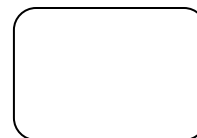


SCHOOL YEAR: _____

COLD SPRING HARBOR CENTRAL SCHOOL DISTRICT

(Please Print) **STUDENT REGISTRATION** (Please Print)



HOUSEHOLD INFORMATION :

Register Date _____

SURNAME: _____

HOUSEHOLD ADDRESS

MAILING ADDRESS (If Different)

(Street) _____

(Street) _____

(Apartment) _____

(Apartment) _____ (P.O.Box) _____

(City) _____ (State) _____ (Zip) _____

(City) _____ (State) _____ (Zip) _____

TELEPHONE _____

HOUSEHOLD LANGUAGE: _____

(CENSUS INFORMATION): No. of Adults _____ No. of Seniors _____

STUDENT INFORMATION:

NAME _____ DATE OF BIRTH ____/____/____
(Last) (First) (Middle)

ENTERING GRADE _____ ENTERING SCHOOL _____ GENDER _____

(DATE ENTERED 9TH Gr. _____) ATTENDED BEFORE: (Y) (N) DOMINANT LANGUAGE _____

BIRTH CITY/STATE _____ BIRTH COUNTRY _____ DATE OF ENTRY TO USA _____

FORMER SCHOOL _____ TELEPHONE _____

ADDRESS _____
(Street) (City) (State) (Zip)

Does your child have an IEP _____ and/or does he/she receive special services? _____ CIN# _____

PARENTS/GUARDIANS WITH WHOM STUDENT RESIDES:

Relationship to Child _____

NAME: _____

ADDRESS: _____

TELEPHONE: Home _____ PRIORITY (1) (2) (3)

Cell _____ (1) (2) (3)

Business _____ (1) (2) (3)

E-MAIL: _____

Relationship to Child _____

NAME: _____

ADDRESS: _____

TELEPHONE: Home _____ PRIORITY (1) (2) (3)

Cell _____ (1) (2) (3)

Business _____ (1) (2) (3)

E-MAIL: _____

PARENTS/GUARDIANS WITH WHOM STUDENT DOES NOT RESIDE:

Relationship to Child _____ NAME: _____ ADDRESS: _____ _____ TELEPHONE: Home _____ PRIORITY (1) (2) (3) Cell _____ (1) (2) (3) Business _____ (1) (2) (3) E-MAIL: _____	Relationship to Child _____ NAME: _____ ADDRESS: _____ _____ TELEPHONE: Home _____ PRIORITY (1) (2) (3) Cell _____ (1) (2) (3) Business _____ (1) (2) (3) E-MAIL: _____
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- Are there any court papers preventing anyone from having access to this child? Please explain
☐ No ☐ Yes (must provide documents)
- If there are custody arrangements that the district need be aware of please provide documentation.

OTHER CHILDREN IN FAMILY:

Last Name, First, Mi	Birth Date (M/D/Y)	Sex(M/F)	Grade	Present School

I CERTIFY THAT THE INFORMATION PRESENTED ABOVE IS ACCURATE. I UNDERSTAND THAT ANY FALSIFICATION OR MISREPRESENTATION OF INFORMATION REGARDING RESIDENCY COULD BE GROUNDS FOR EXCLUSION OF THE STUDENT APPLICANT AND THAT, IN THE CASE OF FRAUD, THE DISTRICT WILL PURSUE LEGAL AND FINANCIAL RECOURSE TO RECOVER TUITION.

_____/_____/_____
Print Name Signature Date Relation to Student

FOR OFFICE USE ONLY – DO NOT WRITE BELOW

STUDENT ID # _____ GRADE _____ SCHOOL _____ START DATE _____
PROOF OF RESIDENCY _____ PROOF OF IMMUNIZATION/HEALTH HISTORY _____
DATE SCHOOL NOTIFIED _____ (BY) _____
DATE ENTERED IN DATA BASE _____ (BY) _____