

School: _____ Date: _____

STUDENT REGISTRATION FORM

STUDENT INFORMATION: **NEW JERSEY STATE ID#** _____

** (REQUIRED INFORMATION FROM PREVIOUS NJ SCHOOL)

NAME: _____
(Last) (First) (Middle Initial)

PRIMARY PHONE for Contact: () _____ HOME PHONE: () _____
(Number to be called first)

DATE OF BIRTH: _____ BIRTHPLACE: _____
(Month/Day/Year) (City and State)

ENT U.S.A.: _____ FROM: _____
(Date) (Country)

ETHNICITY: White Black Hispanic Asian Pacific Islander Native Am Ind/Alaskan

LANGUAGE SPOKEN AT HOME: English _____ Other (Specify) _____

GENDER: Male ___ Female ___ GUIDANCE COUNSELOR: _____

PARENT/GUARDIAN INFORMATION:

#1. NAME: _____
(Last) (First) (Middle Initial)

ADDRESS: _____
(Street) (City) (Zip Code)

RELATIONSHIP: _____ WORK PHONE: _____ (X) _____ CELL: _____

E-MAIL: _____ E-MAIL: _____

#2. NAME: _____
(Last) (First) (Middle Initial)

ADDRESS: _____
(Street) (City) (Zip Code)

RELATIONSHIP: _____ WORK PHONE: _____ (X) _____ CELL: _____

E-MAIL: _____ E-MAIL: _____

STUDENT LIVES WITH: BOTH ___; #1 ___; #2 ___

MAILING ADDRESS: _____
(If Different) (Street) (City) (Zip Code)

EMERGENCY CONTACT: _____ RELATIONSHIP: _____ PHONE NO: _____

STUDENT RELEASE RESTRICTIONS: _____

REGISTRATION INFORMATION: ENTERED FROM: _____
(Former School Name)

DATE OF ENTRY: _____
Original High School Entry Date (City, State, Private or Public)

RESIDENT DISTRICT: _____ TUITION: _____ GRADE LEVEL: _____

STUDENT # _____ HOME RM # _____ TEACHER: _____