



## 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: \_\_\_\_\_



Dr. Laura P. Feijóo  
Superintendent of Schools

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

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 <b>FULL</b> 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	

Dr. Laura P. Feijóo  
Superintendent of Schools

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



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  NO  **Special Education** YES  NO  **ENL**

Verified by: \_\_\_\_\_