Bergen County Special Services School District

BERGEN COUNTY SPECIAL SERVICES SCHOOL

DISTRICT

540 Farview Avenue Paramus, NJ 07652 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

Grade level of student when entering the program:

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

Patti Wojtowicz
Teacher-in-Charge Career Crossroads
(201) 343-6000 ext. 4304_
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

Please type or print legibly	in pen.			
STUDENT NAME				
	Last Name	First		Middle
MAILING ADDRESS		Street		
		Street		
City		State		Zip Code
	wa 5.1			
HOME PHONE	EMA	AIL		
DATE OF BIRTH		GENDER:	MALE	☐ FEMALE
MOTHER'S/GUARDIAN'S I	NAME	H'(NE' 1 11.
	Last Name	First		Middle
HOME PHONE	BUSINESS	C	ELL	
PATHEDOSO / CITADINIANTSO N	NAME			
FAIREKS NIGHARI HAN'N D	NAWLE			
THITIERS OF GOTRESHIV OF	Last Name	First		Middle
HOME PHONE	Last Name BUSINESS	First C		
HOME PHONEREQUIRED EMERGENC	Last Name BUSINESS EY CONTACT (OTHER THAN	First C V PARENT/GUARDIA		
HOME PHONEREQUIRED EMERGENC	Last Name BUSINESS BUSINESS CY CONTACT (OTHER THAN	First C V PARENT/GUARDIA		
HOME PHONEREQUIRED EMERGENC	Last Name BUSINESS EY CONTACT (OTHER THAN	First C V PARENT/GUARDIA First	N)	Middle
HOME PHONEREQUIRED EMERGENC	Last Name BUSINESS CY CONTACT (OTHER THAN Last Name	First C N PARENT/GUARDIA First	N)	Middle
HOME PHONEREQUIRED EMERGENC	Last Name BUSINESS CY CONTACT (OTHER THAN Last Name	First C V PARENT/GUARDIA First	N)	Middle
HOME PHONE REQUIRED EMERGENC FULL NAME MAILING ADDRESS City	Last Name BUSINESS CY CONTACT (OTHER THAN Last Name	First C V PARENT/GUARDIA First Street	AN)	Middle Zip Code
HOME PHONE REQUIRED EMERGENC FULL NAME MAILING ADDRESS City DAYTIME PHONE	Last Name BUSINESS EY CONTACT (OTHER THAN Last Name	First C V PARENT/GUARDIA First Street State CELL C	AN)	Middle Zip Code
HOME PHONE REQUIRED EMERGENC FULL NAME MAILING ADDRESS City DAYTIME PHONE	Last Name BUSINESS EY CONTACT (OTHER THAN Last Name	First C V PARENT/GUARDIA First Street State CELL C	AN)	Middle Zip Code
HOME PHONE REQUIRED EMERGENC FULL NAME MAILING ADDRESS City DAYTIME PHONE RELATIONSHIP TO STUDE	Last Name BUSINESS EY CONTACT (OTHER THAN Last Name	First Con PARENT/GUARDIA First Street State CELL	NN)	Middle Zip Code
HOME PHONE REQUIRED EMERGENC FULL NAME MAILING ADDRESS City DAYTIME PHONE RELATIONSHIP TO STUDE	Last Name BUSINESS CY CONTACT (OTHER THAN Last Name CONT CONT RENT/GUARDIAN RELE	First ON PARENT/GUARDIA First Street State CELL CASE AUTHORI	ZATION	Middle Zip Code
HOME PHONE REQUIRED EMERGENC FULL NAME MAILING ADDRESS City DAYTIME PHONE RELATIONSHIP TO STUDE PA I hereby authorize my son	Last Name BUSINESS CY CONTACT (OTHER THAN Last Name	First ON PARENT/GUARDIA First Street State CELL CHASE AUTHORI CHASE AUTHOR	ZATION	Middle Zip Code
REQUIRED EMERGENCE FULL NAME MAILING ADDRESS City DAYTIME PHONE RELATIONSHIP TO STUDE IN Child Study Telegraphs and Child Study Telegr	Last Name BUSINESS CY CONTACT (OTHER THAN Last Name CONT RENT/GUARDIAN RELE L'S/daughter's school district to	First CASE AUTHORI County Special Ser	ZATION L requested sch	Middle Zip Code colastic_health an istrict.