

Galloway Community Charter School

609-909-7118
Fax 609-652-3640

112 South New York Road
Galloway, New Jersey 08205

NJSMART Registration Questionnaire

The New Jersey Department of Education requires all public schools collect student data. Please PRINT.

Student Information	
First Name	
Middle Name	
Last Name	
Generation Code (Jr., II, III, etc.)	
Gender	M or F
Date of Birth	
City of Birth (as stated on Birth Certificate)	
State of Birth	
Country of Birth	
City of Residence	
Background/Race (Please circle all that apply)	
Ethnicity – Hispanic or Latino (A person of Cuban, Mexican, Puerto Rican, South or Central American or other Spanish culture or origin, regardless of race)	Y or N
American Indian – (A person having origins in any of the original people of North, Central and South America and who maintains a tribal affiliation or community attachment)	Y or N
Asian – (A person having origins in any of the original peoples of the Far East, Southeast Asia or the Indian subcontinent including Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam)	Y or N
Black – (A person having origins in any of the black racial groups of Africa)	Y or N
Pacific Islander – (A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands)	Y or N
White – (A person having origins of the original peoples of Europe, the Middle East or North Africa)	Y or N
Health Related Information (This information is optional. It is very helpful if you can complete the Health Insurance Information.)	
Health Insurance	Y or N
Health Insurance Provider (Company Name Only)	

Home Language Information

In order to provide your child with the best possible education, we need to determine how well he or she understands, speaks, reads and writes English.

What language does the parent [guardian] speak to the child most of the time?	<input type="checkbox"/> English	<input type="checkbox"/> Other _____
In which language do you wish to receive school communication?	<input type="checkbox"/> English	<input type="checkbox"/> Other _____
What language does the family speak at home most of the time?	<input type="checkbox"/> English	<input type="checkbox"/> Other _____
What language did the child learn when he/she first began to talk?	<input type="checkbox"/> English	<input type="checkbox"/> Other _____
What language does the child speak to his/her parent [guardian] most of the time?	<input type="checkbox"/> English	<input type="checkbox"/> Other _____
What language does the child speak to her/his brothers and sisters most of the time?	<input type="checkbox"/> English	<input type="checkbox"/> Other _____
What language does the child speak to his/her friends most of the time?	<input type="checkbox"/> English	<input type="checkbox"/> Other _____
List any Language(s) the student reads	<input type="checkbox"/> English	<input type="checkbox"/> Other _____ <input type="checkbox"/> Does Not Read YET
List any Language(s) the student writes	<input type="checkbox"/> English	<input type="checkbox"/> Other _____ <input type="checkbox"/> Does Not Write YET

In your opinion, how well does the student

	<i>Very Well</i>	<i>Only a little</i>	<i>Not at all</i>
Understand English	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Speak English	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Read English	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Write English	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

For Office Use Only

Local ID # -	SID # -
Grade Level & Program Type Code -	School Entry Date (First Day of Attending School) -
School Year -	School Exit Date -
Registration Date (District Entry Date) -	School Exit/Withdrawal Code -