

EAST RAMAPO CENTRAL SCHOOL DISTRICT
New Registrant Form

HOUSEHOLD INFORMATION WITH WHOM CHILD RESIDES

Surname _____ Date _____

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

Address _____ Apartment _____

City _____ State _____ Zip _____

Mailing Address, if different _____

Household Phone _____

Proof of Residency: Lease Mortgage Statement Sworn/Unsworn Residency Statement
 Other Documentation

PUPIL REGISTRATION INFORMATION

Name _____
(Last) (First) (Middle)

Date of Birth _____ Gender Female Male
(Month, Day, Year)

Race: American Indian/Alaskan Native Asian Black Pacific Islander White (choose all that apply)
 Other _____

Pre K Experience Universal Pre-K Private Provider None

Has pupil ever attended school in this district Yes No

If yes, which school _____

Proof of Age: Birth Certificate Baptismal Certificate or other religious certificate (Bris Certificate), including a certified transcript of a foreign birth certificate or record of baptism
 Passport, including foreign passport Other Documentation

Does your child have a current I.E.P. Yes No

PREVIOUS SCHOOL INFORMATION:

Name: _____

Address: _____

Previous Grade Level: _____ Report Card/Transcript Attached? Yes No

PARENT/GUARDIAN INFORMATION

Name _____ Gender Female Male
(Last) (First)

Relationship to Student _____

Phone1 _____ Phone Type: Cell Work

Phone2 _____ Phone Type: Cell Work

Phone3 _____ Phone Type: Cell Work

**** Please Provide:** Email address _____

Name _____ Gender Female Male
(Last) (First)

Relationship to Student _____

Phone1 _____ Phone Type: Cell Work

Phone2 _____ Phone Type: Cell Work

Phone3 _____ Phone Type: Cell Work

**** Please Provide:** Email address _____

**** Email address will be used as an additional form of correspondence**

Only to be filled out if the Parent/Guardian lives **outside** the household

Name _____ Gender Female Male
(Last) (First)

Relationship to Student _____ Correspondence Yes No

Address _____
(City) (State) (Zip)

Phone1 _____ Phone Type Cell Home Work Contact Priority__

Phone2 _____ Phone Type Cell Home Work Contact Priority__

EMERGENCY CONTACT INFORMATION

Name _____ Gender Female Male
(Last) (First)

Phone _____ Phone Type: Cell Home Office

Relationship to Student _____

Name _____ Gender Female Male
(Last) (First)

Phone _____ Phone Type: Cell Home Office

Relationship to Student _____