

Dr. Laura P. Feijóo  
Superintendent of Schools

City School District of New Rochelle  
515 North Avenue  
New Rochelle, NY 10801



## City School District of New Rochelle Registration Information Sheet

*Only students whose parents or legal guardians reside in New Rochelle may be registered in our district schools. Students attend school according to their area of residence, except in the case of Magnet students. Proofs of residence must be provided in accordance with district policy. If the person registering the child is not listed as the parent, he/she must provide a copy of the following at time of registration: Court Order naming "Parent by Adoption", "Legal Guardian", "Order of Custody", or "District Custodial Affidavit" and "Parent Affidavit".*

**PLEASE PRINT**

**Registration Date:** \_\_\_\_\_

Student's Name: \_\_\_\_\_

LAST NAME

FIRST NAME

MIDDLE NAME

Date of Birth: \_\_\_\_\_

Male  Female

Student's First Language: \_\_\_\_\_

Did child attend school outside of U.S.: \_\_\_\_\_ If yes, which grades? \_\_\_\_\_

Language (s) spoken at home: \_\_\_\_\_

Student's current grade: \_\_\_\_\_ Last grade attended: \_\_\_\_\_ When? \_\_\_\_\_

Name and address of last school: \_\_\_\_\_

Telephone number of last school: \_\_\_\_\_ Name of contact person: \_\_\_\_\_

Has this child attended school in New Rochelle: When? \_\_\_\_\_ Where? \_\_\_\_\_

Home address: \_\_\_\_\_

STREET

APT#

ZIP CODE

Home telephone number: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Birthplace: \_\_\_\_\_

Home address (if different) \_\_\_\_\_

STREET

CITY

STATE/ZIP CODE

EMAIL address: \_\_\_\_\_

Telephone Numbers Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_



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Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Marital Status (please check one) **Single**  **Married**  **Separated**  **Divorced**  **Widowed**

Parent/Guardian Name: \_\_\_\_\_ Birthplace: \_\_\_\_\_

Home address (if different) \_\_\_\_\_

STREET

CITY

STATE/ZIP CODE

EMAIL address: \_\_\_\_\_

Telephone Numbers Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Marital Status (please check one) **Single**  **Married**  **Separated**  **Divorced**  **Widowed**

List below the <b>FULL</b> names of all other children in the family				
Name	Age	Date of Birth	School Child attends	Grade

Previous Home Address: \_\_\_\_\_

STREET

CITY

STATE/ZIP CODE

Previous Home Telephone Number: \_\_\_\_\_

Does your child have an I.E.P. from Special Education? **YES**  **NO**

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***Please list where and when your child has attended school:***

Grade	School Attended/Location	Date of Attendance
Preschool		
Kindergarten		
Grade 1		
Grade 2		
Grade 3		
Grade 4		
Grade 5		
Grade 6		
Grade 7		
Grade 8		
Grade 9		
Grade 10		
Grade 11		
Grade 12		

Support Services	Check all that apply	Grade (s) in which Services were Received
English as a Second Language		
Bilingual Class		
Reading Help/Lab		
Resource Room		
Speech/Language		
PT/OT		
Special Education		
Counseling/Social Skills Group		
Repeated Grade		
Recommended to Repeat Grade		
Other (explain)		

**Optional – Please check the appropriate box (es)**

Father	Mother
American Indian	
Asian/Pacific Islander	
Hispanic or Latino	
Black	
White	



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Child's Name: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

Telephone Number(s) Home: \_\_\_\_\_ Work: \_\_\_\_\_

Cell: \_\_\_\_\_

Email: \_\_\_\_\_

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Print Name of Parent or Guardian Completing Form

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Signature of Parent or Guardian Completing Form

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Date

FOR OFFICE USE ONLY: Birth Cert. \_\_\_\_\_ Res. \_\_\_\_\_ Medical Forms \_\_\_\_\_ Lang. Survey \_\_\_\_\_ Transportation \_\_\_\_\_

ID# \_\_\_\_\_ CENSUS # \_\_\_\_\_

Magnet YES  NO  Special Education YES  NO  ENL

Verified by: \_\_\_\_\_