

WATCHUNG HILLS REGIONAL HIGH SCHOOL DISTRICT

REGISTRATION FORM

Today's Date: _____

Student Section

Student: _____
Last Name First Name Middle Initial

Date of Birth: _____ / _____ / _____ Age: _____
MM DD YYYY

Student's Physical Address: _____

Mailing Address (if different): _____

Home Phone Number: _____ - _____ - _____

Other Phone Number: _____ - _____ - _____

*Student's Native/Spoken Language: _____

Parent/Guardian Section

Name of Parent(s)/Guardian: _____

Relationship to Student if other than Parent: _____

Parent(s)/Guardian Physical Address: _____

Mailing Address (if different): _____

Home Phone Number: _____ - _____ - _____

Cell Phone Number: _____ - _____ - _____

Work Phone Number: _____ - _____ - _____

*Parent's Native/Spoken Language: _____

*Please note: there is **no** requirement that English must be your native language in order to enroll or be enrolled in the district.