

Dr. Alex Marrero
Interim Superintendent of Schools

City School District of New Rochelle
515 North Avenue
New Rochelle, NY 10801



City School District of New Rochelle Registration Information Sheet

Only students whose parents or legal guardians reside in New Rochelle may be registered in our district schools. Students attend school according to their area of residence, except in the case of Magnet students. Proofs of residence must be provided in accordance with district policy. If the person registering the child is not listed as the parent, he/she must provide a copy of the following at time of registration: Court Order naming "Parent by Adoption", "Legal Guardian", "Order of Custody", or "District Custodial Affidavit" and "Parent Affidavit".

PLEASE PRINT

Registration Date: _____

Student's Name: _____

LAST NAME

FIRST NAME

MIDDLE NAME

Date of Birth: _____

Male Female

Student's First Language: _____

Did child attend school outside of U.S.: _____ If yes, which grades? _____

Language (s) spoken at home: _____

Student's current grade: _____ Last grade attended: _____ When? _____

Name and address of last school: _____

Telephone number of last school: _____ Name of contact person: _____

Has this child attended school in New Rochelle: When? _____ Where? _____

Home address: _____

STREET

APT#

ZIP CODE

Home telephone number: _____

Parent/Guardian Name: _____ Birthplace: _____

Home address (if different) _____

STREET

CITY

STATE/ZIP CODE

EMAIL address: _____

Telephone Numbers Home: _____ Work: _____ Cell: _____



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Occupation: _____ Employer: _____

Marital Status (please check one) Single Married Separated Divorced Widowed

Parent/Guardian Name: _____ Birthplace: _____

Home address (if different) _____

STREET

CITY

STATE/ZIP CODE

EMAIL address: _____

Telephone Numbers Home: _____ Work: _____ Cell: _____

Occupation: _____ Employer: _____

Marital Status (please check one) Single Married Separated Divorced Widowed

List below the FULL names of all other children in the family				
Name	Age	Date of Birth	School Child attends	Grade

Previous Home Address: _____

STREET

CITY

STATE/ZIP CODE

Previous Home Telephone Number: _____

Does your child have an I.E.P. from Special Education? **YES** **NO**



<i>Please list where and when your child has attended school:</i>		
Grade	School Attended/Location	Date of Attendance
Preschool		
Kindergarten		
Grade 1		
Grade 2		
Grade 3		
Grade 4		
Grade 5		
Grade 6		
Grade 7		
Grade 8		
Grade 9		
Grade 10		
Grade 11		
Grade 12		

Support Services	Check all that apply	Grade (s) in which Services were Received
English as a Second Language		
Bilingual Class		
Reading Help/Lab		
Resource Room		
Speech/Language		
PT/OT		
Special Education		
Counseling/Social Skills Group		
Repeated Grade		
Recommended to Repeat Grade		
Other (explain)		

Optional – Please check the appropriate box (es)		
Father		Mother
	American Indian	
	Asian/Pacific Islander	
	Hispanic or Latino	
	Black	
	White	



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Child's Name: _____

Emergency Contact: _____

Relationship to Child: _____

Telephone Number(s) Home: _____ Work: _____

Cell: _____

Email: _____

Print Name of Parent or Guardian Completing Form

Signature of Parent or Guardian Completing Form

Date

FOR OFFICE USE ONLY: Birth Cert. _____ Res. _____ Medical Forms _____ Lang. Survey _____ Transportation _____	
ID# _____	CENSUS # _____
Magnet YES <input type="checkbox"/> NO <input type="checkbox"/> Special Education YES <input type="checkbox"/> NO <input type="checkbox"/> ENL <input type="checkbox"/>	Verified by: _____