



# 2019-2020 Enrollment Contract

## Additional Student Information Required by NJ SMART

Please provide the following information as **required** by the State of New Jersey.

**Gender:**  Female  Male

**Student Ethnicity (Check one):**  
 Hispanic or Latino  
 Not Hispanic or Latino

**Student Race (Check all that apply):**  
 American Indian or Alaska Native  
 Asian  
 Black or African American  
 Native Hawaiian or Other Pacific Islander  
 White

**Does your student have health insurance?**  Yes  No

**If yes, name of Health Insurance Provider:** \_\_\_\_\_

**Does your student have a special education classification?**  Yes  No

**Does your student receive any special services? Please list below:**  Yes  No

**Does your student receive English language services (ESL)?**  Yes  No

**If yes, what date did they start? (DD MM YYYY)**

**What language is spoken at home?** \_\_\_\_\_

**PLEASE PRINT CLEARLY**

Student's Birth City:	Student's Birth State:	Student's Birth Country:
Student's Date of Birth:	Name of Last School Attended:	City & State of Last School Attended:
Does the student have a parent/guardian that is a member of the full-time, Active Duty Forces (Army, Navy, Airforce, Marine Corps, Coast Guard)? <input type="checkbox"/> Yes <input type="checkbox"/> NO	Student's City of Residence:	If student is born outside the U.S, what is the date of first entry in a U.S school?  ____ / ____ / ____

*For Administrative Staff Only*

State Identification # (S.I.D.):  
 \_\_\_\_\_

NJ SMART  
 Entered by: \_\_\_\_\_ Date: \_\_\_\_\_