

REGISTRATION FORM

SCHOOL: L.F. Jackson _____ Highview _____ R.J. Bailey _____ Woodlands MS _____ Woodlands HS _____

Grade Entering _____ New Student _____ Re-Entry _____ Sex: Male Female

Student's Last Name _____ First _____ M _____

Student's Birth Date _____ Country of Birth _____

Primary Language _____ Email Address _____ (Please Print)

Ethnic Profile: Hispanic Non-Hispanic District of Residence Code _____

Race: Black White American Indian/Alaskan Asian/Pacific Islander

Address _____

Phone # (Home) _____ (Work) _____

Emergency Contact's Name _____ Relationship to Child _____

Emergency Contact's Phone # _____

Does student live with both parents? YES NO

If not, with whom? _____
Full Name Relationship

Is the student a foster child? YES NO If yes, complete Foster Child Registration Form in this packet.

Was student born in another country? YES _____ NO _____ Name of country _____

Date entered US _____ Date entered New York _____

FAMILY DATA

	FIRST NAME	LAST NAME	BIRTH PLACE	OCCUPATION
Father/Guardian				
Mother Maiden Name				
Step Parent/Guardian				

SIBLINGS LIVING at HOME

	LASTNAME	FIRST NAME	RELATIONSHIP	SEX	BIRTHDATE	SCHOOL
1						
2						
3						

School previously attending _____

School's Full Address _____ Phone # _____

Last grade student completed? _____ When _____ Date last attended _____

Has the student ever been in ESL? YES NO

Has the student been part of the Greenburgh Central School District Early Childhood Program (ECP)? YES NO

Has the student ever been designated by the Committee on Special Education? YES NO How many years? _____

Was student ever declassified? If so, when? _____

Signature _____ Date _____

(Please sign in presence of registrar)