

DATE: ___/___/2009/2010

CENTRAL JERSEY COLLEGE PREP CHARTER SCHOOL

17 School House Road, Somerset, NJ 08873 732-302-9991 fax 732-302-9992

STUDENT INFORMATION:

GRADE: _____ STATE ID# _____

NAME: _____ DATE OF BIRTH: _____ Sex: M _____ F _____
LAST FIRST MIDDLE INITIAL

ADDRESS: _____ CITY _____ HOME PH: _____

PARENT/GUARDIAN INFO:

Mother/ Guardian: (Print) _____ cell# _____ work: _____ ext: _____

Employer's Name & Address _____ email: _____

Father/ Guardian: (Print) _____ cell# _____ work: _____ ext: _____

Employer's Name & Address _____ cell# _____ work: _____

Emergency contacts: (all emergency contacts must be over the age of 18 years old)(Identification will be required by all)

1. Name: _____ Relationship: _____ Phone: _____

2. Name: _____ Relationship: _____ Phone: _____

3. Name: _____ Relationship: _____ Phone: _____

4. Name: _____ Relationship: _____ Phone: _____

If no one can be contacted from the above names, what do you wish the school to do?
 Explain: _____

Custodial Rights: If you have legal Custody of a child all legal documents must be on file at the school the child is attending.
 The other Parent/Guardian _____ MAY _____ MAY NOT speak with the child and/or sign the child out of school. **Identification is required for parent or guardian**

CHANGE OF INFORMATION: I will immediately notify the school in writing, in the event any of the above information changes. Parent/Guardian initials: _____

STUDENT INFORMATION SHEET

