RIVER VALE SCHOOL DISTRICT
609 Westwood Ave • River Vale, NJ 07675 • 201.358.4000 • www.rivervaleschools.com

NEW STUDENT REGISTRATION FORM

DATE: _____

SCHOOL: ☐ ROBERGE ELEMENTARY ☐ WOODSIDE ELEMENTARY ☐ HOLDRUM MIDDLE

STUDENT: _____
LAST NAME FIRST NAME MIDDLE NAME

AGE: _____ GENDER: _____ DATE OF BIRTH: _____
M / D / YEAR

PHYSICAL ADDRESS: _____

MAILING ADDRESS: *(IF DIFFERENT)* _____

HOME PHONE: _____ CELL: _____

RACE/ETHNICITY _____ LANGUAGE SPOKEN BY STUDENT: _____

PREVIOUS SCHOOL ATTENDED: _____

1. PARENT/GUARDIAN NAME: _____

   PARENT/GUARDIAN ADDRESS: _____

   HOME PHONE: _____ CELL: _____ WORK: _____

   EMAIL ADDRESS: _____

2. PARENT/GUARDIAN NAME: _____

   PARENT/GUARDIAN ADDRESS: _____

   HOME PHONE: _____ CELL: _____ WORK: _____

   EMAIL ADDRESS: _____

3. EMERGENCY CONTACT NAME: _____ RELATIONSHIP: _____

   HOME PHONE: _____ CELL: _____ WORK: _____

PERSON ENROLLING STUDENT: _____

RELATIONSHIP TO STUDENT IF OTHER THAN PARENT/GUARDIAN: _____

NATIVE LANGUAGE OF PARENT/GUARDIAN/PERSON ENROLLING STUDENT: _____

(If English is not the native language, please check here ☐ *if English is spoken and understood by the parent/guardian/person enrolling student.)*