WYANDANCH UNION FREE SCHOOL DISTRICT
CENTRAL REGISTRATION
STUDENT REGISTRATION FORM

[ ] New Registration
[ ] Re-registration
[ ] Foster Student

Student #_____
[ ] LFH [ ] MLK [ ] Out Of District
[ ] MLO [ ] High School

Date of Registration _____ Grade:_____ Male: ___ Female: ___ Spec/Education: ____ ESL/ELL____

Child's Legal Name: _____ Date of Birth_____
Last First Middle

Address: _____ Home Telephone_____

Father/Guardian: _____

Mother/Guardian: _____

Residence Type: ☐Own (Move in Date) _____

☐Rent Rental/Lease Expires:_____

Ethnicity: **Please circle one**
Is the respondent Hispanic/Latino (yes or no) Is the respondent from one or more of the following five racial groups: American Indian or Alaska Native; Asian; Black or African American; Native Hawaiian or Other Pacific Islander; White.

Previous Address: _____
Transferred from: _____ Telephone# _____
School Address
Is a second Language spoken at home? _____ What is the second language? _____

Date entered into U. S.: _____ Country of Origin: _____

Are there court papers prohibiting any adult from access to this child? _____
Who? _____ Evidence: _____
Other Sibling:
Name: _____ Grade: ____ Male: ____ Female: ____ Date of Birth_____
Name: _____ Grade: ____ Male: ____ Female: ____ Date of Birth: _____
Name: _____ Grade: ____ Male: ____ Female: ____ Date of Birth: _____
Name: _____ Grade: ____ Male: ____ Female: ____ Date of Birth: _____

Parent/Guardian: _____ Registrar: _____
Signature Signature

[ ] Nurse's Determination: Attach: Yes [ ] No [ ] Signature: _____ Date: _____
[ ] Sp. Ed Determination: Attach: Yes [ ] No [ ] Signature: _____ Date: _____
[ ] LEP Determination: Attach: Yes [ ] No [ ] Signature: _____ Date: _____
White: Att. Aide: [ ] Green Att. Aide: [ ] Yellow Nurse: [ ] Pink Spec. Ed: [ ] Golden: LEP Teacher_____