

Boonton Township School District
Rockaway Valley School
11 Valley Road
Boonton Township, NJ 07005
973.334.4162

Entry Date _____ PreK _____ Kindergarten _____ Grade _____ Re-Entry _____

Student's
Last Name _____ First Name _____ Middle Name _____

Gender: M _____ F _____ Primary Phone # _____

Address _____

Is this your permanent address? Yes _____ No _____ If not, where _____

Date of Birth _____ Birthplace _____ / _____ / _____
City State Country

If born outside the U.S., first entry date into a U.S. school _____

How was birth certified? _____ (copy of birth certificate necessary
for all registrations)

Ethnic/Racial Category (please check)

_____ White _____ Pacific Islander _____ Asian _____ Black _____ Hispanic _____ American Indian

Parent/Guardian 1 _____ Relationship to Student _____

Employer/Occupation _____ Work # _____

Cell Phone _____ Email _____

Parent/Guardian 2 _____ Relationship to Student _____

Employer/Occupation _____ Work # _____

Cell Phone _____ Email _____

Parents/Guardians: Living Together Separated* Divorced*

**In the absence of written notification, both parent/guardians s will have access to the student and student records.*

Living with: Father Mother Step-Parent Other _____

Deceased: Father Mother

Last School
Child Attended _____ Last Grade Attended _____

Address of School _____

Does your child have a current IEP? Yes _____ No _____ If yes, please contact our Director of Special Services at 973.334.4162, Ext. 370.

Family Physician _____ Phone # _____

In an emergency, may the School Physician be called? Yes _____ No _____

CHAPTER 14, REGULATION 7 OF THE NJ STATE SANITARY CODE STATES:

“WHEN A TRANSFER IS BEING AFFECTED AND AT THE REQUEST OF A PARENT OR THE NEW RECEIVING SCHOOL, A COPY OF THE SCHOOL IMMUNIZATION FORM OR THE ORIGINAL FORM MUST BE SENT OR COMMUNICATED TO THE NEW SCHOOL BEFORE THE CHILD STARTS.”

NAME AND ADDRESS OF RELIABLE PERSON TO BE CALLED IN AN EMERGENCY:

Name _____ Phone # _____

Address _____

OTHER CHILDREN IN THE FAMILY, DATE OF BIRTH, GRADE IN SCHOOL:

NAME _____ DOB _____ GRADE _____ SCHOOL _____

NAME _____ DOB _____ GRADE _____ SCHOOL _____

NAME _____ DOB _____ GRADE _____ SCHOOL _____

DATE

SIGNATURE OF PARENT OF GUARDIAN

**ALL STUDENTS MUST BE RESIDENTS OF BOONTON TOWNSHIP TO ATTEND
ROCKAWAY VALLEY SCHOOL
PROOF OF RESIDENCY IS A REQUIREMENT**

For office:
Proof of residency _____
Immunization record _____
Birth certificate _____
Transfer card _____