

HIGH BRIDGE SCHOOL DISTRICT

HIGH BRIDGE ELEMENTARY SCHOOL

40 Fairview Avenue
High Bridge, NJ 08829
Ph: 908-638-4105
Fx: 908-638-5260



HIGH BRIDGE MIDDLE SCHOOL

50 Thomas Street
High Bridge, NJ 08829
Ph: 908-638-4101
Fx: 908-638-4211

Registration Packet

Student: _____

Last Name

First

Middle

Gender: () Female () Male Entrance Grade: _____ Entrance Date: _____

Date of Birth: _____ City/State of Birth: _____ Country: _____

Birth Certificate #: _____ U.S. Citizen: () Yes () No Date of Entry: _____

Address: _____

Mother/Guardian

Father/Guardian

Name: _____

Name: _____

Address: _____

Address: _____

Home Phone: _____

Home Phone: _____

Cell Phone: _____

Cell Phone: _____

Work Phone: _____

Work Phone: _____

Email: _____

Email: _____

Proof of Residency

() Rent () Own

Proof of residency documentation shown (circle 2):

Mortgage Agreement	Current Lease Agreement	Tax Bill	Driver's License
Utilities Bill	Bank Statement	Other -	Other -

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Marital Status of Parents

() Married () Separated/Divorced

*****If you checked separated/divorced, please advise if the other parent should have access to the child(ren)'s records () Yes () No. If no, please attach a written explanation and give a copy of the court order.***

Is there a custody arrangement or legal action affecting the family? () Yes () No
If yes, please provide a copy of the divorce agreement.

Race/Ethnicity:

() Asian () African American () Hispanic () Native American () White

Primary language spoken: _____

Is there a language other than the primary language spoken in the home? () Yes () No
If yes, what is the language? _____

Siblings

Name	Age

If preschool, please indicate if you are registering for half day (9-12) or full day (9-3):

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My child was enrolled in (check appropriate programs):

Special Education Classes: () Resource Room () Self-Contained Class

() Speech () Counseling () Adaptive Physical Education

Section 504 Accommodations: () Yes () No

Basic Skills Improvement: () Reading () Writing () Math

ELL-English as a second language: () Yes

Free or Reduced Lunch: () Yes () No

Has Health Insurance: () Yes () No

Health Insurance Provider: _____

If no insurance, can we release information to NJ Family Care? () Yes () No

Music Program

Band: () Yes () No

If yes, what instrument? _____

Chorus: () Yes () No

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Request for Records

Student's Name: _____ Grade: _____

Birth Date: _____

Date of Transfer: _____

I give permission for the appropriate school personnel from the High Bridge School District and/or the Child Study Team to:

Receive information from:

School name _____

Address _____

Phone/fax numbers _____

Send information to:

School name _____

address _____

Phone/fax numbers _____

() Student has a 504

() Student has an IEP

This release includes all pertinent and relevant information in the cumulative/permanent file, health file and confidential Child Study Team file, when applicable.

Comment/stipulations: _____

Parent/Guardian Name: _____

Parent/Guardian Signature: _____

Date: _____