

VOORHEES HIGH SCHOOL STUDENT REGISTRATION FORM

First Name _____ Middle Name _____ Last Name _____ Male/Female(circle)

Birth City _____ Birth State _____ Birth Country _____ Birth date __/__/__ Age: _____

Ethnicity (circle one) Asian Black Hispanic Native White Entering Grade: _____

Street Address _____ City _____ St _____ Zip _____

Mailing Address (if different) _____

Post Office Name _____ Home Phone Number _____

Closest Intersecting Road _____ Township/Borough _____

School Last Attended _____ City, State, Phone: _____

List Siblings Names and Ages _____

Father/Guardian Name (circle one) _____ Cell _____

Address if different _____

Father's Employer _____ Business Phone _____

Email for person listed above _____

Mother/Guardian Name (circle one) _____ Cell _____

Address if different _____

Mother's Employer _____ Business Phone _____

Email for person listed above _____

Language spoken at home? _____ Student lives with: **Mother** **Father** **Both** **Other:** _____

(circle one)

Emergency Contact Person _____ Phone _____

Physician's Name _____ Phone _____

Sending District (circle) **High Bridge, Glen Gardner, Califon, Lebanon Twp, Tewksbury, Hampton, Other** _____

Is there a custody arrangement or legal action affecting the family? Yes _____ No _____

(please provide copy of divorce/custody agreement)

Does your child currently receive Special Education (IEP) Services? Yes _____ No _____

Does your child currently receive Section 504 Accommodations? Yes _____ No _____

Parent/Guardian Signature: _____ Today's Date: _____