

BUCKS COUNTY MONTESSORI CHARTER SCHOOL For Office Use Only
STUDENT REGISTRATION FORM
FAIRLESS HILLS PA 19030

Registration Date _____ Student # _____ Entry Code _____
Code _____ Grade _____ First Day of Attendance _____ Special Education _____

Student's Last Name, First Name, Middle Initial _____

Street Address: _____ Apt. _____ City/Zip Code _____ Phone # _____

Is this student currently receiving SPECIAL EDUCATION SERVICES? Yes _____ No _____

Number of Parents/Guardians in Household (please circle one): 1 2

Custody Issues:

Parent Information:

Name:	Marital Status	Child Resides with
Father: _____	_____	<input type="checkbox"/>
Mother: _____	_____	<input type="checkbox"/>
Guardian: _____	_____	<input type="checkbox"/>

Address: _____

Mailing Address: _____

Daytime telephone: _____	Evening telephone: _____
Father _____	Father _____
Cell #: _____	Work #: _____
Mother _____	Mother _____
Cell #: _____	Work #: _____
Guardian _____	Guardian _____
Cell#: _____	Work# _____

Emergency Contact Other Than Parent #: _____

Please indicate the #'s to be used for "One Call" system: _____

What if any previous pre-school has your child had? _____

PREVIOUS SCHOOL: _____

ADDRESS: _____

PHONE # _____

Male: _____ Female: _____

(1) American Indian/Alaskan Native _____ (9) Asian _____ (4) Hispanic _____
(3) Black (non-Hispanic) _____ (5) White (non-Hispanic) _____ (6) Multi-Racial _____ (10) Pacific Islander _____

Signature of Parent of Guardian: _____ Dated: _____