

Please
Print

BERGENFIELD PUBLIC SCHOOLS Registration Form

Assigned Grade/HR
School Entering
BHS --Franklin--
Hoover--Jefferson---
Lincoln---Washington ---
RWB

Student Name: _____ Date: _____

Language Spoken at Home: _____

Ethnicity: (circle one) Asian White Black Hispanic American Indian Alaska Native Pacific Islander

_____ Other Specify _____

Gender: ___Male ___Female Date of Birth: _____

City, State of Country of Birth: _____ Month, Date, Year entered US: _____

Student's E-Mail address: _____

Name of Student's Former School: _____

Address of Former School: _____

Home Address: _____

Home Phone Number: _____

Father/Male Guardian: _____ Mother/Female Guardian: _____

Father's Work Number: _____ Mother's Work Number: _____

Father's Cell Number: _____ Mother's Cell Number: _____

Father's E-Mail: _____ Mother's E-Mail: _____

Is your child covered by health insurance? ____ Yes ____ No

Name of Family Health Insurance Company: _____

Doctor's Name: _____

Doctor's Phone Number: _____

Are you registered to Vote? Yes _____ No _____ Ineligible _____

Contacts Other Than Household Members:

Name: _____ Gender: ___Male ___Female

Relationship to student: _____

Contact Phone #: _____ Cell Phone #: _____

Name: _____ Gender: ___Male ___Female

Relationship to student: _____

Contact Phone #: _____ Cell Phone #: _____

Signature of Parent/Guardian: _____ Date: _____

OTHER CHILDREN IN HOUSEHOLD

Assigned Grade/HR _____
School Entering:
BHS -Franklin-
Hoover-Jefferson-
Lincoln---Washington
---RWB

1. Student Name: _____

Ethnicity: Asian White Black Hispanic American Indian Alaska Native Pacific Islander
_____ Other Specify _____

Gender: _____ Male _____ Female Date of Birth: _____

City, State of Country of Birth: _____ Month, Date, Year entered US: _____

Student's E-Mail address: _____

Name of Student's Former School: _____

Address of Former School: _____

2. Student Name: _____

Ethnicity: Asian White Black Hispanic American Indian Alaska Native Pacific Islander
_____ Other Specify _____

Gender: _____ Male _____ Female Date of Birth: _____

City, State of Country of Birth: _____ Month, Date, Year entered US: _____

Student's E-Mail address: _____

Name of Student's Former School: _____

Address of Former School: _____

Assigned Grade/HR _____
School Entering
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Hoover-Jefferson-
Lincoln---Washington ---
RWB

3. Student Name: _____

Ethnicity: Asian White Black Hispanic American Indian Alaska Native Pacific Islander
_____ Other Specify _____

Gender: _____ Male _____ Female Date of Birth: _____

City, State of Country of Birth: _____ Month, Date, Year entered US: _____

Student's E-Mail address: _____

Name of Student's Former School: _____

Address of Former School: _____

Assigned Grade/HR _____
School Entering
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Hoover-Jefferson-
Lincoln---Washington -
--RWB

4. Student Name: _____

Ethnicity: Asian White Black Hispanic American Indian Alaska Native Pacific Islander
_____ Other Specify _____

Gender: _____ Male _____ Female Date of Birth: _____

City, State of Country of Birth: _____ Month, Date, Year entered US: _____

Student's E-Mail address: _____

Name of Student's Former School: _____

Address of Former School: _____

Assigned Grade/HR _____
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