MORRIS HILLS REGIONAL ADULT HIGH SCHOOL REGISTRATION FORM

PLEASE PRINT INFORMATION

PLEASE PRINT INFORMATION	
Name:	Date of Birth:
Address:	
(Street) Phone:	(Town) (Zip Code) Male Female Unidentified
NJ Drivers License: Yes N	o Previous High School:
Highest Grade Completed:	Email:
Student Responsibilities	EMENT OF RESPONSIBILITIES
non-educational experiences for what is a submit will be my own that a. I will adhere to the attendance policy miss due to absence. 5. I am aware that any materials borrown manner, and that my graduation with a submit will abide by the behavior code as aware that failure to comply may respect to prior learning experiences. 1. We will accept and evaluate all present to prior learning experiences. 2. We will provide instructional, assessed educational plan. 3. We will establish a program of classes. 4. A Morris Hills Regional District High	addines and established requirements. at I have completed to the best of my ability. by and take responsibility for contacting my instructors for any work I cowed from the Morris Knolls Library must be returned in a timely fill be contingent on returning or making restitution for same. By established in the Adult High School Student Handbook. I am esult in termination from the program. Bevious secondary and college transcripts and documents pertaining the sament and counseling services as needed to complete the student's esses which will take into account the student's other obligations. In School Diploma will be awarded when a student has met the These requirements must be included in at least 140 credits, and
20 credits English 1, 2, 3, a 15 credits Mathematics 5 credits World History/Cult 5 credits Practical Arts 5 credits Career Exploration NJSLA or equivalent test of	10 credits United States History 1 and 2 sures 5 credits Fine or Performing Arts 5 credits Health and Safety Completion of Computer Literacy
	nts are subject to change. Adult High School Students will be are in effect at the time of their graduation.
Date:	Student Signature:
	Parent Signature:(Required if under 18 years of age)

Morris Hills Regional Adult High school NJ Smart Demographic Information Required by New Jersey Department of Education

Personal Information

Name :					
	Last	First		MI	
Address:					
	Street	Town		State	Zip
Sending Scho	ol District Informatio	<u>n</u>			
What school di	strict did you attend b	efore coming here	e?		
What school d	id you attend before c	oming here?			····
Are you current	tly homeless:	Yes ON	0		
If yes, ¡	please circle your curr	ent living arranger	ment:		
	Opubling up	Hotel/Motel	Shelter	Unsheltered	Other
Medical Cover	<u>rage</u>				
Do you current	ly have medical insura	nce (circle one)?	Yes	No	
If yes,	who is your insurer? _				
Cultural/Ethni	c Information				
Were you borr	n in the USA?	Yes O	o		
If yes,	t city?	,	What state?		
If no.					
In what	t country were you bor	n?	W	/hen did you enter this	s country?
How many yea	ars have you attende	d school in the U	nited States (at any level)?	
-	unic or Latino (a person, regardless of race)?		can, Puerto Rio	can, South or Central	America or other Spanis
		Yes	No		
Do you identif	y as: (check all of the	following that app	ly):		
White	Black	Asian	America	ın Indian/Alaska Nat	ive
What is your r	native language?				
What is the pr	imary language that	you speak at hor	ne?	· · · · · · · · · · · · · · · · · · ·	
Are you curre	ntly a legal depender	nt or an active me	ember of the U	Inited States military	? Yes No

Morris HIlls Regional Adult High School 50 Knoll Drive Rockaway, NJ 07866

Tel: 973-664-2250 Fax: 973-586-3550

PERMISSION TO RELEASE OFFICIAL SCHOOL RECORDS

The student named below has registered in our Adult High School and has requested that you forward the following information:

- Official Sign Transcript showing the following:
 - o Student's name and address and birth date
 - o Grade level completed
 - o Grades and credits awarded
 - Any state testing (if applicable)
- Special Service Reports (IEP)
- Disciplinary reports (if applicable)

PLEASE PRINT

Name:						
(Last)	(First)	(Middle Initial)	(Maiden)			
Current Address:						
Phone#:	none#: Birth Date:					
++++++++++++++	++++++++++	++++++++++++	++++++++++	+++++++++		
I hereby authorize	/37		1)			
	(Name of	your Original School	01)			
(Add	lress)	(Town)	(State)	(Zip)		
I am aware that record	s are available for	r my inspection and	that I may reque	st and receive a		
copy.						
Student Signature		Date:				
If registering and stude	ent is under 18 a p	oarents signature is	also required.			
Parent's Student		Date:				

Morris Hills Regional Adult High School How did you hear about us?

In order to better serve our students, we would like to know how you heard about the Morris Hills Adult High School. *Please check all that apply:*

I heard about Morris Hills Regional Adult High School from:

Current Adult High School Student
Former Adult High School Student/Graduate
My Former School
Newspaper Ad
Placemat ad in local diner
Word of Mouth
Computer Search/Google
Adult High School Website
Other: