For Official Use
☐ ES ☐ MS ☐ HS

□ GE □ SE □ ELL



Student Registration Form

To Be Completed by Parent/Guardian:

M F	dent Information ST NAME	FIRST NAME	MI	DDLE NAM	E	ST	TUDENT ID#	
DATE OF BIRTH (mm/dd/yyyy) AGE GENDER (optional) PLACE OF BIRTH HOME/NATIVE LANGUAGE NAME, CITY, STATE OF LAST SCHOOL (or current school) LAST GRADE COMPLET NAME, CITY, STATE OF LAST SCHOOL (or current school) LAST GRADE COMPLET NESD # ITYES, what type of coverage kit?								
M F NAME, CITY, STATE OF LAST SCHOOL (or current school) LAST GRADE COMPLET ### HEALTH INSURANCE INFORMATION: Does the student have health insurance? ### VES ⇒ If YES, what type of coverage is it?	DME ADDRESS (House number, Street nam	ne, Apt #, City, Sta	ate, ZIP)		HOME (PHON)	E NUMBER	
HEALTH INSURANCE INFORMATION: Does the student have health insurance? YES \$\times\$ if YES, what type of coverage is it? Private Health insurance Medicaid Child Health Plus B affects participation in physic No \$\times\$ if NO, would you like to be contacted about getting coverage? O'res No Yes No No If NO, would you like to be contacted about getting coverage? O'res No Yes No No If NO, would you like to be contacted about getting coverage? O'res No No If NO No If NO, would you like to be contacted about getting coverage? O'res No No No If NO No If			PLACE OF BIRT	Н	НОМЕ	/NATIV	/E LANGUAGE	
□ YES → If YES, what type of coverage is it? □ Private Health Insurance □ Medicaid □ Child Health Plus B □ YES □ No □ NO → If NO, would you like to be contacted about getting coverage? □ YES □ No □ NO □ YES □ YES, do you have a copy of the Individualized Education Plan (IEP)? □ YES □ No □	ME, CITY, STATE OF LAST SCHOOL (or cur	rent school)					LAST GRADE CC	MPLETED
NO ⇒ if NO, would you like to be contacted about getting coverage? Yes No Yes No	ALTH INSURANCE INFORMATION: Does th	ne student have h	ealth insurance?)			•	
SPECIAL EDUCATION INFORMATION: Does the student receive special education services? YES	YES \Rightarrow If YES, what type of coverage is it? \Box Priv	ate Health Insurance	e 🗖 Medicaid 🗖 C	hild Health P	lus B			physical activities.
□ YES ➡ If YES, do you have a copy of the Individualized Education Plan (IEP)? □ Yes □ No NO NO arent/Guardian Information LAST NAME	$NO \Rightarrow If NO$, would you like to be contacted about	ut getting coverage?	Yes 🗆 No			☐ Ye	es 🗖 No	
arent/Guardian Information LAST NAME FIRST NAME FIRST NAME FIRST 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 () O BE Completed by Enrollment Staff: Registration (check one): Rea-admit to NYC DOE (longer than 1 year) Rea-admit to NYC DOE (longer than 1 year) Rea-admit to NYC DOE (longer than 1 year) Student has current transcript Transcript request made to out-of— New York City school Transfer Request (check one): Safety Medical Travel (HS only) Sibling (ES only) Other (please specify): Notes: Parent/GUARDIAN PREFERRED LANGUAGE WRITTEN: PARENT/GUARDIAN PRAFIERD PARENT/GUARDIAN PRAFIERD PARENT/GUARDIAN PRAFIERD PARENT/GUARDIAN PRAFIERD SPOKEN: PARENT/GUARDIAN PRAFIERD PARENT/GUARDIAN PRAFIERD PARENT/GUARDIAN PRAFIERD PARENT/GUARDIAN PRAFIERD PARENT/GUARDIAN PRAFIERD SPOKEN: PARENT/GUARDIAN PRAFIERD PARENT/GUARDIAN PRAFIERD PARENT/GUARDIAN PRAFIERD PARENT/GUARDIAN PRAFIERD PARENT/GUARDIAN PRAFIERD SPOKEN: PARENT/GUARDIAN PRAFIERD PARENT/GUARDIAN PRAFIERD PARENT/GUARDIAN PRAFIERD SPOKEN: PARENT/GUARDIAN PRAFIERD PARENT/GUARDIAN PRAFIERD PARENT/GUARDIAN PRAFIERD SPOKEN: PARENT/GUARDIAN PRAFIERD PARENT/GUARDIAN PRAFIERD SPOKEN: PARENT/GUARDIAN PRAFIERD PARENT/GUARDIAN PRAFIERD SPOKEN: PARENT/GUARDIAN PRAFIERD PARENT/GUARDIAN PRAFIERD PARENT/GUARDIAN PRAFIERD SPOKEN: PARENT/GUARDIAN PRAFIERD PARENT/GUARDIAN PRAFIERD PARENT/GUARDIAN PRAFIERD SPOKEN: PARENT/GUARDIAN PRAFIERD PARENT/GUARDIAN PRAFIERD PARENT/GUARDIAN PRAFIERD PARENT/GUARDIAN PRAFIERD PARENT/GUARDIAN PRAFIERD PARENT/GUARDIAN PRAFIERD PARENT/GUARDIAN PA	ECIAL EDUCATION INFORMATION: Does t	he student receiv	e special educat	ion service	s?			
