

Great Meadows Regional School District Re-Registration Form

DIRECTIONS TO PARENT/GUARDIAN: Please submit this completed form along with the other three documents which are required to re-register your student.

Last Name of Child		First Name of Child
Middle Name of Child		Gender of Child
Grade	Age	Birthdate of Child (MM/DD/YYYY)

Please provide the student's permanent address information:

Street Address:		
City	State	Zip

Please provide the custodial parent/guardian's information:

Last Name of Parent/Guardian	First Name of Parent/Guardian
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Please provide the custodial parent/guardian's physical address only if different from the student's:

Parent/Guardian's Physical Street Address		
Parent/ Guardian's City	Parent/Guardian's State	Parent/Guardian's Zip