



Monroe Township Public Schools

75 E. 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
<p>In addition to local media notifications, 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: home phone, mother's day phone, mother's cell phone, father's day phone, father's cell phone, global connect phone. <i>Global Connect will only dial a ten digit phone number, it cannot dial an extension number.</i></p>			
Home Phone Number : (Global Connect)	Enrollment Date:	Current Grade Level:	
Generation Code Suffix:	(Jr, Sr, III)	Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female
Ethnicity: <input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> White <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Pacific Islander/Native Hawaiian <input type="checkbox"/> Two or More Races (A person having origins in two or more of the six previous race categories listed. Does not include persons of Hispanic/Latino ethnicity).			
Home Address: _____			
Street		City	Zip
Date of Birth:	Neighborhood/ Development Name:	Graduation Year:	
Mailing Address:		Global Connect Phone Number:	
Father's Name		Mother's Name	
Father's Employer		Mother's Employer	
Father's Cell Phone (Global Connect)		Mother's Cell Phone (Global Connect)	
Father's Day Phone (Global Connect will not dial an extension)	Ext.	Mother's Day Phone (Global Connect will not dial an extension)	Ext.
Father's Home Phone		Mother's Home Phone	
Guardianship		Guardian Name	
Guardian Cell Phone		Guardian Day Phone	
Guardian Address: _____			
Adult Household Member #1 <small>(ex: Step-Mother, Uncle)</small>		Adult Household Member #2 <small>(ex: Step-Father, Aunt)</small>	
Relationship to Student		Relationship to Student	
Day Phone		Day Phone	
Cell Phone		Cell Phone	

Sitter Name				Family Physician			
Sitter Phone				Physician Phone			
Sitter Address:							
Emergency Contact Name #1				Emergency Contact Phone #1			
Relationship to Student				Phone Type (cell/home)			
Emergency Contact Name #2				Emergency Contact Phone #2			
Relationship to Student				Phone Type (cell/home)			
Emergency Contact Name #3				Emergency Contact Phone #3			
Relationship to Student				Phone Type (cell/home)			
Student's City of Birth				Student's State of Birth			
Student's Country of Birth				State Identification # (SID)			
District Entry Grade		District Entry Date		School Entry Grade		School Entry Date	
School transferring from: _____ (Name & Address) Name Address							
Has student previously been enrolled in Monroe Twp. Public Schools? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, year/school? _____							
Was student classified by Child Study Team at previous school? <input type="checkbox"/> Yes <input type="checkbox"/> No							
Was student receiving Basic Skills Program services at previous school? <input type="checkbox"/> Yes <input type="checkbox"/> No							
Siblings in District? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list name(s)							
Is there a language other than English spoken in the home? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what language							
Has the parent/legal guardian of this student been engaged in any agricultural or food processing endeavor within the last five years? <input type="checkbox"/> Yes <input type="checkbox"/> No							
Name(s) of Person(s) student resides with:							
Maiden name of student's mother:				Student transported to school by bus? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Signature of Parent/Legal Guardian: _____							

Office Use Only

Entered in PowerSchool by: _____ Date Entered: _____