

BERKSHIRE SCHOOLS - REGISTRATION FORM

School enrolling _____ Date _____
Student's present grade _____
Assigned HR/Teacher _____
Previous School _____
Address _____
Phone _____

OFFICE USE: Student # _____
Proof of age (circle): Birth Certificate, Passport,
Baptismal Certificate, Other _____
Immunization Record: Yes / No _____
Bus A.M. _____ P.M. _____

Student:
Legal last name: _____
Legal first name: _____
Preferred first name: _____
Middle name: _____
Birth date: _____
Birth place: (Country) _____
(City/State) _____
Gender: Male / Female _____
Social Security # _____
Ethnicity/Race: _____
Language spoken at home: _____
Phone number: _____

Address: _____
(City/State/Zip) _____

Student living with (check below):
___ Both Parents ___ Mother only ___ Father only
___ Grandparents ___ Legal Guardian
___ Foster Family ___ Agency assigned home
___ Other _____

Father's name: _____
(Last / First / Middle)
Mother's name: _____
(Last / First / Middle)
Maiden name: _____
Guardian's name: _____
(Last / First / Middle)

Mailing
Address / Phone Number of Parent (if different from student's): Name _____

P.O. Box _____

Emergency contact: (Name) _____ (Phone Number) _____

Parents'/Guardians' place of employment: (F / M / G) _____
(F / M / G) _____

Siblings: (Brothers) _____ (Sisters) _____
(Name / Age) _____