

Sayville Public Schools
STUDENT REGISTRATION FORM

1st New Child Enrolling

Last Name _____ First Name _____ MI _____ Sex _____
DOB _____

Primary Language if other than English _____ Ethnicity _____

Date of 1st Polio _____ If High School Student, Date Entered 9th Grade _____

Current Grade _____

Does the above child have any medical conditions? Yes _____ No _____

Please specify condition(s): _____

Has your child participated in any of the following programs:

Program	Yes/No (Circle One)		Date(s)
Remedial Reading	Yes	No	
Remedial Math	Yes	No	
Speech Improvements	Yes	No	
ENL Services	Yes	No	
Special Education Services as per an IEP. If Yes, please specify the services	Yes	No	Date(s)
	Services		

Has your child ever been Retained or Recommended for Retention? Yes ___ No ___ Date _____

Please list previous schools your child has attended:

Schools _____ **Dates:** _____
 _____ **Dates:** _____
 _____ **Dates:** _____

Other important information regarding this child that you want the School District to be aware of:

***List names of all siblings below that are ALREADY ATTENDING Sayville Public Schools. Proceed to PAGE 4 upon completion of registration information for each NEW child.**

1.Name _____ School Attending _____
 2.Name _____ School Attending _____
 3.Name _____ School Attending _____

Office Use Only:

Student ID Number Assigned: _____ Verification: Birth Cert _____ Passport _____
 Is student a "sole custody" student? (circle one) Yes No If yes, paperwork provided? Yes No

Registration Date: _____ Enrollment Date: _____ School Att: _____ Grade _____

STUDENT INFORMATION

2nd New Child Enrolling

Last Name _____ First Name _____ MI _____ Sex _____

DOB _____

Primary Language if other than English _____ Ethnicity _____

Date of 1st Polio _____ If High School Student, Date Entered 9th Grade _____

Current Grade _____

Does the above child have any medical conditions? Yes _____ No _____

Please specify condition(s): _____

Has your child participated in any of the following programs:

Program	Yes/No (Circle One)		Date(s)
Remedial Reading	Yes	No	
Remedial Math	Yes	No	
Speech Improvements	Yes	No	
LEP Services	Yes	No	
Special Education Services as per an IEP. If Yes, please specify the services	Yes	No	Date(s)
	Services		

Has your child ever been Retained or Recommended for Retention? Yes ___ No ___ Date _____

Please list previous schools your child has attended:

Schools	Dates:
	Dates:
	Dates:

Other important information regarding this child that you want the School District to be aware of:

Office Use Only:

Student ID Number Assigned: _____ **Verification:** Birth Cert _____ Passport _____

Is student a "sole custody" student? (circle one) Yes No **If yes, paperwork provided?** Yes No

Registration Date: _____ **Enrollment Date:** _____ **School Att:** _____ **Grade** _____

HOUSEHOLD/NON HOUSEHOLD/EMERGENCY CONTACT INFORMATION

Section I. Present Household -- List below all parent/guardian family members presently living in the household with the children.

Last Name	First Name	Relationship	Cell Phone #	Work Phone #
			()	()
			()	()

Household Address Information Where Children Reside:	
House Number and Street	
City and Zip Code	
**How long have you lived at this address?	
Home Phone Number (not cell numbers listed above)	
Is the above household phone number listed or unlisted (circle)	Listed Unlisted
If the phone number is unlisted, would you be willing to share it with the PTA ? (circle one)	Yes No
Household E-mail address:	

A ** If you have not lived at the above address for the last 36 months, please provide your former address(s):

From: _____ To: _____

From: _____ To: _____

From: _____ To: _____

Parents—Student(s) Status (place an “x” next to each appropriate situation that describes your family status:

➤ Parents:

➤ Married ___ Divorced* ___ Separated* ___ Sole Custody* ___ Other*(Please describe) _____

*Requires legal documentation for custody verification. Has this been done? Yes ___ No _____

Section 2 Non-Household Information (Complete only if applicable):

Name(s) of parent/guardian living outside the home:		
1. Legal Parent Name		
Home Phone: ()	Cell Phone: ()	Work Phone: ()
Legal Parent Address:		
Does this parent have custodial rights? (circle one)	Yes No	Requires Mailings: Yes No
(2) Legal Parent Name	Home Phone:	
Circle One: Living Deceased	Cell Phone: ()	Work Phone: ()
Legal Parent Address:		
Does this parent have custodial rights? (circle one)	Yes No	Requires Mailings: Yes No

Section 3. Emergency Contact Information: In the event of an emergency, a person who does not live in your household must be designated to be called if the school is unable to contact you. Contact information listed below will be used for all the children in your family.

Contact Person for all children in family	Relationship to Student	Phone Number	
1.		()	
2.		()	
3.		()	
Physician's Name:		()	
*List below any child needing separate emergency contact information other than that listed above			
Child's Name	Contact Person(s)	Relationship to Student	Phone Number
			()

Under the penalties of perjury, I declare and affirm that the statements made in the foregoing registration application, including accompanying statements, are true and correct. I understand that any false statements made by me in this application, or otherwise, constitute sufficient cause for rejection of this registration.

Signature of Parent/Guardian: _____ **Date:** _____