

# 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				

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:**

<p><b>Registration (check one):</b>  <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><b>Transfer Request (check one):</b>  <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><b>Disposition:</b></p> <p>Enrolled School Name _____ DBN _____</p> <p><b>Referred to:</b></p> <p>School Name _____ DBN _____</p> <p>1) _____</p> <p>2) _____</p> <p>3) _____</p>
------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

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:

**To Be Completed by Enrollment Staff:**

**Name of Staff Completing Registration:** \_\_\_\_\_

<b>Documents Presented (Check all that apply)</b>		
Proof of residence may be verified by any <u>two</u> of the following:		
<input type="checkbox"/> Residential Utility Bill (electric/gas issued by National Grid, Con Edison or the Long Island Power Authority; must be dated within the past 60 days)		
<input type="checkbox"/> Documentation or letter on letterhead from a federal, state or local government agency, including the Internal Revenue Service (IRS), City Housing Authority, Human Resources Administration (HRA), the Administration for Child Services (ACS), or an ACS subcontractor indicating that resident's name and address; must be dated within the past 60 days		
<input type="checkbox"/> An original lease agreement, deed, or mortgage statement for the residence		
<input type="checkbox"/> A current property tax bill for the residence		
<input type="checkbox"/> A water bill for the residence; must be dated within the past 90 days		
<input type="checkbox"/> Official payroll documentation from an employer such as a form submitted for tax withholding purposes or payroll receipt; a letter on the employer's letterhead will not be accepted; must be dated within the past 60 days		
<input type="checkbox"/> Parent Affidavit of Residency, if applicable, as per CR A-101		
Proof of Birth: <input type="checkbox"/> Birth Certificate <input type="checkbox"/> Passport <input type="checkbox"/> Other: _____		
<input type="checkbox"/> Transcript/Report Card	<input type="checkbox"/> Doctor's Letter	<input type="checkbox"/> Agency Letter
<input type="checkbox"/> Immunization Records	<input type="checkbox"/> Occurrence Report	<input type="checkbox"/> Notarized letter from employer
<input type="checkbox"/> IEP (Individualized Education Program)	<input type="checkbox"/> Safety Transfer Summary of Investigation	<input type="checkbox"/> 504 Accommodation Plan
<input type="checkbox"/> Parent Affidavit	<input type="checkbox"/> Safety Transfer Intake Form	<input type="checkbox"/> Other (Specify: _____)
<input type="checkbox"/> Non-Parent Custodian Affidavit	<input type="checkbox"/> Police Report/Docket #	<input type="checkbox"/> Other (Specify: _____)
<input type="checkbox"/> Affidavit of Emancipation	<input type="checkbox"/> Court Documentation	<input type="checkbox"/> Other (Specify: _____)
<input type="checkbox"/> Transfer Form ("T-Form")	<input type="checkbox"/> Notarized letter from child care provider	<input type="checkbox"/> Other (Specify: _____)

*\* Updated proof of address requirements are reflected in Chancellor's Regulation A-101.*

**Interview Notes (Please Include all applicable information):**

**School History:** Grade Level, Credits, Test scores, Choice Process participation, Regents/RCTs, Discharge Info, HSAPs Info

**Entitled Services:** Special Education Services, ELL Services, etc.

**Special Circumstances:** Agency Involvement/Contact, Temporary Housing, Foster Care, etc.

**School Interests:** Parent Preferences, Academic Interests, Requests

To be completed by Enrollment Counselor, if applicable:

Indicate if any court order exists which affects a parent's access to the student's records:

Name (first & last): \_\_\_\_\_ Documentation Presented (court order, etc.): \_\_\_\_\_

<b>STATUS OF DISPOSITION</b> (Check one): <input type="checkbox"/> Registered <input type="checkbox"/> Referred <input type="checkbox"/> No Action <input type="checkbox"/> Info Given <input type="checkbox"/> Pending
<input type="checkbox"/> Other (Specify): _____
Comments:

STUDENT NAME: LAST

FIRST

DATE: