



BERGENFIELD PUBLIC SCHOOLS
Registration Form

School Entering:
Franklin Hoover
Jefferson Lincoln
Washington RWB BHS
Assigned Grade/HR:
ID #:

Student Information

Name:

Date of Birth:

Home Address:

Gender: Male Female

Home Phone #:

City, State of birth:

Language Spoken at Home:

Ethnicity:

- American Indian or Alaska Native
Asian
Black
Hispanic
Native Hawaiian or Other Pacific Islander
White Other:

International Students:

Birth Country:

Birth City:

Date Entered U.S.:

Date Entered 1st U.S School:

Date Entered NJ State School:

Student's Former School

Name:

Address:

Check all that applies:

IEP 504 ISP
health concerns ESL

Guardian/Household Information

Parent/Legal Guardian:

Email:

Cell#:

Work#:

Lives in household: Yes No

Relationship to student:

Parent/Legal Guardian:

Email:

Cell #:

Work #:

Lives in household: Yes No

Relationship to student:

Emergency Contacts Other Than Household Members

Name:

Relationship to Student:

Gender: Male Female

Cell Phone #:

Home/Work Phone #:

Name:

Relationship to Student:

Gender: Male Female

Cell Phone #:

Home/Work Phone #:

Insurance Information

Is your child covered by health insurance: Yes No Name of Insurance Co:

Doctor's Name & Address:

Doctor's Telephone #:

NJ FamilyCare provides free or low cost health insurance for uninsured children and certain low income parents. For more information, call 800-701-0710 or visit www.njfamilycare.org to apply online. The Bergenfield Board of Education may release my name and address to the NJ FamilyCare Program to contact me about health insurance. Yes No

Signature of Parent/Guardian:

Date:

ALL OTHER CHILDREN IN THE HOUSEHOLD

1. **Name:** _____
Name of Former School: _____

Address of Former School: _____

Date of Birth: ____/____/_____
Gender: ____ Male ____ Female
City, State of birth: _____
Country of birth: _____
Relationship to Student: _____

2. **Student Name:** _____
Name of Former School: _____

Address of Former School: _____

Date of Birth: ____/____/_____
Gender: ____ Male ____ Female
City, State of birth: _____
Country of birth: _____
Relationship to Student: _____

3. **Student Name:** _____
Name of Former School: _____

Address of Former School: _____

Date of Birth: ____/____/_____
Gender: ____ Male ____ Female
City, State of birth: _____
Country of birth: _____
Relationship to Student: _____

4. **Student Name:** _____
Name of Former School: _____

Address of Former School: _____

Date of Birth: ____/____/_____
Gender: ____ Male ____ Female
City, State of birth: _____
Country of birth: _____
Relationship to Student: _____

5. **Student Name:** _____
Name of Former School: _____

Address of Former School: _____

Date of Birth: ____/____/_____
Gender: ____ Male ____ Female
City, State of birth: _____
Country of birth: _____
Relationship to Student: _____

Comments/additional information you would like us to know:

