

Deposit Central Schools REGISTRATION FORM

OFFICE USE ONLY	STUDENT ID# _____	BUILDING _____	SCHOOL YEAR _____
GRADE ASSIGNED _____	ENTRY DATE _____	COUNSELOR _____	HRM _____

STUDENT NAME _____ (First) _____ (Middle) _____ (Last) _____ (Jr / Sr / III / IV) _____ (M / F) SEX: _____

BIRTH DATE _____ (MM/DD/YYYY) BIRTHPLACE _____ (City, State, Country)

US CITIZEN _____ If no, indicate citizenship _____ County _____
(Yes / No)

EVER ATTEND NYS SCHOOL _____ If yes, Indicate School / Yr _____ SSN(Optional) _____

OFFICE USE ONLY

DOB INFO

IMMIGRATI PAPERS

SCHOOL RECORD RELEASE

TENTATIVE RESIDENT FORM

NON RESIDENT FORM

DUPLICATE MAILINGS

CUSTODY FORM

ETHNIC ORIGIN (Please Check One) <input type="checkbox"/> 1 American Indian <input type="checkbox"/> 4 Hispanic <input type="checkbox"/> 2 African American <input type="checkbox"/> 5 Caucasian <input type="checkbox"/> 3 Asian <input type="checkbox"/> 6 Nat. Hawaiian/Pac Is	Primary Language _____	LAST SCHOOL ATTENDED NAME _____ ADDRESS _____ DATE LEFT _____ LAST GRADE COMPLETED _____
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STUDENT RESIDENTIAL ADDRESS APARTMENT _____ COMPLEX _____ STREET _____ CITY _____ STATE _____ ZIPCODE _____ HOME PHONE _____	STUDENT MAILING ADDRESS (only if different than Residential) APARTMENT _____ COMPLEX _____ STREET _____ CITY _____ STATE _____ ZIPCODE _____ HOME PHONE _____
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G U A R D I A N NAME _____ (Sal) _____ (First) _____ (Middle) _____ (Last) _____ (Generation)

APARTMENT _____ COMPLEX _____

STREET _____

CITY _____ STATE _____ ZIP _____

HOME PH _____ WORK PH _____ WORK PH 2 _____

MOBILE PH _____ EMAIL _____ OTHER PH _____

PLACE & ADDRESS OF EMPLOYMENT _____

Receive Mailings
YES / NO

Relationship to student

Living with Student
YES / NO

G U A R D I A N NAME _____ (Sal) _____ (First) _____ (Middle) _____ (Last) _____ (Generation)

APARTMENT _____ COMPLEX _____

STREET _____

CITY _____ STATE _____ ZIP _____

HOME PH _____ WORK PH _____ WORK PH 2 _____

MOBILE PH _____ PAGER _____ OTHER PH _____

PLACE & ADDRESS OF EMPLOYMENT _____

Receive Mailings
YES / NO

Relationship to student

Living with Student
YES / NO

If Student is not living with both parents, who has legal custody? _____

If there are any custody restrictions of which we should be made aware, please specify.

(PLEASE TURN OVER AND COMPLETE BACK OF FORM)

