

CLIFFSIDE PARK PUBLIC SCHOOL DISTRICT Re-Registration Form
STUDENT INFORMATION

Last Name: _____ First Name: _____ Middle: _____

Date of Birth: Month: _____ Day: _____ Year: _____ Age: _____ M/F: _____

Address: _____

School
 Attending: _____

Regular Education

Special Education

Parents/Guardians	Mother	Father	Guardian
Name			
Native Language			
Custody Arrangements			
Address			
Own or Rent			
Home Phone			
Business Name			
Business Address			
Business Phone			
Cell Phone			

I certify that all of the information contained in this application is true under the penalties as prescribed by the laws of the State of New Jersey and the United States Government. I further understand that it is the policy of the Cliffside Park Board of Education to prosecute all cases of fraud to the fullest extent of the law and to recover full tuition costs and legal fees, where applicable.

 Signature of Parent

 Date

Please Print Name: _____