



**Registration Data Sheet**

*(Shaded areas to be completed by WCSD Personnel)*

|   |   |  |   |   |                                      |  |            |               |       |
|---|---|--|---|---|--------------------------------------|--|------------|---------------|-------|
| Student's Last Name<br>First Middle   |   |  | Student ID #  | Yr. Grad.   | Building                             | HR   | Entry Date | New OR Repeat |       |
| Student's Street Address<br>House No. (Lot)   |   | Apt. No.   | City  | State   | Zip Code                             |  |            |               |       |
| Mailing Address (If Different)  |   | Street   | Apt. No.  | City  | State                                | Zip Code   |            |               |       |
| Gender  | Proof of Age (Birth Certificate or Other) |  | Home Phone #  |   |                                      |  |            |               |       |
| Birth Date  | Country                                   | City   |   | State/Province  | Zip                                  |  |            |               |       |
| School Name   |   | Grade  | Teacher   |   | Date Student First Entered 9th Grade |  |            |               |       |
| Mother's (Guardian) Name  |   |  | Mother's (Guardian) Address – If different than child   |   |                                      | Emergency Phone #  |            |               |       |
| Mother's (Guardian) Occupation  |   | Place Of Employment  |   | Work Phone # 1  |                                      | Cell Phone #   |            |               |       |
| Mother's/Guardian Email Address:  |   |  |   |   |                                      |  |            |               |       |
| Father's (Guardian 2) Name  |   |  | Father's (Guardian 2) Address – If different than child   |   |                                      | Emergency Phone #  |            |               |       |
| Father's (Guardian 2) Occupation  |   | Place Of Employment  |   | Work Phone # 1  |                                      | Cell Phone #   |            |               |       |
| Father's/Guardian Email Address:  |   |  |   |   |                                      |  |            |               |       |
| Child Living with Biological/Natural Parents<br><input type="checkbox"/> YES <input type="checkbox"/> NO                  |   | Language Spoken at Home  |   |   | Language of Student                  |  |            |               |       |
| Custody Clarified   | Limited Release                           | <b>O T H E R</b><br><input type="checkbox"/> Social Service Form DSS – 2999 Completed; Agency _____<br><input type="checkbox"/> Foster Child Report Completed<br><input type="checkbox"/> Designation for Homeless Child Form Completed<br><input type="checkbox"/> Migrant<br><input type="checkbox"/> Exchange Student |   |   |                                      | <b>Ethnicity:</b><br><input type="checkbox"/> Hispanic<br><input type="checkbox"/> Non-Hispanic  |            |               |       |
| What Are Your Living Arrangements?  |   | Verification of Legal Residency  |   |   |                                      | <b>Race:</b><br><input type="checkbox"/> White<br><input type="checkbox"/> Black<br><input type="checkbox"/> Asian<br><input type="checkbox"/> American Indian/Alaskan Native<br><input type="checkbox"/> Native Hawaiian/Pacific Islander |            |               |       |
| Schools Previously Attended   |   |  | City, State, Country  |   |                                      | Dates  |            | Grade (s)     |       |
|   |   |  |   |   |                                      |  |            |               |       |
|   |   |  |   |   |                                      |  |            |               |       |
| Previously Retained<br><input type="checkbox"/> Yes <input type="checkbox"/> No   | If yes, what grade(s)?                    |  | If Previously Attended School in Wappingers Central School 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 |   |  |   |   |                                      |  |            |               |       |
| <b>OTHER CHILDREN</b>   |   |  |   |   |                                      |  |            |               |       |
| Name  |   | Birth Date   | School  | Grade   | Name                                 |  | Birth Date | School        | Grade |
| Signatures:   |   |  |   |   |                                      |  |            |               |       |
| _____<br>Administrator  |   |  |   | _____<br>Parent (Signature indicates you are aware that a general screening of all new students is required in NYS) |                                      |  |            |               |       |
| _____<br>Counselor<br>REV.17/18   |   |  |   | _____<br>Student  |                                      |  |            |               |       |