Arent/Guardian Information LAST NAME FIRST NAME FIRST NAME FIRST NAME PARENT/GUARDIAN PREFERRED LANGUAGE WRITTEN: SPOKEN: HOME PHONE NUMBER () O BE Completed by Enrollment Staff: Registration (check one): New Re-admit to NYC DOE (less than 1 year) Re-admit to NYC DOE (longer than 1 year) Student has current transcript Transcript request made to out-of New York City school Transfer Request (check one): Safety Medical Travel (HS only) Child Care (ES only) Sibling (ES only) Other (please specify): Notes: Notes make with a counselor and understand my options and the process for school placement. I understand the information and not proceed.	YES \Rightarrow If YES, do you have a copy of the Indi	ividualized Educatio	on Plan (IEP)? 🗖	Yes 🗖 No				
HOME ADDRESS (House number, Street name, Apt #, City, State, ZIP) HOME ADDRESS (House number, Street name, Apt #, City, State, ZIP) HOME PHONE NUMBER WORK/CELL PHONE NUMBER WORK/CELL PHONE NUMBER PARENT/GUARDIAN EMAIL Disposition: Disposition: Enrolled School Name Readmit to NYC DOE (less than 1 year) Code 10 Return (if Code 10 Return): Transerior request made to out-of—New York City school Transfer Request (check one): Alexandria (HS only) Child Care (ES only) Sibling (ES only) Other (please specify): Notes: Notes: RELATIONSHIP TO STUDENT PARENT/GUARDIAN PREFERED LANGUAGE WRITTEN: Spoken: PARENT/GUARDIAN EMAIL PARENT/G	NO							
HOME ADDRESS (House number, Street name, Apt #, City, State, ZIP) PARENT/GUARDIAN PREFERRED LANGUAGE WRITTEN: SPOKEN: HOME PHONE NUMBER () O BE Completed by Enrollment Staff: Registration (check one): New Re-admit to NYC DOE (loses than 1 year) Re-admit to NYC DOE (longer than 1 year): Student has current transcript Transcript request made to out-of New York City school Transfer Request (check one): Safety Medical Travel (HS only) Child Care (ES only) Sibilong (ES only) Other (please specify): Notes: Notes: PARENT/GUARDIAN PREFERRED LANGUAGE WRITTEN: SPOKEN: PARENT/GUARDIAN PREFERED LANGUAGE WRITTEN: SPOKEN: PARENT/GUARDIAN PREFERD LANGUAGE PARENT/GUARDIAN LANGUAGE PARENT/GUARDI	ent/Guardian Information							
WRITTEN: SPOKEN: HOME PHONE NUMBER () WORK/CELL PHONE NUMBER () PARENT/GUARDIAN EMAIL () PARENT/GUARDIAN () PARENT/GUAR	ST NAME	FIRST NAME			RE	LATION	ISHIP TO STUDEN	Т
WRITTEN: SPOKEN: HOME PHONE NUMBER ()								
HOME PHONE NUMBER () O Be Completed by Enrollment Staff: Registration (check one): Re-admit to NYC DOE (less than 1 year) Code 10 Return (if Code 10 Return): Transript request made to out-of-New York City school Transfer Request (check one): Safety Medical Travel (HS only) Child Care (ES only) Sibling (ES only) Other (please specify): Notes: May on the sum of the sum	OME ADDRESS (House number, Street nam	ne, Apt #, City, Sta	ate, ZIP)	PARENT/	GUARD	IAN PRI	EFERRED LANGUA	.GE
Disposition: Registration (check one): New Re-admit to NYC DOE (less than 1 year) Re-admit to NYC DOE (longer than 1 year) Code 10 Return (If Code 10 Return): Student has current transcript Transcript request made to out-of-New York City school School Name Transfer Request (check one): Safety Medical Travel (HS only) Child Care (ES only) Sibling (ES only) Sibling (ES only) Other (please specify): Notes: The provided School Name 1) 2) 3) 3) 3) 4 Trave met with a counselor and understand my options and the process for school placement. I understand the information and have received the information necessary to proceed.				WRITTEN	l:		SPOKEN:	
Registration (check one): New Re-admit to NYC DOE (less than 1 year) Re-admit to NYC DOE (longer than 1 year) Re-admit to NYC DOE (longer than 1 year) Enrolled School Name Student has current transcript Transcript request made to out-of - New York City school Safety Safety	OME PHONE NUMBER	WORK/CELL PH	HONE NUMBER	I.	PA	RENT/0	GUARDIAN EMAIL	
