

CHESTER UNION FREE SCHOOL DISTRICT
CPSE REGISTRATION

DATE: _____

STUDENT'S NAME: _____

DATE OF BIRTH: _____

ADDRESS: _____ PLACE OF BIRTH: _____

_____ SEX: _____

HOME PHONE #: _____
(IF UNLISTED, PLEASE SPECIFY)

Name	Birth Date	Education	Occupation	Business Address	Business Phone	Cell Phone
FATHER:						
MOTHER:						
STEP-PARENT:						
FOSTER PARENT:						

FAMILY COMPOSITION: BROTHERS and SISTERS

Name	Date of Birth	Grade in School	Residence, if away from home	Remarks

- Please provide proof of residency: i.e. driver's license; utility bill; insurance policy; current mail to your home. If you need to make copies, they can be done in our office.
- Please include a copy of the child's birth certificate, physical exam, and immunizations.