


Registration Data Sheet – Wappingers Central School District

(Shaded areas to be completed by WCSD Personnel)

Student's Last Name			First	Middle	Student ID #	Yr. Grad.	Building	HR	Entry Date	N O R R	
Student Address		Street		Apt. No.	City		State		Zip Code		
Mailing Address (If Different)		Street		Apt. No.	City		State		Zip Code		
Sex	Evidence of Birth			Handicapped	Special Education	Gifted	ESL	1 st Polio Date	Home Phone #		
	Bir. Cert. <input type="checkbox"/>	Bap. Cert. <input type="checkbox"/>	Other <input type="checkbox"/>								
Birth Date	Country		State/Province		City	Zip	Date Entered US				
School Name			Grade	Teacher			Date Student First Entered 9 th Grade				
Mother's (Guardian) Name			Mother's (Guardian) Address – If different than child's				Emer. Phone #				
Mother's (Guardian) Occupation			Place Of Employment			Work Phone # 1		Cell Phone #			
Father's (Guardian 2) Name			Father's (Guardian 2) Address – If different than child's				Emer. Phone #				
Father's (Guardian 2) Occupation			Place Of Employment			Work Phone # 1		Cell Phone #			
Child Living with Natural Parents			Language of Home			Language of Student					
Custody Clarified	LTD Release		O T H E R <input type="checkbox"/> Social Service Form DSS – 2999 Completed; Agency _____ <input type="checkbox"/> Foster Child Report Completed <input type="checkbox"/> Designation for Homeless Child Form Completed <input type="checkbox"/> Migrant <input type="checkbox"/> Exchange Student					Ethnicity: <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic			
Verification Of Legal Residency								Race: <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Asian <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Native Hawaiian/Pacific Islander			
Schools Previously Attended		City, State, Country			Dates		Grade (s)	LEP Program			
								<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			
								<input type="checkbox"/> Yes <input type="checkbox"/> No			
Previously Retained <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, what grade(s)?	If Previously Attended School in Wappingers District, What School and When Attended?									
Comments											
ANY MEDICAL CONDITION OF WHICH THE HEALTH OFFICE SHOULD BE AWARE <input type="checkbox"/> YES <input type="checkbox"/> NO											
OTHER CHILDREN											
Name	Birth Date	School	Grade	Name	Birth Date	School	Grade				
Signatures: I am aware that a general screening of all new students is required in N.Y.S.											
Administrator											Parent
Counselor											Student
REV. 09/10											