

Student Registration Form

To Be Completed by Parent/Guardian:

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 (optional) M F	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					

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	

To Be Completed by Enrollment Staff:

<p>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</p> <p>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):</p> <p>Notes:</p>	<p>Disposition:</p> <p>_____</p> <p style="text-align: center;">Enrolled School Name DBN</p> <p>Referred to:</p> <p style="text-align: center;">School Name DBN</p> <p>1) _____</p> <p>2) _____</p> <p>3) _____</p>
--	---

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: _____