

Student's ID#: _____



Student Registration Form

Date: _____ School _____

Student's Name: _____
(First) (Middle) (Last) (Generation)

Gender: (circle one) M F Date of Birth: _____ / _____ / _____ Current Grade: _____

Ethnic Code:

1. Is the student (or if you are the student- Are you) Hispanic/Latino? (choose only one)

_____ **No, not Hispanic or Latino**

_____ **Yes, Hispanic or Latino** (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race)

2. What is the student's (or if you are the student - what is your) race? (choose one or more)

_____ **American Indian or Alaska Native** (A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.)

_____ **Asian** (A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.)

_____ **Black or African American** (A person having origins in any of the black racial groups of Africa.)

_____ **Native Hawaiian or Other Pacific Islander** (A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.)

_____ **White** (A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.)

Country of Birth (If not the United States): _____

Last School Attended: _____

Student Lives With (circle one): Mother & Father Mother Only Father Only Guardian Foster Parent

Parent/Guardian Name(s): _____ Relationship: _____

Mailing Address: Apt. Number: _____ P. O. Box: _____

Lot (Street Number): _____ Street Name: _____

City: _____ State: _____ Zip Code: _____

Mother Place of Employment: _____ Work Phone #: _____ Ext.: _____

Father Place of Employment: _____ Work Phone #: _____ Ext.: _____

Mother E-mail: _____ Father E-mail: _____

Mother Cell Phone: _____ Father Cell Phone: _____

Home Phone: _____ Home Phone: _____

Please list student name/school for all children you currently have enrolled in Suffolk Public Schools:

Emergency Contact Information (Other than Immediate Family):

Name: _____

Work Phone #: _____ Ext.: _____

Cell Phone: _____

Pager: _____

Home Phone: _____

Other Contact Information (Other than Immediate Family):

Name: _____

Work Phone #: _____ Ext.: _____

Cell Phone: _____

Pager: _____

Home Phone: _____

Medical:

Physician: _____

Phone #: _____ Ext.: _____

Preferred Hospital: _____

Medical Alerts (Allergies/Med Conditions): 1. _____ 2. _____

3. _____ 4. _____ 5. _____

Date of Last Physical _____

Is This Student Considered To Be: Homeless _____ Migrant _____ Immigrant _____ Refugee _____

Handbook: I choose to receive a paper copy of the student handbook.

I choose to receive an electronic copy of the student handbook.

I certify this information to be true: _____

Parent's/Guardian's Signature

Date

For School Use Only

Student Identification #: _____

Birth Certificate #: _____ Physical Completed & Submitted: Yes No

Special Services Survey Completed and Submitted: Yes No Media Opt Out Form: Yes No

Internet Permission: Yes No Family Life Opt Out: Yes No

Immunizations: Diphtheria _____ Polio _____ Mumps _____ Measles _____ Rubella _____ Tdap _____

Entry Code: _____ Homeroom Assignment: _____
