

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. 1021

Today's Date: _____		
Child's Name: _____	D.O.B. _____	Entering Grade: _____
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

___ Proof of Residency- please provide the document(s) that apply to your living situation:

- *Own Home:* Agreement of Sale/ Deed or Tax Bill
- *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

___ Child's **original** birth certificate

___ Immunization records

___ Medical Examination Form (form provided by CES registrar and also available on our website at www.clementon.k12.nj.us)

___ 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