



BLAIRSTOWN TOWNSHIP SCHOOL DISTRICT

1 Sunset Hill Road Post Office Box E
Blairstown, New Jersey 07825
908-362-6111 - Fax:908-362-5989
www.blairstownelem.net

Dr. Patrick Ketch, *Superintendent*

Colleen Silvestri, *Principal*

Matthew Herzer, *Business Administrator*

Dr. Alyssa Emili, *Supervisor of Special Services*

Student Registration Form

Name: _____
Last Name First Name Middle Initial

Nickname: _____

Address: _____
Street City State Zip

Township of Residence: ___Blairstown ___Hardwick Bus Student: ___Yes ___No

Does your child have a nut allergy: ___Yes ___No

Would it be a hardship if your child is placed in a peanut/nut free class? ___Yes ___No

Primary Phone: _____ Date of Birth: _____

Place of Birth: _____
City State Country

Name of Father/Guardian: _____ Marital Status _____

Work Phone: _____ Cell Phone: _____ Email: _____

Name of Mother/Guardian: _____ Marital Status _____

Work Phone: _____ Cell Phone: _____ Email: _____

Languages Spoken at home other than **English**: _____

Race: (Please check): White ___ Black ___ Asian ___ Hispanic ___ American Indian ___ Pacific Islander ___

Gender: (Please check): Male ___ Female ___ Other: _____



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Siblings: _____
Name(s) Age(s) Grade

Siblings: _____
Name(s) Age(s) Grade

Previous School: _____

Address: _____ Phone: _____

Proof of Residency:

Deed _____ OR Lease _____

Bank Statement _____ Phone Bill _____ Utility Bill _____

Driver's License _____

Local Emergency Contact Information:

Name:	Relationship:	Address:	Phone Number:

We/I the undersigned are bonafide residents of Blairstown Township. We/I have legal custody of the student named above. Be advised that any initial determination of the student's eligibility to attend school is subject to a more thorough review and subsequent re-evaluation. Tuition may be assessed if an initially admitted student is later found ineligible.

Signature of Parent/Guardian

Date