



**Kenilworth Public Schools**  
**RE-REGISTRATION INFORMATION**

Name of Student		Preferred Name	
Street			
City		State, Zip	
Home Phone		Current Grade Level	
Mother's Cell Phone		Cell Phone Provider	
Mother's Work Phone		Mother's Email	
Father's Cell Phone		Cell Phone Provider	
Father's Work Phone		Father's Email	

Is the student currently Homeless? <input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> Migrant <input type="checkbox"/> Immigrant	Parent's Marital Status	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widow
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Ethnicity <input type="checkbox"/> Native American/Eskimo <input type="checkbox"/> Asian/ Middle Eastern <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> African/African American <input type="checkbox"/> Caucasian/European		
Date of Birth		Birth Place	

<b>OTHER CHILDREN IN HOUSEHOLD</b>			
Name	Date of Birth	Gender	School
		M   F	
		M   F	
		M   F	
		M   F	
		M   F	

<b>HEALTH INSURANCE</b>
Do you currently have health insurance <input type="checkbox"/> YES <input type="checkbox"/> NO
If yes, what is the name of the Health Care Provider? _____

<b>CUSTODY ISSUES</b>
Does anyone other than the parent have legal custody of student? <input type="checkbox"/> YES <input type="checkbox"/> NO
If yes, please explain. _____
_____

\_\_\_\_\_  
Signature of School Official

\_\_\_\_\_  
Date