



# ISLAND TREES SCHOOL REGISTRATION FORM

**STUDENT INFORMATION** (To be completed by Registration Office)

**STUDENT #** \_\_\_\_\_ **YOG** \_\_\_\_\_

**New to Island Trees: Y N**    **Returning? Exit Date:** \_\_\_\_\_ **Transportation: Y N**

**SCHOOL:** \_\_\_\_\_ **START DATE:** \_\_\_\_\_

**TO BE COMPLETED BY PARENT:**    (Please Print)

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle: \_\_\_\_\_  
(As appears on Birth Certificate or other documentary evidence of age)

Birth Date: \_\_\_\_\_ Place of Birth : \_\_\_\_\_ (City, State, Country)

Gender: \_\_\_M \_\_\_F

Date of Entry to USA: \_\_\_\_\_

Ethnicity: \_\_\_\_\_

First Year in NY State Schools: \_\_\_\_\_

First Year in 9<sup>th</sup> Grade (if applicable): \_\_\_\_\_

Primary Language at Home: \_\_\_\_\_

Need ESL: \_\_\_Y \_\_\_N

Address: \_\_\_\_\_ Home Telephone: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Previous Home Address: \_\_\_\_\_

Previous School Name: \_\_\_\_\_ Previous School Grade: \_\_\_\_\_

Previous School Address: \_\_\_\_\_

Previous School Telephone: \_\_\_\_\_

Was enrolled in: \_\_\_Spec. Ed. \_\_\_ESL \_\_\_Remed. Rdg. \_\_\_Remed Math \_\_\_Other

Language Taken \_\_\_\_\_ Instrument \_\_\_\_\_

**PARENT INFORMATION**

**Natural** Father's Name: \_\_\_\_\_

**Natural** Mother's Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

Mother's Maiden Name: \_\_\_\_\_

*If Applicable:*

Step Father's Name: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_

Step Mother's Name: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_

Guardian's Name: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_

**PLEASE TURN OVER AND COMPLETE**

**EMERGENCY & MEDICAL INFORMATION**

Physician: \_\_\_\_\_ Telephone: \_\_\_\_\_

Is there a "Medical Alert" on file: \_\_\_Y \_\_\_N? Any Physical Disability? \_\_\_\_\_YES \_\_\_\_\_NO

Nature of Alert: \_\_\_\_\_

Current medications: \_\_\_\_\_

Is there a "Do Not Release" on file: \_\_\_Y \_\_\_N

(Refers to a court order prohibiting release of a child to a parent not living at home.)

**IN CASE OF EMERGENCY, IF PARENTS CANNOT BE REACHED, WHO MAY WE CALL?**

Emergency contact: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Emergency contact: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

**GUARDIAN INFORMATION**

Legal Guardianship--Please check one: \_\_\_Mother & Father \_\_\_Mother \_\_\_Father \_\_\_Other (Specify) \_\_\_\_\_

Foster Child: \_\_\_Y \_\_\_N (Requires copy of DSS2999 Form) District of Origin: \_\_\_\_\_

**PLEASE READ BELOW AND SIGN AT THE TIME OF REGISTRATION APPOINTMENT**

I CERTIFY THAT THE INFORMATION WHICH I HAVE SUPPLIED IS TRUE TO MY KNOWLEDGE AND BELIEF. I UNDERSTAND THAT MY REGISTRATION OF A CHILD WHO IS **NOT** A BONA FIDE RESIDENT OF THE ISLAND TREES SCHOOL DISTRICT WILL RESULT IN TUITION CHARGES FOR ALL SERVICES RENDERED. I FURTHER AGREE TO PROMPTLY NOTIFY THE SCHOOL REGARDING ALL CHANGES IN THE RESIDENCY OF THE CUSTODY OF THIS CHILD. I ALSO UNDERSTAND THAT ALL NATURAL PARENTS AND COURT-APPOINTED GUARDIANS HAVE EQUAL ACCESS TO TEACHERS, RECORDS, AND THE STUDENT UNLESS LEGAL RESTRICTIONS ARE NOW OR LATER PLACED ON FILE WITH THE ISLAND TREES SCHOOL DISTRICT.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

For Office Use:

**Identification** - LICENSE \_\_\_\_\_ CAR REG. \_\_\_\_\_ INSURANCE CARD \_\_\_\_\_ BC \_\_\_\_\_ BAPT \_\_\_\_\_ PASS \_\_\_\_\_ OTHER \_\_\_\_\_

**Residency** - MTG \_\_\_\_\_ DEED \_\_\_\_\_ TAXES \_\_\_\_\_ HOME INS \_\_\_\_\_ UTILITIES \_\_\_\_\_

PHONE \_\_\_\_\_ CABLE \_\_\_\_\_ OTHER \_\_\_\_\_

HOMEOWNER STATEMENT \_\_\_\_\_ PROOF \_\_\_\_\_ RENTER'S AFFIDAVIT \_\_\_\_\_

**Student** - BC \_\_\_\_\_ BAPT \_\_\_\_\_ PASS \_\_\_\_\_ REP CARD/SCH \_\_\_\_\_ IMMUNIZATIONS \_\_\_\_\_ CUSTODY PAPERS \_\_\_\_\_

LANGUAGE SURVEY \_\_\_\_\_ INTERNET PERMISSION \_\_\_\_\_ RACIAL/ETHNICITY FORM \_\_\_\_\_

IEP's \_\_\_\_\_ HS Records Request \_\_\_\_\_ OTHER \_\_\_\_\_