

**STUDENT AND PARENT DATA  
2011-2012 SCHOOL YEAR  
NEW STUDENTS**

**Parents:** Please complete carefully (print or type) and return it with the **Enrollment Contract**. The data you provide will be used to establish proper mailing addresses, etc., for the coming year. If any of this information should change during the course of the year, please notify us at (908) 362-6121; use our FAX: (908) 362-2034; or email the Registrar at [Ferres@Blair.edu](mailto:Ferres@Blair.edu).

**I. STUDENT'S NAME:** \_\_\_\_\_ Gender: \_\_\_\_\_

Nickname: \_\_\_\_\_ Grade in 2011-2012: \_\_\_\_\_ Boarding/Day: \_\_\_\_\_

SS#: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Birthplace: \_\_\_\_\_

Country of birth: \_\_\_\_\_ Citizen of: \_\_\_\_\_

**IF NOT A U.S. CITIZEN, IS STUDENT A PERMANENT RESIDENT HOLDING A GREEN CARD?** Yes  No

If student has a Green Card, please provide ID number here: \_\_\_\_\_ If student is not a U.S. citizen or Permanent Resident, but currently attends school in the U.S.A., please indicate name & location of school: \_\_\_\_\_

Ethnic Background (Optional):  African American  Caucasian  Native American  
 Asian  Hispanic  Other \_\_\_\_\_

**Official Mailing Address:** (where grades, comments, etc. will be sent):  
\_\_\_\_\_  
\_\_\_\_\_

**Home Phone #:** \_\_\_\_\_

**Preferred Parent Email for Blair mailings: 1.** \_\_\_\_\_

**Additional Parent Email (optional): 2.** \_\_\_\_\_

**Student's Cell Phone#:** \_\_\_\_\_

**NAME OF PARENTS OR GUARDIANS WITH WHOM THE STUDENT RESIDES AT ABOVE ADDRESS:**  
\_\_\_\_\_ Relationship to Student: \_\_\_\_\_

Name(s) of any other children currently attending Blair: \_\_\_\_\_

Other family members who have attended Blair; please indicate class and relationship to student: \_\_\_\_\_

**II. FATHER/MALE GUARDIAN:** \_\_\_\_\_

Colleges/Univs. attended: \_\_\_\_\_ Degree received/year: \_\_\_\_\_

Position/Occupation: \_\_\_\_\_

Business Name/Address: \_\_\_\_\_

Business Phone #: \_\_\_\_\_ Business Email: \_\_\_\_\_

Father's Cell Phone #: \_\_\_\_\_

**III. MOTHER/FEMALE GUARDIAN:** \_\_\_\_\_ Maiden Name: \_\_\_\_\_

Colleges/Univs. attended: \_\_\_\_\_ Degree received/year: \_\_\_\_\_

Position/Occupation: \_\_\_\_\_

Business Name/Address: \_\_\_\_\_

Business Phone #: \_\_\_\_\_ Business Email: \_\_\_\_\_

Mother's Cell Phone #: \_\_\_\_\_

**IV. PERSON TO RECEIVE DUPLICATES OF GENERAL MAILINGS GRADES, COMMENTS AND LETTERS.  
(FOR USE IN CASES OF SEPARATED/DIVORCED PARENTS, EDUCATIONALCONSULTANTS, ETC.)**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

**Is the address / phone information provided above for home or business? (circle one)**

Please indicate if you would like the person listed above to also receive tuition statements: Yes  No

**V. BILLING/BUSINESS DATA:**

Send invoice to the student's **Official Mailing Address** (in Section I)? Yes  No

If not where should the bill be sent?

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone #: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

Would you like to have your invoice emailed or faxed? Yes  No

Billing Email/Fax#: \_\_\_\_\_

**\*\* Seasonal Address if different from home address on front (please include relevant dates and phone number):**

\_\_\_\_\_  
\_\_\_\_\_

**INTERNATIONAL STUDENTS ONLY**

*Families living outside of the continental United States **MUST** identify an adult in the United States to serve as an **Emergency Contact** and to assume responsibility for the student when school is not in session:*

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

*Do you want the designated individual listed above to receive grades, comments and correspondence? Yes  No*

**SIGNATURE OF PARENT OR GUARDIAN COMPLETING THIS FORM:**

\_\_\_\_\_  
**Date:** \_\_\_\_\_