



BEDMINSTER TOWNSHIP SCHOOL DISTRICT



STUDENT REGISTRATION FORM (Please print & complete ALL sections)

STUDENT INFORMATION:

Student Name: First Middle Last Date of Birth: School Year / Grade:

City, State and Country of birth:

Student Birth Name (if different from current name):

Student Home Phone Number:

Student Physical Address, City, State and Zip Code:

Student Mailing Address, City, State and Zip Code:

(if different from physical address)

Ethnicity (if multi-racial, please circle all that apply):

Gender (please circle one): MALE FEMALE

If country of birth is NOT the United States:

Primary language spoken at home:

Does student have health insurance? (Please circle one): NO YES If yes, list insurance provider:

Is student's parent/guardian on Active Military Duty, in the National Guard or the Reserve Component of the United States military services? NO YES

PARENT/GUARDIAN INFORMATION:

Circle Resident Parent/Guardian: Mother Father Both

Is custody of this child limited by court order or legal agreement? NO YES

IF YES - THE ORIGINAL LEGAL DOCUMENT DECLARING RESIDENTIAL CUSTODY MUST BE PROVIDED TO THE SCHOOL UPON REGISTRATION

MOTHER INFORMATION:

Name:

Address, City, State and Zip Code:

Home Phone: Cell Phone: Work Phone:

E-mail address:

FATHER INFORMATION:

Name:

Address, City, State and Zip Code:

Home Phone: Cell Phone: Work Phone:

E-mail address:

STUDENT INFORMATION:

Name:

Address, City, State and Zip Code:

Home Phone: Cell Phone: Work Phone:

E-mail address:

STUDENT INFORMATION:

Name:

Address, City, State and Zip Code:

Home Phone: Cell Phone: Work Phone:

E-mail address:

(OVER)

EMERGENCY CONTACT & SIBLING INFORMATION

Contact #1

NAME: _____ RELATIONSHIP: _____
PHONE: _____ CELL: _____ WORK: _____

Contact #2

NAME: _____ RELATIONSHIP: _____
PHONE: _____ CELL: _____ WORK: _____

Contact #3

NAME: _____ RELATIONSHIP: _____
PHONE: _____ CELL: _____ WORK: _____

Contact #4

NAME: _____ RELATIONSHIP: _____
PHONE: _____ CELL: _____ WORK: _____

SIBLING INFORMATION:

1) NAME: _____ AGE: _____
2) NAME: _____ AGE: _____
3) NAME: _____ AGE: _____
4) NAME: _____ AGE: _____

SPECIAL PROGRAMS

Has your child ever been in a Special Needs Program? NO YES
Please circle all types of programs that apply: 504 I & RS IEP
Is your child receiving Speech Services? NO YES
Has your child ever been in or are they currently in a Limited English Proficiency/English as a Second Language (ESL) Program? NO YES

PLEASE BE SURE TO SIGN AND DATE

PARENT / GUARDIAN SIGNATURE: _____

DATE: _____