Registration (check one): New Re-admit to NYC DOE (less than 1 year) Re-admit to NYC DOE (longer than 1 year) Code 10 Return (lf Code 10 Return): Student has current transcript Transcript request made to out-of – New York City school Transfer Request (check one): Safety Medical Travel (HS only) Child Care (ES only) Sibling (ES only) Other (please specify): Notes: Disposition: Enrolled School Name 1) Enrolled School Name 2) 3) 4 School Name 1) 4 3) 1 4 3) And)	()						
Registration (check one): New Re-admit to NYC DOE (less than 1 year) Re-admit to NYC DOE (longer than 1 year) Code 10 Return (if Code 10 Return): Student has current transcript Transcript request made to out-of - New York City school Transfer Request (check one): Safety Medical Travel (HS only) Sibling (ES only) Other (please specify): Notes: Disposition: Enrolled School Name 1) School Name 2) 3) The process for school placement. I understand the information dhave received the information necessary to proceed.	Be Completed by Enrollment Sta	iff:						
New Re-admit to NYC DOE (less than 1 year) Re-admit to NYC DOE (longer than 1 year) Code 10 Return (if Code 10 Return): Student has current transcript Transcript request made to out-of - New York City school Transfer Request (check one): Safety Medical Travel (HS only) Sibling (ES only) Sibling (ES only) Other (please specify): Notes: Senrolled School Name Enrolled School Name 2) School Name 1) 2) 3) Matter (HS only) Sibling (ES only) Other (please specify): Notes:	· · ·							
□ Code 10 Return (If Code 10 Return): Enrolled School Name □ Student has current transcript Transcript request made to out-of – New York City school School Name Transfer Request (check one): Safety □ Medical 2) □ Travel (HS only) 3) □ Sibling (ES only) 3) □ Other (please specify): Notes: have met with a counselor and understand my options and the process for school placement. I understand the information have received the information necessary to proceed.	New Re-admit to NYC DOE (less than 1 year)							
Student has current transcript Transcript request made to out-of New York City school Transfer Request (check one): Safety Medical Travel (HS only) Sibling (ES only) Other (please specify): Notes: School Name 1) 2) 3) Weferred to: School Name 1) 2) Wheter the sequest (check one): School Name 1) A support the sequest (check one): Other (HS only) Sibling (ES only) Sibling (ES only) Other (please specify): Notes:		_	Enrolle	ed School I	Name			DBN
New York City school Transfer Request (check one): Safety Medical Travel (HS only) Sibling (ES only) Other (please specify): Notes: School Name 1) 2) 3) Have met with a counselor and understand my options and the process for school placement. I understand the information have received the information necessary to proceed.	☐ Student has current transcript	Referred to:						
□ Safety □ Medical □ Travel (HS only) □ Child Care (ES only) □ Sibling (ES only) □ Other (please specify): Notes: have met with a counselor and understand my options and the process for school placement. I understand the information have received the information necessary to proceed.	• •		Sc	hool Nam	e			DBN
☐ Medical ☐ Travel (HS only) ☐ Child Care (ES only) ☐ Sibling (ES only) ☐ Other (please specify): Notes: have met with a counselor and understand my options and the process for school placement. I understand the information have received the information necessary to proceed.		1)						
☐ Travel (HS only) ☐ Child Care (ES only) ☐ Sibling (ES only) ☐ Other (please specify): Notes: Thave met with a counselor and understand my options and the process for school placement. I understand the information have received the information necessary to proceed.	•							
☐ Child Care (ES only) ☐ Sibling (ES only) ☐ Other (please specify): Notes: have met with a counselor and understand my options and the process for school placement. I understand the information have received the information necessary to proceed.		2)						
Other (please specify): Notes: have met with a counselor and understand my options and the process for school placement. I understand the information have received the information necessary to proceed.	· · · · · · · · · · · · · · · · · · ·	2)						
