## **RE-REGISTRATION STATEMENT**

## (DOCUMENT 1)

Please complete the information below for the East Orange Public School Registration Office. You can either submit this and the other required form electronically by scanning and emailing all documents to <a href="mailto:registration@eastorange.k12.nj.us">registration@eastorange.k12.nj.us</a>, by bringing the information to the District Office located at 199 4th Avenue, East Orange, NJ 07017 or bringing the information to your child's school at the stated times.

Parent(s)/Guardian(s) Name:				
Address:				
	is a new address? If so, please provi	ide form	er address belo	ow:
Stut	Name(s)	Age	Grade in School	School of Attendance
1.				
2.				
3.				
4.				
5.				
6.				
All documents submitted must show the name and address of the parent/guardian as indicated above.  The information and statements I provided the East Orange Public Schools are true to the best of my knowledge. I am aware that if any of the statements and information I provide is false, I will be subject to punishment. (N.J.S.A. 2C:28-2).				
Sigr	ature		Date	