

Chestnut Ridge School District

OFFICE USE ONLY

NEW STUDENT REGISTRATION FORM

IMPORTANT:

BIRTH or HOSPITAL CERTIFICATE is required for all new registration
Bring last REPORT CARD from previous school to registration (if applies)

CERTIFICATE was copied Y or N (circle)
If no, parent was informed of requirement Y or N (circle)
Document used to verify birth date: _____
REPORT CARD from former school copied Y or N (circle)

CRSD ID # _____
State Entry Date _____
District Entry Date _____
School Entry Date _____
Grade 9 Entry Date _____
Initial US Entry _____
Homeroom Teacher _____
Homeroom Number _____
PA Secure ID # _____
Registrar's Initials _____

LEGAL NAME OF CHILD _____
(Last) (First) (Middle) (Suffix)

HOME PHONE _____ TOWNSHIP/BOROUGH _____

PHYSICAL /911 ADDRESS _____
(no PO Box)

MAILING ADDRESS
(X in box if same as physical address)

CURRENT GRADE LEVEL _____ EXPECTED YEAR OF GRADUATION _____

DATE OF BIRTH _____ REPEATING SAME GRADE
AS LAST YEAR Y or N (circle one)

GENDER M or F (circle one)

ETHNICITY: **choose one** HISPANIC NON-HISPANIC

RACE: **choose all that apply**
 WHITE AMERICAN INDIAN (maintains tribal affiliation) OR ALASKAN NATIVE
 ASIAN BLACK OR AFRICAN AMERICAN
 NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER

WHERE WAS STUDENT BORN?
CITY _____ STATE _____ COUNTRY _____

Is student a FOREIGN EXCHANGE STUDENT? Y or N (circle one) Is student a MIGRANT? Y or N (circle one)

Is student an IMMIGRANT? Y or N (circle one) If so, how many years has student been in US schools? _____

What PRIMARY LANGUAGE is spoken in the home? _____ (leave blank if English)

Has student ever moved from the state? If yes, what was **last** date that your student moved into PA? _____

-----**FAMILY DATA**-----

STUDENT LIVES WITH BOTH PARENTS FATHER MOTHER
 FOSTER PARENT(S) LEGAL GUARDIAN/SECTION 1302 GUARDIAN

(CONTINUED ON BACK)

PARENTS
MARITAL
STATUS

MARRIED

SEPARATED

DIVORCED

NEVER MARRIED

ONE PARENT DECEASED (name of deceased) _____

BIOLOGICAL FATHER'S NAME _____ (Last, First)

FATHER'S ADDRESS _____ HOME PHONE # _____

_____ CELL PHONE # _____

FATHER'S EMPLOYER _____ WORK PHONE # _____

DAY PHONE # _____

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BIOLOGICAL MOTHER'S NAME \_\_\_\_\_ (Last, First)

MOTHER'S ADDRESS \_\_\_\_\_ HOME PHONE # \_\_\_\_\_

\_\_\_\_\_ CELL PHONE # \_\_\_\_\_

MOTHER'S EMPLOYER \_\_\_\_\_ WORK PHONE # \_\_\_\_\_

DAY PHONE # \_\_\_\_\_

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(FOR LEGAL GUARDIAN, SECTION 1302 GUARDIAN OR FOSTER ONLY) STUDENT IS PRE-ADOPTIVE

GUARDIAN'S NAME _____ (Last, First)

GUARDIAN'S ADDRESS _____ HOME PHONE # _____

_____ CELL PHONE # _____

GUARDIAN'S EMPLOYER _____ WORK PHONE # _____

DAY PHONE # _____

LEGAL GUARDIAN

SECTION 1302

FOSTER

_____ DAY PHONE # _____

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LIST ALL SIBLINGS

MALE/FEMALE

BIRTHDATE

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

-----PREVIOUS SCHOOL DATA-----

HAS STUDENT EVER BEEN ENROLLED IN CHESTNUT RIDGE SCHOOL DISTRICT? YES or NO (circle one)

FORMER SCHOOL NAME \_\_\_\_\_

COMPLETE ADDRESS \_\_\_\_\_

\_\_\_\_\_ PHONE # (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Did student attend kindergarten? Y or N If yes, what is the date the student entered Kindergarten? \_\_\_\_\_

If student is in High School, what is the **first** date the student entered grade 9? \_\_\_\_\_

Does your child receive any special services, such as speech, hearing, vision, or learning support? Y or N (circle one)

If yes, please state which service(s) \_\_\_\_\_

Revised 02/13 Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_