

Wainscott CSD Registration Form

47 Main Street / P O Box 79
Wainscott, NY 11975-0079
631.537.1080 (telephone) / 631.537.6977 (fax)

HOUSEHOLD:

Family Surname: _____ **Registration Date:** _____

Residence Type: Lease Own Rent Trailer Park/Condo Unit Unknown

Household Address:

Street: _____
Apartment: _____
City: _____
State: _____
Zip: _____
Cross Street: _____

Mailing Address is the same as household address: Yes No

Mailing Address:

Street: _____ P.O. Box: _____
Apartment: _____
City: _____
State: _____
Zip: _____

Household Phone: () - _____ Unlisted

Other: **Household Language:** _____

Proof of Residency:

House Deed Lease Mortgage Statement Property Tax Bill Utility Bill
 Real Estate Statement Other: _____

Person Completing this form: _____ **Signature:** _____

Wainscott CSD Registration Form

47 Main Street / P O Box 79
Wainscott, NY 11975-0079
631.537.1080 (telephone) / 631.537.6977 (fax)

STUDENT:

Student Information:

First Name: _____
Middle Name: _____
Last Name: _____

Date of Birth: ____/____/____

Gender: Female Male

Multiple Birth: Single Twin
 Triplets Other:

Dominant Language: _____

Birth Country: _____

School: High School
 Middle School
 Elementary

Is your child currently receiving Special Education Services: Yes No

Proof of Birth: Birth Certificate Baptismal Certificate Passport/Alien Card Certificate of Vital Records

Comments: _____

Is the student Hispanic, Latino, or of Spanish origin? Hispanic, Latino, or of Spanish origin means a person of Cuban, Mexican, Puerto Rican, Central or South American, or other Spanish culture or origin, regardless of race.

Yes, Hispanic No, not Hispanic

Select one or more races from the following five racial groups. Check (v) all groups that apply to your child; check (v) at least ONE box

AMERICAN INDIAN OR ALASKA NATIVE
 NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER
 ASIAN BLACK WHITE

Date entered USA: _____

Birth City, State: _____

Grade Entering: _____

Is your child currently receiving any other services: ESL Other:
 Speech Reading

Wainscott CSD Registration Form

47 Main Street / P O Box 79
 Wainscott, NY 11975-0079
 631.537.1080 (telephone) / 631.537.6977 (fax)

PARENT/GUARDIAN:

FATHER

First Name: _____
 Last Name: _____
 Date of Birth: _____
 Resides in Household: Yes No
 Household Head: Yes No
 Mailing Address is the same as household address: Yes No
 Street: _____
 Apt./P.O. Box: _____
 City/State: _____
 Zip: _____

Phone: _____
 Call 1st _____ Home Cell Work
 Call 2nd _____ Home Cell Work
 Call 3rd _____ Home Cell Work

Email Addresses:
 Home/Work: _____

Students Name/Relationship	Custodial Parent	Correspondence
_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

MOTHER

First Name: _____
 Last Name: _____
 Date of Birth: _____
 Resides in Household: Yes No
 Household Head: Yes No
 Mailing Address is the same as household address: Yes No
 Street: _____
 Apt./P.O. Box: _____
 City/State: _____
 Zip: _____

Phone: _____
 Call 1st _____ Home Cell Work
 Call 2nd _____ Home Cell Work
 Call 3rd _____ Home Cell Work

Home/Work: _____

Students Name/ Relationship	Custodial Parent	Correspondence
_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Are there any special custody instructions: Yes No

If yes please explain: _____
 Please attach any necessary legal custody paperwork, if there is no legal paperwork, both mother and father will be given equal access to child. This includes dismissal/pick up or academic information.

47 Main Street / P O Box 79
 Wainscott, NY 11975-0079
 631.537.1080 (telephone) / 631.537.6977 (fax)

GUARDIAN (other than Father or Mother):

First Name: _____

Last Name: _____

Date of Birth: _____

Gender: Female Male

Resides in Household: Yes No

Household Head: Yes No

Mailing Address is the same as household address: Yes No

Street: _____

Apt. / P.O. Box: _____

City/State: _____

Zip: _____

Phone: _____ Home Cell Work

Call 2nd _____ Home Cell Work

Call 3rd _____ Home Cell Work

Custodial Parent Yes No Correspondence Yes No

Students Name _____

Relationship to Student _____

Other Children in the Household:

Name _____

Relationship to Student _____

Date of birth _____

Sex _____

Others in the Household:

Name _____

Relationship to Student _____

47 Main Street / P O Box 79
Wainscott, NY 11975-0079
631.537.1080 (telephone) / 631.537.6977 (fax)

Emergency Contact # 1 Information:

Full Name: _____

Gender: Female Male _____

Resides in Household: Yes No _____

Phone:
Call 1st _____ Home Cell Work
Call 2nd _____ Home Cell Work
Call 3 _____ Home Cell Work

Students Name Relationship to Student

Emergency Contact # 2 Information:

Full Name: _____

Gender: Female Male _____

Resides in Household: Yes No _____

Phone:
Call 1st _____ Home Cell Work
Call 2nd _____ Home Cell Work
Call 3rd _____ Home Cell Work

Students Name Relationship to Student

47 Main Street / P O Box 79
Wainscott, NY 11975-0079
631.537.1080 (telephone) / 631.537.6977 (fax)

Emergency Contact #3 Information:

Full Name: _____

Gender: Female Male

Resides in Household: Yes No

Phone: _____

Call 1st Home Cell Work

Call 2nd Home Cell Work

Call 3rd Home Cell Work

Students Name Relationship to Student

Emergency Contact # 4 Information:

Full Name: _____

Gender: Female Male

Resides in Household: Yes No

Phone: _____

Call 1st Home Cell Work

Call 2nd Home Cell Work

Call 3rd Home Cell Work

Students Name Relationship to Student