Notes: nave met with a counselor and understand my options and the process for school placement. I understand the information have received the information necessary to proceed.		3)						
nave met with a counselor and understand my options and the process for school placement. I understand the information have received the information necessary to proceed.	Other (please specify):							
nd have received the information necessary to proceed.	rtes:							
ame/Signature of Parent/Guardian: Date:			d the process fo	r school pl	acemen	nt. I un	nderstand the inf	ormation presente
· · ·	me/Signature of Parent/Guardian:						Date:	
ame/Signature of Counselor:	-							

Additional Comments

To Be Completed by Enrollment Staff:

Documents Presented (Check all that apply)					
Proof of residence may be verified by any <u>two</u>	of the following:				
	y National Grid, Con Edison or the Long Island Power A	uthority: must be dated within the nast 60 days			
 Documentation or letter on letterhead from Authority, Human Resources Administration name and address; must be dated within th An original lease agreement, deed, or mortg 	n a federal, state or local government agency, including n (HRA), the Administration for Child Services (ACS), or e past 60 days gage statement for the residence	g the Internal Revenue Service (IRS), City Housing			
☐ A current property tax bill for the residence☐ A water bill for the residence; must be date					
	ployer such as a form submitted for tax withholding pu	rposes or payroll receipt; a letter on the employe			
letterhead will not be accepted; must be da					
☐ Parent Affidavit of Residency, if applicable,	as per CR A-101				
Proof of Birth: 🗖 Birth Certificate 🗖 Pass					
Transcript/Report Card	☐ Doctor's Letter	☐ Agency Letter			
Immunization Records	☐ Occurrence Report	☐ Notarized letter from employer			
IEP (Individualized Education Program)	☐ Safety Transfer Summary of Investigation	☐ 504 Accommodation Plan			
☐ Parent Affidavit	☐ Safety Transfer Intake Form	☐ Other (Specify:			
Non-Parent Custodian Affidavit	☐ Police Report/Docket #	Other (Specify:			
Affidavit of Emancipation	☐ Court Documentation	☐ Other (Specify:			
Transfer Form ("T-Form")	Notarized letter from child care provider	☐ Other (Specify:			
<u>School History</u> : Grade Level, Credits, Tes <u>Entitled Services</u> : Special Education Serv	et scores, Choice Process participation, Regents vices, ELL Services, etc.	-			
<u>School History</u> : Grade Level, Credits, Tes <u>Entitled Services</u> : Special Education Serv	et scores, Choice Process participation, Regents vices, ELL Services, etc. nent/Contact, Temporary Housing, Foster Care	-			
School History: Grade Level, Credits, Tes Entitled Services: Special Education Serv Special Circumstances: Agency Involvem	et scores, Choice Process participation, Regents vices, ELL Services, etc. nent/Contact, Temporary Housing, Foster Care	-			
School History: Grade Level, Credits, Tes Entitled Services: Special Education Serv Special Circumstances: Agency Involvem	et scores, Choice Process participation, Regents vices, ELL Services, etc. nent/Contact, Temporary Housing, Foster Care	-			
School History: Grade Level, Credits, Tes Entitled Services: Special Education Serv Special Circumstances: Agency Involvem	et scores, Choice Process participation, Regents vices, ELL Services, etc. nent/Contact, Temporary Housing, Foster Care	-			
School History: Grade Level, Credits, Tes Entitled Services: Special Education Serv Special Circumstances: Agency Involvem	et scores, Choice Process participation, Regents vices, ELL Services, etc. nent/Contact, Temporary Housing, Foster Care	-			
School History: Grade Level, Credits, Tes Entitled Services: Special Education Serv Special Circumstances: Agency Involvem	et scores, Choice Process participation, Regents vices, ELL Services, etc. nent/Contact, Temporary Housing, Foster Care	-			
