



North Hunterdon-Voorhees Regional School District Registration Form

School student will attend: North Hunterdon H.S. Voorhees H.S. High School Grade: 9

Student Information (Legal name must be provided):

Last: _____ MI: _____ First: _____

Gender: M F Date of Birth: _____ Nickname: _____

Has a sibling ever attended North or Voorhees? No Yes → Name: _____

If the school needs to contact you about your student, what is your preferred Phone #? _____

Home Address: _____ City: _____ Zip: _____

If different from home address:

Mailing Address: _____ City: _____ Zip: _____

Race/Ethnicity: Asian Black Hispanic Native American White

Language(s) spoken at home: English Spanish Other(s): _____

Birthplace: City: _____ State: _____ Country: _____

Was student born outside the US ~&/or~

Has student attended school outside the US? No Yes → Date 1st attended a US school: _____

Is a parent or legal guardian a full-time member of the Active Duty Forces? No Yes

Does student have an Accommodations plan? No Yes → IEP 504 I&RS ESL

Parent/Legal Guardian 1: Name: _____ Male Female

Parent Stepparent Legal Guardian (*provide court documents*) Home Phone: _____

email (print clearly!): _____ Cell Phone: _____

If different from student's address:

Address: _____ Business Phone: _____

Parent/Legal Guardian 2: Name: _____ Male Female

Parent Stepparent Legal Guardian (*provide court documents*) Home Phone: _____

email (print clearly!): _____ Cell Phone: _____

If different from student's address:

Address: _____ Business Phone: _____

Parent/Guardian 3: Name: _____ Male Female

Parent Stepparent Guardian Home Phone: _____

email (print clearly!): _____ Cell Phone: _____

If different from student's address:

Address: _____ Business Phone: _____

Transferring From: School Name: Clinton Public School Phone: 908-735-8512

Address: 10 School St, Clinton, NJ 08809 Fax: 908-735-5895

I certify that the above information is correct, and the student resides in-district. If a custody agreement or a Legal Guardianship is in place, I'm providing it with this form. I consent to the release of student records from previous schools, and I understand: the information may be released orally or as copies of written records; I have a right to inspect any written records released pursuant to this Consent; the Consent remains in effect unless revoked; I may revoke this Consent by providing written notice.

Parent/Guardian Signature: _____ Date: _____

(office use only)