



Fire Island Union Free School District

P.O. Box 428, Ocean Beach, NY 11770-0428

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www.fi.k12.ny.us

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Woodhull Elementary School Application for Admission

Student's Full Name _____

Applying for grade _____ For school year _____ Current grade _____

Proof of age (birth certificate or passport) must be submitted at the time of registration. An up-to-date immunization record and health appraisal by a NYS licensed health practitioner, and a certificate of dental health must also be submitted.

Student Information

Prefers to be called _____ Sex: Male _____ Female _____

Birthdate _____ Birthplace _____

Citizenship _____ Language Spoken at Home _____

Home Phone _____ Email _____

Public School District in which student resides _____

Current School Name _____

Address _____

Previous Schools and Years Attended _____

Has your child ever had an IEP, received academic support or skipped or repeated a grade? If yes, please explain.

Has your child ever been withdrawn from school, suspended, expelled, or placed on probation? If yes, please explain.

Has your child ever had any type of standardized educational evaluation, intelligence test or neuro-psychological evaluation? If yes, please explain.

Family Information

Father's Name

Last

First

Middle

If guardian, state relationship

Stepfather's Name (if applicable)

Home Address

Mailing Address (if different from home)

Home Phone Cell Phone

Fax Email

Occupation Employer

Work Phone

Mother's Name

Last

First

Middle

If guardian, state relationship

Stepmother's Name (if applicable)

Home
Address

Mailing Address (if different from home)

Home Phone Cell Phone

Fax Email

Occupation Employer

Work Phone

Other Children/Siblings of Applicant:

Name

Date of Birth

Current School

Relationship

Parents Comments

What are your educational goals for your child and how do you see the Fire Island School District as a contributor in reaching those goals?

Are there any experiences that have influenced your child of which we should be aware?

Has your child experienced any social, emotional, academic or disciplinary difficulties of which we should be aware?

Please feel free to attach another sheet if you have additional thoughts or comments.

I swear that the information entered by me on this form is true, and I understand that any false statement may result in the denial of non-resident student admission or immediate removal of the non-resident student(s) from the District, and that submitting this form to the District with any statement known to be false may be punishable as a Misdemeanor.

Signature of _____
Parent/Guardian _____ Date _____

Signature of _____
Parent/Guardian _____ Date _____