

**FRANKLIN BOROUGH SCHOOL**  
 50 Washington Avenue, Franklin, NJ 07416  
 973-827-9775 (phone) - 973-827-6522 (fax)  
**STUDENT PROFILE - REGISTRATION FORM**

Start Date:

STUDENT'S LAST NAME		FIRST NAME		M.I.	DATE OF BIRTH	TODAY'S DATE
STREET ADDRESS					HOME PHONE ( )	CELL PHONE ( )
MAIL SHOULD BE ADDRESSED TO THE PERSON(S) LISTED BELOW					GENDER	
					BOY      GIRL	
MAILING ADDRESS					PRIMARY EMAIL	PRIMARY LANGUAGE
NAME (CIRCLE ONE) MOTHER, STEPMOTHER, GUARDIAN				PHONE ( )		BUS. PHONE ( )
				CELL # ( )		
NAME (CIRCLE ONE) FATHER, STEPFATHER, GUARDIAN				PHONE ( )		BUS. PHONE ( )
				CELL # ( )		
EMERGENCY CONTACT #1 (OTHER THAN PARENT) **				PHONE ( )		RELATIONSHIP
				CELL # ( )		
EMERGENCY CONTACT #2 (OTHER THAN PARENT) **				PHONE ( )		RELATIONSHIP
				CELL # ( )		
CHILD'S DOCTOR					DOCTOR'S PHONE #	
NAME AND PHONE # OF LAST SCHOOL ATTENDED					RACE (OPTIONAL) (CIRCLE ONE) <b>WHITE    BLACK    HISPANIC    ASIAN</b> <b>AMERICAN INDIAN    PACIFIC ISLANDER</b> OTHER _____	
OTHER CHILDREN IN FAMILY (LIST BELOW)					OTHER _____	
NAME	AGE	GRADE	NAME	AGE	GRADE	Child resides with:  <input type="checkbox"/> Both Parents <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian

**\*\* SOMEONE AUTHORIZED TO TRANSPORT/CARE FOR YOUR CHILD - PLEASE NOTIFY SCHOOL OF ANY CHANGES.**

**PLEASE CHECK ALL THAT APPLY:**

I am the parent/foster parent (*please circle one*).     I am the adult the child is living with now.  
 I am the legal guardian.     I have sole legal custody.     I have joint legal custody.

I give my permission to release my child's photo and/or name for school-related activities.

I DO NOT give my permission to release my child's photo and/or name to the media for school-related activities.

However, I do GIVE my permission to publish my child's picture in the school yearbook.

---

**Signature - Relationship to child** \_\_\_\_\_ **Date** \_\_\_\_\_

← Please complete the reverse side. →

<b>CHILD'S NAME</b>	<b>DATE OF BIRTH</b>
---------------------	----------------------

**HEALTH INSURANCE - Does the above-named child have health insurance?**

\_\_\_\_\_ Yes If yes, name of insurance company \_\_\_\_\_

\_\_\_\_\_ No NJ FamilyCare provides free or low cost health insurance for uninsured children and certain low income parents. For more information call 800-701-0710 or visit [www.njfamilycare.org](http://www.njfamilycare.org) to apply online.

You may release my name and address to the NJ FamilyCare Program to contact me about health insurance.

**Signature:** \_\_\_\_\_ **Printed Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*Written consent required pursuant to 20 U.S.C § 1232g (b)(1) and 34 C.F.R 99.30(b).*

**MEDICAL HISTORY**

For my child's safety, I give permission to have my child's medical history shared with school personnel:

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

1. Please explain any history of serious illness, hospitalizations, or surgery: \_\_\_\_\_  
\_\_\_\_\_
2. Does the child have any allergies? \_\_\_\_\_ Allergic to: \_\_\_\_\_  
Allergic Reactions: \_\_\_\_\_ Treatment: \_\_\_\_\_
3. Is your child taking any medication? Yes or No      Daily? Yes or No  
Current Medication(s): \_\_\_\_\_
4. Does your child have any history of heart murmur/heart-related condition/chest pain, fatigue, or shortness of breath?  
\_\_\_\_\_
5. Please check any of the following conditions your child has had, and indicate the year and date whenever possible:

_____ Emotional Concerns	_____ Eating Issues	_____ ADD/ADHD	_____ Mononucleosis
_____ Frequent Sties	_____ Bowel Issues	_____ Asthma	_____ Rheumatic/Scarlet Fever
_____ Leg or Joint Pain	_____ Frequent Urination	_____ Diabetes	_____ Frequent Nosebleeds
_____ Convulsions/Seizures	_____ Skin Issues	_____ Chicken Pox	_____ Frequent Abdominal/ Stomach Complaints
_____ Bleeding Disorder	_____ Speech Issues	_____ Hearing Loss	_____ Frequent Upper Respiratory Infections
_____ Earaches	_____ Vision Issues		Other _____

**PLEASE PROVIDE DETAILS FOR ANY OF THE ABOVE CHECKED ANSWERS:** \_\_\_\_\_  
\_\_\_\_\_

Child's Country of Birth: \_\_\_\_\_ Child's State of Birth: \_\_\_\_\_ Child's City of Birth: \_\_\_\_\_

\_\_\_\_\_  
Printed Name of Person Completing this Form      Signature of Person Completing this Form      Date

<b>OFFICE USE:</b>			
_____ Proof of Residency	_____ Birth Certificate	_____ Immunizations	_____ Physical