE WRITE CLEARLY

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**Part 1: Student Demographics**

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Student First Name: \_\_\_\_\_ Student Middle Name: \_\_\_\_\_

Student Last Name: \_\_\_\_\_ Suffix: \_\_\_\_\_

Nickname: \_\_\_\_\_ Birth Date: Month: \_\_\_\_ Day: \_\_\_\_ Year: \_\_\_\_

Race:  White  
 Black or African American  
 American Indian or Alaska Native  
 Asian  
 Native Hawaiian or Other Pacific Islander

Ethnicity:  Hispanic or Latino  
 Non-Hispanic or Latino

Grade Level:  07       10  
 08       11  
 09       12

Gender:  Male  
 Female

Birth City: \_\_\_\_\_

Birth State: \_\_\_\_\_

Birth Country: \_\_\_\_\_

Citizenship: \_\_\_\_\_

Birth Certificate#: \_\_\_\_\_

Primary Language: \_\_\_\_\_

Home Language: \_\_\_\_\_

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**Part 2: Student Contacts**

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**PLEASE PROVIDE ALL CONTACTS FOR THE STUDENT**

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**Contact Information for 1<sup>st</sup> Contact – Legal residence of student**

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**Prefix:** \_\_\_\_\_ **First Name:** \_\_\_\_\_ **Last Name:** \_\_\_\_\_

**Type:**  Guardian  
 Emergency Contact

**Relationship:**  Mother  
 Father  
**Other Relationship:** \_\_\_\_\_

**Street Address (primary):** \_\_\_\_\_  
**City:** \_\_\_\_\_

**State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_  
**City:** \_\_\_\_\_

**State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_

**Used for School Broadcasts?**  Yes  No

**Mobile Phone:** \_\_\_\_\_ **Mobile Provider:** \_\_\_\_\_

**Used for School Broadcasts?**  Yes  No

**Work Phone:** \_\_\_\_\_ **Ext:** \_\_\_\_\_

**Used for School Broadcasts?**  Yes  No

**Email Address:** \_\_\_\_\_

**Used for School Broadcasts?**  Yes  No

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**Contact Information for 2<sup>nd</sup> Contact**

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**Prefix:** \_\_\_\_\_ **First Name:** \_\_\_\_\_ **Last Name:** \_\_\_\_\_

**Type:**  Guardian  
 Emergency Contact

**Relationship:**  Mother  
 Father  
**Other Relationship:** \_\_\_\_\_

**Street Address (primary):** \_\_\_\_\_  
**City:** \_\_\_\_\_

**State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_  
**City:** \_\_\_\_\_

**State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_

**Used for School Broadcasts?**  Yes  No

**Mobile Phone:** \_\_\_\_\_ **Mobile Provider:** \_\_\_\_\_

**Used for School Broadcasts?**  Yes  No

**Work Phone:** \_\_\_\_\_ **Ext:** \_\_\_\_\_

**Used for School Broadcasts?**  Yes  No

**Email Address:** \_\_\_\_\_

**Used for School Broadcasts?**  Yes  No

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**Contact Information for 3<sup>rd</sup> Contact**

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Prefix: \_\_\_\_\_ First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Type:  Guardian  
 Emergency ContactRelationship:  Mother  
 Father

Other Relationship: \_\_\_\_\_

Street Address: \_\_\_\_\_  
City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Used for School Broadcasts?  Yes  No

Mobile Phone: \_\_\_\_\_ Mobile Provider: \_\_\_\_\_

Used for School Broadcasts?  Yes  No

Work Phone: \_\_\_\_\_ Ext: \_\_\_\_\_

Used for School Broadcasts?  Yes  No

Email Address: \_\_\_\_\_

Used for School Broadcasts?  Yes  No

If you need to provide additional contacts, please contact the school's registrar, Maureen Konecnik, 908-362-8211 ext 1501 or [mkonecnik@northwarren.org](mailto:mkonecnik@northwarren.org)

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**Part 3: Other**

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Military Exclusion (Please do not share student information with military recruiters):  Yes  No

Military Affiliation (Please circle one of the below):

1. No Military Connection
2. Active Duty - Student is dependent on a member of Active Duty Forces (Full time: Army, Navy, Air Force, Marine Corps or Coast Guard)
3. National Guard or Reserve - Student is dependent on a member of the National Guard or Reserve Forces (Army, Navy, Air Force, Marine Corps or Coast Guard)

Is the Student covered by Health Insurance?  Yes  No Health Insurance Provider: \_\_\_\_\_