

Student Registration Form

To be completed by Parent or Guardian

Student Information (please print clearly)

LAST NAME		FIRST NAME		STUDENT ID #	
HOME ADDRESS (House number, Street name, Apt #, City, State, ZIP)				HOME PHONE NUMBER ()	
DATE OF BIRTH (mm/dd/yyyy) / /	AGE	GENDER M F	PLACE OF BIRTH	HOME/NATIVE LANGUAGE	
NAME, CITY, STATE OF LAST SCHOOL (or current school)					LAST GRADE COMPLETED
HEALTH INSURANCE INFORMATION <i>Does the student have health insurance?</i> <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 ALERTS <i>Any health condition that affects participation in physical activities?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No <i>Any food allergies? If so, please provide doctor's note indicating allergy.</i> <input type="checkbox"/> Yes <input type="checkbox"/> No	
SPECIAL EDUCATION INFORMATION <i>Does the student receive special education services?</i> <input type="checkbox"/> NO <input type="checkbox"/> YES ⇒ IF YES, please provide a copy of the IEP.					

Parents/Guardians Information (please print clearly)

ADULT 1: Last Name, First Name (who student resides with)		ADULT 2: Last Name, First Name		RELATIONSHIP(S) TO STUDENT	
HOME ADDRESS (Check box if same as student) <input type="checkbox"/> same as student			PARENT/GUARDIAN PREFERRED LANGUAGE WRITTEN: SPOKEN:		
HOME PHONE #		WORK/CELL PHONE		FAMILY EMAIL	

Sibling(s) at P.S. 102 Yes / No	
Name(s) & Class(es):	

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.

Signature of Parent/Guardian: _____ Date: _____

To Be Completed by Enrollment Staff:

PLACEMENT		
Grade: _____	Class: _____	ENL: _____
Turning 5 - IEP/ICT Recommended	Related Services: OT/PT/SETTS/Speech	Twins: together/separate
Notes:		