

2551 Belvidere Road
Phillipsburg, NJ 08865

Mr. Jason Kornegay
Chief School Administrator

REGISTRATION FORM
2009 - 2010

Phone 908-859-1001
Fax 908-859-2277

Date of Registration _____

Student's Name _____ Grade _____ Gender: M / F

Date of Birth: _____ Birthplace: _____ County: _____
(City) (State)

Child Lives With: () Both Parents () Mother Only () Father Only

Mailing Name of Parent/Guardian: (Ms. Mrs. Mr. Mr. & Mrs.) _____

Home Address: _____

Phone # _____ Language Spoken at Home: () English () Other: _____

Child's Ethnic Background (optional): () White () Black () Hispanic () American Indian
() Alaskan Native () Asian/Pacific Island

Is your child presently in Special Education? () Yes () No

Has your child ever been in Special Education? () Yes () No

Father or Guardian: _____ Occupation: _____

Business Address: _____ Business Phone: _____

Mother or Guardian: _____ Occupation: _____

Business Address: _____ Business Phone: _____

Other children in the home (please list names and age):

Name _____ Age _____

Name _____ Age _____

Name _____ Age _____

Name _____ Age _____

Name _____ Age _____

I hereby certify that I am a resident of Harmony Township:

FOR OFFICE USE

Immunization Received: _____

Verification of Residence Received: _____