

**YORKTOWN COMMUNITY SCHOOLS**

**Grade:** \_\_\_\_\_

**Please print clearly**

**Student Full Legal Name:** \_\_\_\_\_

First

Middle

Last

**Date of Birth:** \_\_\_\_ Month \_\_\_\_ Day \_\_\_\_ Year      **Gender:** \_\_\_\_ Female \_\_\_\_ Male

**Student's Physical Address:** \_\_\_\_\_

Street

City

Zip

**Home Telephone Number:** \_\_\_\_\_

**Cell Phone Number:** \_\_\_\_\_

**Email Address (required for online registration)**

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**Last School Attended:** \_\_\_\_\_

Is student currently expelled or pending expulsion from previous school? \_\_\_\_ Yes \_\_\_\_ No

Is student enrolling as a resident of the Yorktown Schools district? \_\_\_\_ Yes \_\_\_\_ No

Does student or has student received special supplemental services, including:

\_\_\_\_\_ Section 504 Accommodations

\_\_\_\_\_ Special Transportation

\_\_\_\_\_ Occupational Therapy/Physical Therapy

\_\_\_\_\_ Testing Accommodations

\_\_\_\_\_ General Education Intervention Strategies

\_\_\_\_\_ Special Education (including Speech, Resource Room or other services)

**Completed by:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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**Office Use Only:** \_\_\_\_ Proof of Residency    \_\_\_\_ Birth Certificate    \_\_\_\_ Immunization Record

Enrollment Date: \_\_\_\_\_ Student ID #: \_\_\_\_\_