

# ***BERKELEY TOWNSHIP SCHOOL DISTRICT***

Administrative Annex Office  
62 Veeder Lane  
Bayville, New Jersey 08721  
732-269-1322

## **PUPIL REGISTRATION**

Student First Name \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

Home Address \_\_\_\_\_

Phone Number: (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_ (Work) \_\_\_\_\_

M/F \_\_\_\_\_ Present Grade \_\_\_\_\_ Birthdate: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

Birthplace City \_\_\_\_\_ State \_\_\_\_\_ Country \_\_\_\_\_

### **STUDENT RACE/ETHNICITY INFORMATION:**

Circle Yes or No to each of the following about your child:

Hispanic or Latino:	Yes	No
American Indian:	Yes	No
Asian:	Yes	No
Black/African American:	Yes	No
Pacific Islander/Hawaiian:	Yes	No
White:	Yes	No

ARE YOU OR YOUR SPOUSE A DISTRICT STAFF MEMBER OR DISTRICT BOARD MEMBER IN BERKELEY TOWNSHIP?

Yes	No
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\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

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## **AUTHORIZATION FOR RELEASE OF RECORDS**

Date: \_\_\_\_\_

Please release any and all of the following:

Transfer Card	_____
Scholastic Records	_____
Test Scores	_____
Health Records	_____
Child Study Team	_____
NJ SID #	_____

Name and Address of Former School \_\_\_\_\_

For the following student(s):

\_\_\_\_\_ Grade: \_\_\_\_\_ Grade: \_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian Signature:

### **Please Forward Records to the Selected School/Department:**

_____ Bayville School 356 Atlantic City Boulevard Bayville, NJ 08721	_____ Berkeley Township Elementary School 10 Emory Avenue Bayville, NJ 08721
_____ Clara B. Worth School 57 Central Parkway Bayville, NJ 08721	_____ Berkeley Township School District Department of Special Services 62 Veeder Lane Bayville, NJ 08721
_____ H & M Potter School 60 Veeder Lane Bayville, NJ 08721	

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## **For Preschool Students Only:**

To Whom It May Concern:

I would like to enroll my child in preschool for the 2022-2023 school year. I understand my child's placement is not guaranteed at a specific school and that my child may be placed at any school in the Berkeley Township School District. I further understand that my child will be moved back to their home school location when he/she attends kindergarten.

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Name of Child

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Date of Birth

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Name of Parent

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Parent Signature