

REGISTRATION CARD **Northern Catskills Occupational Ctr.** HOME SCHOOL \_\_\_\_\_

FULL NAME \_\_\_\_\_ GRADE \_\_\_\_\_  
LAST FIRST MIDDLE

DATE \_\_\_\_\_ COURSE at NCOC \_\_\_\_\_ AM \_\_\_\_\_ PM \_\_\_\_\_ BIRTHDATE \_\_\_\_\_

HOME **PHYSICAL (911)** ADDRESS \_\_\_\_\_ HOME PHONE \_\_\_\_\_  
STREET

HOME **MAILING** ADDRESS \_\_\_\_\_  
PO BOX CITY STATE ZIP

STUDENT CELL # \_\_\_\_\_ STUDENT E-MAIL \_\_\_\_\_

FATHER \_\_\_\_\_ PHONE# \_\_\_\_\_ CELL# \_\_\_\_\_

ADDRESS \_\_\_\_\_ E-MAIL \_\_\_\_\_  
STREET CITY STATE ZIP

MOTHER \_\_\_\_\_ PHONE# \_\_\_\_\_ CELL# \_\_\_\_\_

ADDRESS \_\_\_\_\_ E-MAIL \_\_\_\_\_  
STREET CITY STATE ZIP

GUARDIAN \_\_\_\_\_ PHONE # \_\_\_\_\_ ADDRESS \_\_\_\_\_

FATHER EMPLOYMENT \_\_\_\_\_ TELE # \_\_\_\_\_

MOTHER EMPLOYMENT \_\_\_\_\_ TELE # \_\_\_\_\_

**EMERGENCY CONTACT PERSON** \_\_\_\_\_ **TELE #** \_\_\_\_\_