

REGISTRATION FORM

PLEASE PRINT

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OFFICE USE ONLY	STUDENT ID# _____	BUILDING _____	SCHOOL YEAR _____	CENSUS # _____
	GRADE ASSIGNED _____	ENTRY DATE _____	COUNSELOR _____	HRM _____

STUDENT NAME _____ (First) _____ (Middle) _____ (Last) _____ (Jr / Sr / III / IV) _____ SEX: _____ (M / F)

BIRTH DATE _____ (MM/DD/YYYY) BIRTHPLACE _____ (CITY, STATE, COUNTRY)

EVER ATTEND NYS SCHOOL _____ If yes, Indicate School / Yr _____ **DISTRICT** SCHOOL _____ If yes, Indicate School / Yr _____

ETHNIC ORIGIN (Please Check One) <input type="checkbox"/> 1 - American Indian <input type="checkbox"/> 4 - Hispanic <input type="checkbox"/> 2 - African American <input type="checkbox"/> 5 - Caucasian <input type="checkbox"/> 3 - Asian <input type="checkbox"/> 6 - Hawaiian	Primary Language _____	LAST SCHOOL ATTENDED NAME _____ ADDRESS _____ DATE LEFT _____ LAST GRADE COMPLETED _____
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STUDENT RESIDENTIAL ADDRESS APARTMENT _____ COMPLEX _____ STREET _____ CITY _____ STATE _____ ZIPCODE _____ HOME PHONE _____	STUDENT MAILING ADDRESS (only if different than Residential) APARTMENT _____ COMPLEX _____ STREET _____ CITY _____ STATE _____ ZIPCODE _____ HOME PHONE _____
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G U A R D I A N NAME _____ (Sal) _____ (First) _____ (Middle) _____ (Last) _____ (Generation)

APARTMENT _____ COMPLEX _____

STREET _____

CITY _____ STATE _____ ZIP _____

HOME PH _____ WORK PH _____ WORK PH 2 _____

MOBILE PH _____ PAGER _____ OTHER PH _____

PLACE & ADDRESS OF EMPLOYMENT _____

Receive Mailings
YES / NO

Relationship to student

Living with Student
YES / NO

G U A R D I A N NAME _____ (Sal) _____ (First) _____ (Middle) _____ (Last) _____ (Generation)

APARTMENT _____ COMPLEX _____

STREET _____

CITY _____ STATE _____ ZIP _____

HOME PH _____ WORK PH _____ WORK PH 2 _____

MOBILE PH _____ PAGER _____ OTHER PH _____

PLACE & ADDRESS OF EMPLOYMENT _____

Receive Mailings
YES / NO

Relationship to student

Living with Student
YES / NO

If Student is not living with both parents, who has legal custody? _____

If there are any custody restrictions of which we should be made aware, please specify.

OFFICE USE ONLY

DOB INFO

SCHOOL RECORD RELEASE

TENTATIVE RESIDENT FORM

NON RESIDENT FORM

DUPLICATE MAILINGS

CUSTODY FORM

Emergency Contact 1

NAME _____ (Sal) _____ (First) _____ (Middle) _____ (Last) _____ (Generation)
 APARTMENT _____ COMPLEX _____
 STREET _____
 CITY _____ STATE _____ ZIP _____
 HOME PH _____ WORK PH _____ WORK PH 2 _____
 MOBILE PH _____ PAGER _____ OTHER PH _____

Relationship to student

OFFICE USE ONLY
 Emergency Contacts

Emergency Contact 2

NAME _____ (Sal) _____ (First) _____ (Middle) _____ (Last) _____ (Generation)
 APARTMENT _____ COMPLEX _____
 STREET _____
 CITY _____ STATE _____ ZIP _____
 HOME PH _____ WORK PH _____ WORK PH 2 _____
 MOBILE PH _____ PAGER _____ OTHER PH _____

Relationship to student

OTHER CHILDREN IN FAMILY

NAME _____ <small>(First) (Middle) (Last)</small>	BUILDING _____	SEX _____	DOB _____ <small>(M/F) (MM/DD/YYYY)</small>	AT RESIDENCE _____ <small>(Yes/No)</small>
NAME _____ <small>(First) (Middle) (Last)</small>	BUILDING _____	SEX _____	DOB _____ <small>(M/F) (MM/DD/YYYY)</small>	AT RESIDENCE _____ <small>(Yes/No)</small>
NAME _____ <small>(First) (Middle) (Last)</small>	BUILDING _____	SEX _____	DOB _____ <small>(M/F) (MM/DD/YYYY)</small>	AT RESIDENCE _____ <small>(Yes/No)</small>
NAME _____ <small>(First) (Middle) (Last)</small>	BUILDING _____	SEX _____	DOB _____ <small>(M/F) (MM/DD/YYYY)</small>	AT RESIDENCE _____ <small>(Yes/No)</small>
NAME _____ <small>(First) (Middle) (Last)</small>	BUILDING _____	SEX _____	DOB _____ <small>(M/F) (MM/DD/YYYY)</small>	AT RESIDENCE _____ <small>(Yes/No)</small>
NAME _____ <small>(First) (Middle) (Last)</small>	BUILDING _____	SEX _____	DOB _____ <small>(M/F) (MM/DD/YYYY)</small>	AT RESIDENCE _____ <small>(Yes/No)</small>

SIBLING INFO

OTHER PERSONS LIVING IN THIS RESIDENCE

NAME _____ RELATIONSHIP _____
 NAME _____ RELATIONSHIP _____

EMERGENCY INFORMATION

PHYSICIAN _____ PHONE _____ HOSPITAL CHOICE _____
 ANY DISABILITIES _____ if yes, specify _____ 504 _____ CSE _____
(Yes/No) (Yes/No) (Yes/No)

DISABILITY INFO

IMMUNIZATION RECORDS

NOTE: Copies of Records are acceptable in place of filing out this section	DATES RECEIVED		
Triple Vaccine (DPT, DT, DiaP) _____	_____	_____	_____
Polio Vaccine (TOPV, IPV) _____	_____	_____	_____
Measles/Mumps/Rubella Vaccine _____	_____	_____	_____
Hepatitis B _____	_____	_____	_____
Varivax _____	_____	_____	_____
Tuberculin Test for Tuberculosis _____	_____	_____	_____
Haemophilus Influenzae Type B _____	_____	_____	_____

IMMUNIZATION RECORDS

Please list any medical conditions or allergies that need emergency care (list bee stings, etc.) or health problems the school should be informed of :

OFFICE
USE ONLY

Pickup
Permission

List all persons who have permission to pickup children from school. Please include self and spouse.

Field Trip
Permission

Photograph
Permission

I hereby give permission for my child to go on all field trips in the coming year. Yes No

I hereby give permission for my child to be photographed/videotaped for classroom activities. Yes No

Signatures

Signature of Parent/Guardian _____ Date _____

Signature of School Official who registered child _____ Date _____