140 Mountain Avenue
Westfield, NJ 07090
908-233-0766 • pnsandk@verizon.net

The Presbyterian School
Westfield, New Jersey

REGISTRATION APPLICATION

STUDENT INFORMATION:

Child's Name (First, Last):_____ Name Used:_____

Sex: ☐ M ☐ F Age as of Oct. 1: _____ Birthday (M/D/Y):_____

Home Address:_____ Town:_____ Zip:_____

Local Elementary School: _____

Home Phone:_____ Email:_____

Parent's Name:_____ cell:_____ work:_____

Parent's Name:_____ cell:_____ work:_____

MEDICAL CARE:

Doctor's Name: _____ Phone:_____

Dentist's Name:_____ Phone:_____

Does your child have any allergies or special health needs?
(If Allergens, a Plan of Action form must be filled out –please contact us):

_____

THE PRESBYTERIAN SCHOOL EDUCATIONAL PROGRAM:

Please indicate your class preferences below. Every effort will be made to accommodate your choices.

	Class Offering	Age	Day and Time
1st Preference:	_____	_____	_____
2nd Preference:	_____	_____	_____
3rd Preference:	_____	_____	_____

Enrollment category (please circle): (1) Church Member (2) Currently Enrolled/Sibling/Alumni (3) Open

How did you hear about our school? _____

My signature indicates my understanding of the Registration Process and the Non-refundable Application Fee.

Parent's Signature:_____ Date:_____

Please note that The Presbyterian School follows the vaccination recommendations of the NJ Department of Health and does not accept any religious exemption for vaccines.