

Roslyn Public Schools Registration / Census Form Student Identification

Date: _____ School: _____ Grade: _____

_____/_____/_____/_____/_____
 Student's Last Name First Name Middle Name Gender DOB

_____/_____/_____/_____/_____
 Address Town Zip Code Home Phone Cell Phone

Type of Dwelling: One Family ____ Two Family ____ Other ____

Date of Occupancy: _____ Ethnicity: _____ Race: _____

Country of Birth if outside of the USA: _____

If not born in the USA – How many years have been attending school in the US? _____

Dominant language in home if other than English: _____ Has the child received ELL services? _____

Has your child ever been presented to a Committee on Special Education or received any form of Special Education?

Yes _____ NO _____

Family at present address who are OVER 18 years of age:

Name	Relationship to student	Phone- home & cell	Occupation

Child lives with: _____

(If Guardian or Foster Parent, Proof of Guardianship attached): _____

Family at present address who are UNDER 18 years of age

Name	Gender	DOB	Grade entering

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Previous HOME address (including state and zip code)

Name of previous school	Last grade	Phone number/Fax number
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Previous school address (including state and zip code)

Persons *Other than Parent* to call in an emergency:

Name: _____ Relationship: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Name: _____ Relationship: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Unaccompanied Youth /Emergency Contact Information:

If the student is an unaccompanied youth, give the address and telephone number of any living natural parent/guardians in the spaces below:

Name: _____ Relationship: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Name: _____ Relationship: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

THE INFORMATION GIVEN ABOVE IS CORRECT AND TO THE BEST OF MY KNOWLEDGE AND I CERTIFY THAT I AM A BONA FIDE RESIDENT OF THE ROSLYN PUBLIC SCHOOL DISTRICT OR AM ELIGIBLE AS A NON-RESIDENT UNDER REGULATIONS EXPLAINED BY THE DISTRICTS REPRESENTATIVE.

Signature of Parent/Guardian _____

Date: _____