

Student Registration Form

To Be Completed by Parent/Guardian:

For Official Use		
<input type="checkbox"/> ES	<input type="checkbox"/> MS	<input type="checkbox"/> HS
<input type="checkbox"/> GE	<input type="checkbox"/> SE	<input type="checkbox"/> ELL

Student Information

LAST NAME		FIRST NAME		MIDDLE NAME	STUDENT ID #
HOME ADDRESS (House number, Street name, Apt #, City, State, ZIP)				HOME PHONE NUMBER	
DATE OF BIRTH (mm/dd/yyyy)	AGE	GENDER <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Neither Female nor Male	PLACE OF BIRTH		HOME/NATIVE LANGUAGE
NAME, CITY, STATE OF LAST SCHOOL (or current school)					LAST GRADE COMPLETED
HEALTH INSURANCE INFORMATION: Does the student have health insurance? <input type="checkbox"/> YES ⇒ If YES, what type of coverage is it? <input type="checkbox"/> Private Health Insurance <input type="checkbox"/> Medicaid <input type="checkbox"/> Child Health Plus B <input type="checkbox"/> NO ⇒ If NO, would you like to be contacted about getting coverage? <input type="checkbox"/> Yes <input type="checkbox"/> No				HEALTH ALERT: Any health condition that affects participation in physical activities. <input type="checkbox"/> Yes <input type="checkbox"/> No	
SPECIAL EDUCATION INFORMATION: Does the student receive special education services? <input type="checkbox"/> YES ⇒ If YES, do you have a copy of the Individualized Education Plan (IEP)? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NO					

STUDENT NAME: LAST

Parent/Guardian Information

LAST NAME		FIRST NAME		RELATIONSHIP TO STUDENT
HOME ADDRESS (House number, Street name, Apt #, City, State, ZIP)			PARENT/GUARDIAN PREFERRED LANGUAGE WRITTEN: _____ SPOKEN: _____	
HOME PHONE NUMBER	WORK/CELL PHONE NUMBER		PARENT/GUARDIAN EMAIL	

FIRST

To Be Completed by Enrollment Staff:

Registration (check one): <input type="checkbox"/> New <input type="checkbox"/> Re-admit to NYC DOE (less than 1 year) <input type="checkbox"/> Re-admit to NYC DOE (longer than 1 year) <input type="checkbox"/> Code 10 Return (If Code 10 Return): <input type="checkbox"/> Student has current transcript <input type="checkbox"/> Transcript request made to out-of-New York City school Transfer Request (check one): <input type="checkbox"/> Safety <input type="checkbox"/> Medical <input type="checkbox"/> Travel (HS only) <input type="checkbox"/> Child Care (ES only) <input type="checkbox"/> Sibling (ES only) <input type="checkbox"/> Other (please specify): _____ Notes: _____	Disposition: _____ Enrolled School Name _____ DBN _____
	Referred to: School Name _____ DBN _____ 1) _____ 2) _____ 3) _____

DATE:

I have met with a counselor and understand my options and the process for school placement. I understand the information presented and have received the information necessary to proceed.

Name/Signature of Parent/Guardian: _____ Date: _____

Name/Signature of Counselor: _____

Additional Comments: _____