



# BERGEN COUNTY SPECIAL SERVICES SCHOOL DISTRICT

540 Farview Avenue  
Paramus, NJ 07652  
[www.bergen.org](http://www.bergen.org)

## ADMISSIONS MATERIAL CHECKLIST

1. Completed STUDENT APPLICATION FORM.
2. Completed Contact Information.
3. Current IEP and most recent CST Evaluations.

### Mail Documents to:

Bergen County Special Services School District  
Attention: Tara Bohan, Director of Instruction  
540 Fairview Ave.  
Paramus, NJ 07652

For information regarding our programs please contact:

Mitchell Badiner  
Director of Instruction  
(201) 343-6000 ext. 4070  
[mitbad@bergen.org](mailto:mitbad@bergen.org)

Tara Bohan  
Director of Instruction  
(201) 343-6000 ext.4079  
[tarboh@bergen.org](mailto:tarboh@bergen.org)

Patti Wojtowicz  
Teacher-in-Charge Career Crossroads  
(201) 343-6000 ext. 4304  
[patwoj@bergen.org](mailto:patwoj@bergen.org)

## VOCATIONAL PROGRAM CHOICE

Students are evaluated and offered admissions into the program best suited to meet his/her particular needs and goals.

Date of Application: \_\_\_\_\_

Please indicate the Shared-Time program of choice:

- Sales & Customer Service     Hospitality & Food Service

Grade level of student when entering the program: \_\_\_\_\_

Please type or print legibly in pen.

STUDENT NAME \_\_\_\_\_  
Last Name First Middle

MAILING ADDRESS \_\_\_\_\_  
Street

\_\_\_\_\_  
City State Zip Code

HOME PHONE \_\_\_\_\_ EMAIL \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ GENDER:  MALE  FEMALE

MOTHER'S/GUARDIAN'S NAME \_\_\_\_\_  
Last Name First Middle

HOME PHONE \_\_\_\_\_ BUSINESS \_\_\_\_\_ CELL \_\_\_\_\_

FATHERS'S/GUARDIAN'S NAME \_\_\_\_\_  
Last Name First Middle

HOME PHONE \_\_\_\_\_ BUSINESS \_\_\_\_\_ CELL \_\_\_\_\_

REQUIRED EMERGENCY CONTACT (OTHER THAN PARENT/GUARDIAN)

FULL NAME \_\_\_\_\_  
Last Name First Middle

MAILING ADDRESS \_\_\_\_\_  
Street

\_\_\_\_\_  
City State Zip Code

DAYTIME PHONE \_\_\_\_\_ CELL \_\_\_\_\_

RELATIONSHIP TO STUDENT \_\_\_\_\_

PARENT/GUARDIAN RELEASE AUTHORIZATION

I hereby authorize my son's/daughter's school district to make available all requested scholastic, health and Child Study Team evaluations to the Bergen County Special Services School District.

PARENT'S/GUARDIAN'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_