Roxbury Community School – Registration Form

Student Information:				
Name (First and Last): Birthdate (mm/dd/yy):		Current Grade:	Sex (M or F):	
Mailing Address:		Current Grade.	Gex (IVI OI 1).	
Dity:		State:	Zip:	
Special Accommodations:				
Special Accommodations: Course Title:		School:	Start Date:	
Parent/Guardian Information	on:			
/lailing Address:				
City:		State:	Zip:	
Phone: (H)	(C)		(W)	
Special Accommodations:				
			ommunity School (42 North Hillside Av rment is needed prior to the start of cl	
☐ Cash			rd complete section below)	
☐ Check (see line belo	w) Account Numb	ber:		
Check #	Expiration Dat	te:	CCV#	
otal Amount Due:				
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Confirmations and correspondences will be sent via email only. Mail this registration form and checks/cash to Roxbury Community School at 42 North Hillside Avenue, Succasunna, NJ 07876. There are no refunds once the program begins. All cancellations must be made in writing at least 7 days prior to the start of the class. Participation in Roxbury Community School activities and trips is at your own risk. The Roxbury Township Board of Education assumes no liability. For more information, visit www.roxbury.org/RCS, email comschool@roxbury.org, or call 973-584-7699.

trips?

□ Yes

■ No