

# ISLAND TREES SCHOOL REGISTRATION FORM



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

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

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

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

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

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle: \_\_\_\_\_  
(As appears on Birth Certificate)

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

Gender: \_\_\_M\_\_\_F    US Citizen: \_\_\_Y\_\_\_N    Country: \_\_\_\_\_

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 \_\_\_\_\_ Instrument

**PARENT INFORMATION**

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

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

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

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

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

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

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

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

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? \_\_\_Y\_\_\_N?

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, WHOM 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 \_\_\_\_\_

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

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

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

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

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