



BRIDGETON PUBLIC CHARTER SCHOOL
 INTIAL REGISTRATION FORM
 2020-2021 SCHOOL YEAR

Section 1 (Parent/Guardian Completes)

Name of Student: _____

Last	First	Middle
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Address: _____

Street	City	State	Zip
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Grade Entering August 2020: _____

Gender: _____

Date of Birth: _____

*** Kindergarten students must be October 1, 2015 or earlier**

Name of Person Registering: _____

Relationship to Student: _____

Home Phone #: _____ Cell Phone #: _____

Did you home school this student during 2019-2020 school year? (Yes/No): _____

Did this student attend private school during 2019-2020 school year? (Yes/No): _____

If applicable, name of private school: _____

If applicable, address of private school: _____

Section 2 (For Office Use Only)

Original Birth Certificate: _____ Proof of Residency: _____ Proof of Immunization: _____

Sibling Name: _____ Grade: _____

Sibling Name: _____ Grade: _____

Sibling Name: _____ Grade: _____

Sibling Name: _____ Grade: _____

Signature: _____

Date: _____