Scarsdale Public Schools

Student Registration Form

(One Form per Student)

1. Student Information:

Last Name	First Name	Middle Name	Suffix	Nickname
Gender (M/F) Date of Birth (MM/DD/YYYY)	Cell Phone Number	E-mail Address		
Native Language	Birth Country	Birth State	Birth City	
Is Student an Immigrant?*				
Yes No	Schools (MANDRAAAA)			
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* Immigrant students were a) born outside the U.S., b as permanent resident aliens.	ut were subsequently adopted by A	Americans, or b) born to parents who nov	reside in the U.S. on a	a work visa, as resident aliens, or
Student Racial and Ethnic Identification (req	uired for reporting to the State and	Federal Education Departments):		
Hispanic/Latino: Is the student Hispanic, Lat Yes No (i.e. a person of Cuban, Mexica		American, or other Spanish culture or orig	in, regardless of race)	
Races: Select one (1) or more races from the	following five racial groups that	at best describe the student. Check	at least ONE box.	
American Indian or Alaska Native: A per affiliation or community attachment.	0 0 1			nerica), and who maintains tribal
Asian: A person having origins in any of the of Korea, Malaysia, Pakistan, the Philippine Island		utheast Asia, or the Indian subcontinent i	ncluding for example C	ambodia, China, India, Japan,
Black or African American: A person have	ving origins in any of the black racia	al groups of Africa.		
Native Hawaiian or other Pacific Island	er: A person having origins in any	of the original peoples of Hawaii, Guam	Samoa, or other Pacifi	ic Islands.
White: A person having origins in any of the o	original peoples of Europe, including	g Spain, North Africa, or the Middle East		
FOR OFFICE USE: Birth Verification:	Birth Certificate Passport			
2. Enrollment Information:				0
School Registering at Start Date (MM.	/DD/YYYY) Grade Name of	Last School Attended School	Phone Number La	Grade Completed? Ist Grade Yes No
Previously Attended Scarsdale Schools:	Edgewood Fox Meadow	Greenacres Heathcote	Quaker Ridge Mic	ddle School High School
3. Emergency Contacts: Do not incluchild's emer	ide yourself! In case of emergency gency contacts be called. Please li	(including early dismissals), you will be c	ontacted first. Only if yo	ou cannot be reached, will your
Last Name	First Name	Gender Home Phone	Work Phone	Cell PhoneF
Contact 1				
Contact 2				
Contact 3				
Doctor				
Dentist				
Signature of Parent or Guardian		_	Date (MM/DD/YYY)	<u></u>