

**Highland Falls-Fort Montgomery CSD
Student Information and Registration Form**

Date: _____

Student Information

Name: _____
Last First Middle

Date of Birth: _____ Gender: _____

Present grade level or grade level just completed: _____

Name of previous school: _____

Address of previous school: _____

Phone # _____ Fax #: _____

Student Ethnicity (per NYSED)

- American Indian/Alaska Native Asian/Pacific Islander Hispanic Black White

Has the student previously attended HFFM CSD? _____ If yes, list dates attended: _____

Primary language spoken at home: _____ Secondary language spoken: _____

Has student received additional educational services: _____ If yes, please indicate:

- Special education Speech therapy Physical therapy Occupational therapy
 Language support Other _____

Sibling Information-please include first and last names:

Name:	M/F	Date of Birth	Current School and Grade

Student's Residence Address: Street: _____ City _____ State _____ Zip _____	Student's mailing address, if different Street: _____ City _____ State _____ Zip _____
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Student's home telephone number: (Please include area code) _____

Custody Information

With whom is the student living? (check all that apply)

- Mother Father Stepmother Stepfather

Grandparent Guardian Other-Please explain _____

Custody Information (Continued)

If the parents are divorced, who has custody? _____ In addition to student's residence, to whom should mail be sent? _____

Are there any safety concerns the District should be aware of? _____ If yes, please explain: _____

Parent/Guardian Information

Mother's Name:			Father's Name:		
Mother's Residence Address (if different than student's) Street			Father's Residence Address (if different than student's) Street		
City	State	Zip	City	State	Zip
Home Telephone		Cellular	Home Telephone		Cellular
Mother's Email Address:			Father's Email Address:		
Mother's Employer Name:			Father's Employer Name:		
Employer Telephone:			Employer Telephone:		
Occupation:			Occupation:		
Step-parent/Guardian Information: Name: _____ Address: _____ City: _____ Telephone: _____			Step-parent/Guardian Information: Name: _____ Address: _____ City: _____ Telephone: _____		

Parent/Guardian Signature: _____

Date: _____

Office Use Only:

Intake by: _____	Student # _____	Proof of Residency: <u>Attach 3</u>
Health Registration complete? _____	Immunization record: _____	
Request for Release of Records: _____	Medical Alert? _____	Legal Alert? _____
Residency Questionnaire _____	Military Affiliation Questionnaire _____	