

# Student Registration Form - Norwich City Schools

*To Be Completed By District Office Only*

B.C. Verified _____	Date Entered _____	Building # _____	Grade _____	ID# _____	Family # _____	Custody Papers _____
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Student Name \_\_\_\_\_ Male/Female \_\_\_\_\_ Date of Birth \_\_\_\_\_  
(Last) (First) (Middle)

Mailing Address \_\_\_\_\_ Home Phone \_\_\_\_\_

Residence Address (if different from mailing) \_\_\_\_\_

Email Address \_\_\_\_\_ Cell Phone \_\_\_\_\_

Name & Address of last school attended \_\_\_\_\_

Has student previously attended Norwich City Schools? Y \_\_\_\_\_ N \_\_\_\_\_ If yes, last grade level \_\_\_\_\_ Years attended \_\_\_\_\_ to \_\_\_\_\_  
 Date first entered a New York State school \_\_\_\_\_ Has student been classified by a committee on Special Education? Y \_\_\_\_\_ N \_\_\_\_\_

<p><b>Living with</b> (check all that apply)</p> <p>____ Mother      ____ Father</p> <p>____ Legal Guardian    ____ Independent</p> <p>____ Stepparent</p> <p>____ Relative _____</p> <p>____ Other _____</p>	<p><b>Siblings in the same household</b> (First &amp; Last Names)</p> <p>_____ DOB _____ Grade _____</p> <p>_____ DOB _____ Grade _____</p> <p>_____ DOB _____ Grade _____</p> <p>_____ DOB _____ Grade _____</p> <p>_____ DOB _____ Grade _____</p>
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Language other than English spoken at Home? \_\_\_\_\_

Are there any orders of protection? \_\_\_Y\_\_\_N\_\_\_ Are there custody provisions? \_\_\_Y\_\_\_N\_\_\_  
**(Legal documentation must be provided!)**

Is student in foster care?      Entry Date: \_\_\_\_\_      Exit Date: \_\_\_\_\_

Father's Name _____ Address _____ Home Phone _____ Work Phone _____ Employer's Name _____	Mother's Name _____ Address _____ Home Phone _____ Work Phone _____ Employer's Name _____
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Guardian's Name \_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
(if Applicable)

Name of person with whom student resides \_\_\_\_\_

Is the parent or guardian a member of the Armed Forces and on active duty? \_\_\_\_\_ YES \_\_\_\_\_ NO  
\_\_\_\_ Mother      \_\_\_\_ Father      \_\_\_\_ Guardian      Entry Date: \_\_\_\_\_      Exit Date: \_\_\_\_\_

Emergency Contact person \_\_\_\_\_ Daytime phone \_\_\_\_\_

Address \_\_\_\_\_ Relationship to Student \_\_\_\_\_

\_\_\_\_\_  
**(Signature of Parent or Legal Guardian)**

\_\_\_\_\_  
**(Relationship to Student)**

\_\_\_\_\_  
**(Today's date)**