

# STUDENT REGISTRATION FORM

## *North Jersey Baptist Academy*



**STUDENT INFORMATION:** Complete the information below. Please print clearly.

Name \_\_\_\_\_ Student ID Number \_\_\_\_\_

Birth Date (Month/Day/Year): \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender:  Male  Female Social Security Number \_\_\_\_\_

Permanent Address \_\_\_\_\_ Apt # \_\_\_\_\_ Phone (home) \_\_\_\_\_

City/State/Zip \_\_\_\_\_ Phone (cell) \_\_\_\_\_

County of Residence \_\_\_\_\_ Email \_\_\_\_\_

Local Address (if different than above) \_\_\_\_\_ Fathers Name \_\_\_\_\_

City/State/Zip \_\_\_\_\_ Mothers Name \_\_\_\_\_

Grade currently enrolled:	
Current School:	
Current curriculum used:	
Church Name:	
Church address:	
Church Phone:	
Pastors Name:	

I agree to pay North Jersey Baptist Academy a one time Registration fee of \$100.00.

Name Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Advisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_