BLAIRSTOWN TOWNSHIP SCHOOL DISTRICT
1 Sunset Hill Road Post Office Box E
Blairstown, New Jersey 07825
908-362-6111 - Fax:908-362-5989
www.blairstownelem.net

Dr. Patrick Ketch, *Superintendent* Colleen Silvestri, *Principal*
Matthew Herzer, *Business Administrator* Dr. Alyssa Emili, *Supervisor of Special Services*

Preschool Registration Form

Name:_____
Last Name First Name Middle Initial

Nickname:_____

Address:_____
Street City State Zip

Township of Residence: _____Blairstown _____Hardwick Bus Student: ____Yes ____ No

Does your child have a nut allergy: _____Yes _____No
Would it be a hardship if your child is placed in a peanut/nut free class? _____Yes _____ No

Primary Phone:_____ Date of Birth:_____

Place of Birth:_____
City State Country

Name of Father/Guardian:_____ Marital Status_____
Work Phone:_____ Cell Phone:_____ Email:_____

Name of Mother/Guardian:_____Marital Status_____
Work Phone:_____ Cell Phone:_____ Email:_____

Languages Spoken at home other than **English**:_____

Race: (Please check): White_____ Black_____ Asian_____ Hispanic_____ American Indian_____ Pacific Islander_____

Gender: (Please check): Male_____ Female_____ Other:_____

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Siblings:_____
Name(s) Age(s) Grade

Siblings:_____
Name(s) Age(s) Grade

Previous School:_____

Address:_____ Phone:_____

Proof of Residency:

Deed_____ *OR* Lease_____

Bank Statement_____ Phone Bill_____ Utility Bill_____

Driver's License_____

Local Emergency Contact Information:

Name:	Relationship:	Address:	Phone Number:

We/I the undersigned are bonafide residents of Blairstown Township. We/I have legal custody of the student named above. Be advised that any initial determination of the student's eligibility to attend school is subject to a more thorough review and subsequent re-evaluation. Tuition may be assessed if an initially admitted student is later found ineligible.

_____ _____
Signature of Parent/Guardian Date