BERKELEY TOWNSHIP SCHOOL DISTRICT

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

PUPIL REGISTRATION

Student First Name		Middle		Last	Last	
Home Add	ress					
		(Cell)		(Work)		
M/F	Present Grade	Birthdate: Month	Day	Year		
Birthplace City		State	Cc	ountry		
STUDENT	RACE/ETHNICITY	INFORMATION:				
Circle Yes	or No to each of the foll	owing about your child:				
Hispanic or Latino:			Yes		No	
American Indian:			Yes		No	
Asian:			Yes		No	
Black/Afric	can American:		Yes		No	
Pacific Isla	nder/Hawaiian:		Yes		No	
White:			Yes		No	
ARE YOU	OR YOUR SPOUSE A	DISTRICT STAFF MEMI	BER OR DI	ISTRICT BO	OARD MEMBER IN I	3ERKELEY
TOWNSHIP?			Yes		No	
Parent/Gue	rdion Signatura			Date		
Parent/Guardian Signature				Dail	•	

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AUTHORIZATION FOR RELEASE OF RECORDS

Date:	_							
Please release any	and all of the follo	wing:						
Tran	nsfer Card							
Sch	olastic Records							
Test	t Scores							
	lth Records							
								
	ld Study Team							
NJ S	SID#							
Name and Address	Name and Address of Former School							
For the following s								
	G	rade:	Grade:					
Parent/Guardian Si Please Forward R	_	ected School/Department:						
Bayville School	ol	Berkeley Township Elementary School						
356 Atlantic C		10 Emory Avenue						
Bayville, NJ 0	8721	Bayville, NJ 08721						
Clara B. Worth	ı School	Berkeley Township School District						
57 Central Par	kway	Department of Special Services						
Bayville, NJ 08721		62 Veeder Lane						
		Bayville, NJ 08721						
H & M Potter	School							
60 Veeder Lan	e							
Bayville, NJ 0	8721							

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For Preschool Students Only:

PLEASE READ CAREFULLY

Due to space limitations, your preschool child may not be placed in your home school. If you have older children, your children may attend separate schools. Please acknowledge your understanding below.

To Whom It May Concern:	
child's placement is not guaranteed a any school in the Berkeley Townshi	eschool for the 2023-2024 school year. I understand my at a specific school and that my child may be placed at p School District. I further understand that my child tool location when they attend kindergarten.
Name of Child	Date of Birth

Parent Signature

Name of Parent