

Woodcliff Lake Public Schools Registration Form

CIRCLE ONE: *Dorchester Elementary (Gr. \_\_\_\_)*      *Woodcliff School (Gr. \_\_\_\_)*

Student Enrollment Information:

Name: _____		Gender: <b>M</b> or <b>F</b> (circle)	
(Last)	(First)		
Street Address: _____			
Town: _____		State: _____	Zip Code: _____
Home Phone No. _____			
Date of Birth: _____		Birth City & State _____	Country: _____
			(if not U.S.)
Documentation Provided: Birth Certificate    Passport    Other _____			
Ethnicity: (please circle)		Hispanic/Latino	Asian
		Native American	Pacific
			Black
			White
Nationality: _____			
Primary Language Spoken at home : _____			
Unusual home conditions affecting pupil (i.e., death, divorce, separation, relatives living in home, etc.)			
_____			
_____			
Previous School Attended (name, address, city, state):			
_____			
_____			

Parent Information: (please print clearly)

Parent/Guardian (Father):	Parent/Guardian (Mother):
Name: _____	Name: _____
Street Address: _____	Street Address: _____
City: _____	City: _____
State: _____ Zip Code: _____	State: _____ Zip Code: _____
Home Phone No. _____	Home Phone No. _____
Cell Phone No. _____	Cell Phone No. _____
E-Mail: _____	E-Mail: _____

Complete address and home phone only if different from student information.

Proof of Residency:

As proof of residency, I am providing copies of the following (mark with an "X"):

\_\_\_\_\_ A notarized Lease effective during the current school year showing residence within the Borough of Woodcliff Lake

OR

\_\_\_\_\_ A recorded Deed showing ownership of a residence within the Borough of Woodcliff Lake

AND

\_\_\_\_\_ Residence Affidavit (to be obtained from school)

\_\_\_\_\_ Current utility bill

\_\_\_\_\_ Driver's License

*Reviewed and approved by (initial):* \_\_\_\_\_

**DOCUMENTATION FOR YOUR CHILD'S BIRTHDATE  
IS REQUIRED AT TIME OF REGISTRATION**

Other children in household:

Child's Name:	Date of Birth:

Registration Statement:

I, \_\_\_\_\_, affirm that I am the (please circle one) natural parent/legal guardian of the student listed above. I further state that this form and the attached documentation constitute true and accurate proof that the student listed above resides with me within the Borough of Woodcliff Lake. If any student above stops living with me, or if I move my residence out of the Borough of Woodcliff Lake, I will promptly notify the Woodcliff Board of Education in writing.

I certify that the foregoing statements made by me are true. I am aware that if any of the foregoing statements made by me are false, I am subject to punitive action.

Parent/Guardian Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

For Office Use:

Grad. Date \_\_\_\_\_ Next School \_\_\_\_\_ SID \_\_\_\_\_