

Califon Borough Public School

Registration Form 2009-2010

Grade: _____ Date Registered/Entry in District: _____ Gender of Child: _____ Date of Birth: _____

Student's First Middle Last Name _____ City of Birth _____ State of Birth _____ Country of Birth _____

Primary Residence Street _____ City _____ State _____ Zip _____ Home Phone # _____ Parent/Guardian cell phone # _____

Parent/Guardian _____ Parent/Guardian _____

Address if different from student _____ Address if different from student _____

Alternate phone: _____ Alternate phone: _____

First Day of Attendance m/d/yy _____ Expected HS graduation year _____ Special Education Classification _____

Student's Race: Amer. Indian _____ Asian _____ Black _____ Pacific _____ White _____ Ethnicity: _____

Student's Covered by Health Insurance: Yes _____ No _____ Health Insurance Provider: _____

Do the student's parents speak English? Yes _____ No _____ Other Language spoken in the home: _____

Is the student bilingual? Yes _____ No _____ If Yes, other language spoken : _____

Last School Attended _____ Address of School _____ Date of Exit from previous School _____

-----For Office Use Only-----

SID # _____ LID # _____ Tuition Code _____
School Code _____ County Code _____ District Code _____ FRRL _____

Return to Main Office