School History: Grade Level, Credits, Tes Entitled Services: Special Education Serv Special Circumstances: Agency Involvem	et scores, Choice Process participation, Regents vices, ELL Services, etc. nent/Contact, Temporary Housing, Foster Care	-			
School History: Grade Level, Credits, Tes Entitled Services: Special Education Serv Special Circumstances: Agency Involvem	et scores, Choice Process participation, Regents vices, ELL Services, etc. nent/Contact, Temporary Housing, Foster Care	-			
School History: Grade Level, Credits, Tes Entitled Services: Special Education Serv Special Circumstances: Agency Involvem	et scores, Choice Process participation, Regents vices, ELL Services, etc. nent/Contact, Temporary Housing, Foster Care	-			
School History: Grade Level, Credits, Tes Entitled Services: Special Education Serv Special Circumstances: Agency Involvem	et scores, Choice Process participation, Regents vices, ELL Services, etc. nent/Contact, Temporary Housing, Foster Care	-			
School History: Grade Level, Credits, Tes Entitled Services: Special Education Serv Special Circumstances: Agency Involvem	et scores, Choice Process participation, Regents vices, ELL Services, etc. nent/Contact, Temporary Housing, Foster Care	-			
School History: Grade Level, Credits, Tes Entitled Services: Special Education Serv Special Circumstances: Agency Involvem	et scores, Choice Process participation, Regents vices, ELL Services, etc. nent/Contact, Temporary Housing, Foster Care	-			
School History: Grade Level, Credits, Tes Entitled Services: Special Education Serv Special Circumstances: Agency Involvem School Interests: Parent Preferences, Ac	et scores, Choice Process participation, Regents vices, ELL Services, etc. nent/Contact, Temporary Housing, Foster Care ademic Interests, Requests	-			
School History: Grade Level, Credits, Tes Entitled Services: Special Education Serv Special Circumstances: Agency Involvem School Interests: Parent Preferences, Ac	t scores, Choice Process participation, Regents rices, ELL Services, etc. nent/Contact, Temporary Housing, Foster Care, ademic Interests, Requests	, etc.			
School History: Grade Level, Credits, Tes Entitled Services: Special Education Serv Special Circumstances: Agency Involvem School Interests: Parent Preferences, Ac To be completed by Enrollment Counselo Indicate if any court order exists which	r, if applicable:	, etc.			
School History: Grade Level, Credits, Tes Entitled Services: Special Education Serv Special Circumstances: Agency Involvem School Interests: Parent Preferences, Ac To be completed by Enrollment Counselo Indicate if any court order exists which	t scores, Choice Process participation, Regents rices, ELL Services, etc. nent/Contact, Temporary Housing, Foster Care, ademic Interests, Requests	, etc.			
School History: Grade Level, Credits, Tes Entitled Services: Special Education Serv Special Circumstances: Agency Involvem School Interests: Parent Preferences, Ac To be completed by Enrollment Counselo Indicate if any court order exists which Name (first & last):	r, if applicable: n affects a parent's access to the student's reco	ords:			
School History: Grade Level, Credits, Tes Entitled Services: Special Education Serv Special Circumstances: Agency Involvem School Interests: Parent Preferences, Ac To be completed by Enrollment Counselo Indicate if any court order exists which Name (first & last):	r, if applicable:	ords:			
School History: Grade Level, Credits, Tes Entitled Services: Special Education Serv Special Circumstances: Agency Involvem School Interests: Parent Preferences, Ac To be completed by Enrollment Counselo Indicate if any court order exists which Name (first & last): STATUS OF DISPOSITION (Check one):	r, if applicable: n affects a parent's access to the student's reco	ords:			
Entitled Services: Special Education Services: Agency Involvem School Interests: Parent Preferences, Action Services: Pare	r, if applicable: n affects a parent's access to the student's reco	ords:			