

CLEMENTON ELEMENTARY SCHOOL
4 AUDUBON AVENUE
CLEMENTON, NJ 08021
PHONE: (856)783-2300 / FAX: (856) 783-8929
WWW.CLEMENTON.K12.NJ.US

For registration information please contact Diane Palogruto at 783-2300, ext. 1026

Today's Date: _____		
Child's Name: _____	D.O.B. _____	Entering Grade: _____
Child's Name: _____	D.O.B. _____	Entering Grade: _____
Parent/Guardian Name: _____	Address: _____	
Phone: _____	Appt. date: _____	Time: _____
Are you interested in our Before and After School Program? YES / NO		

Registration Requirements

- ___ Child's **original** birth certificate
- ___ Immunization records
- ___ Proof of Residency- please provide the document(s) that apply to your living situation:
 - *Own Home:* Agreement of Sale or Deed needed
 - *Rent:* Current Lease with student(s) name on lease
 - *Landlord Affidavit (provided by registrar and located on our website):* required for a tenant residing in a dwelling unit under an unwritten lease
- ___ Two current (2) documents that can include:
 - utility bill and/or
 - bank statement and/or
 - paycheck stub and/or
 - other form of ID showing name and current address
- ___ Parent/Guardian license with current address **or** photo ID
- ___ Medical Examination Form (form provided by CES registrar and also available on our website at www.clementonschool.org)
- ___ Individual Educational Program (IEP) or Early Intervention Service Plans (IFSP) - if applicable
- ___ Custody Papers -please provide if applicable

For **transfer in** students, the following information is needed from the previous school district:

___ Transfer Card ___ Last report card and state test scores ___ Immunization Record

For office use only

Residency check: _____
Registration complete as of: _____
Registration incomplete due to: _____

