



HARBORFIELDS CENTRAL SCHOOL DISTRICT

STUDENT REGISTRATION FORM

**THIS A LEGAL DOCUMENT.
STUDENT ADMISSION WILL NOT BE APPROVED UNTIL ALL
REQUIRED DOCUMENTATION IS RECEIVED.**

School Use Only	
School/Grade	_____
Student Began School	____-____-____
Proof of DOB	_____
Proof of Res	_____
1 st Polio Immun :	____-____-____
Student ID#:	_____
Counselor	_____

PLEASE TYPE OR PRINT USING BLACK/BLUE INK ONLY.

★ PLEASE COMPLETE BOTH SIDES OF THIS FORM.

HOUSEHOLD LAST NAME _____

STUDENT INFORMATION

STUDENT'S NAME _____ SEX _____
Last First Middle Initial

ADDRESS _____
Street Town State Zip Code

PHONE NUMBER AT THIS ADDRESS _____ - _____ - _____

DATE OF BIRTH ____-____-____ PLACE OF BIRTH _____
CITY, STATE (IF USA) OR CITY, COUNTRY (IF NOT USA)

DATE ENTERED USA (IF APPLICABLE) _____ - _____ - _____

STUDENT IS LIVING WITH (circle all that apply): MOTHER / FATHER / OTHER (please specify other): _____

PRIOR EDUCATIONAL EXPERIENCE

LAST SCHOOL ATTENDED (Name and Address) _____

HAS STUDENT EVER ATTENDED HARBORFIELDS SCHOOLS? _____ WHEN? _____

HAS STUDENT RECEIVED SPECIAL SERVICES FROM HARBORFIELDS PRIOR TO KINDERGARTEN? YES NO

IF YES, WHEN & WHERE? _____
DATE NAME OF SCHOOL/AGENCY

IS STUDENT CURRENTLY RECEIVING SPECIAL EDUCATION SERVICES OR HAS AN IEP _____

IS STUDENT CURRENTLY RECEIVING ENGLISH AS SECOND LANGUAGE (ESL) SERVICES YES NO

WHEN DID STUDENT FIRST ENTER GRADE 9 (if applicable) _____
SCHOOL YEAR STATE

HAS STUDENT ATTENDED A HARBORFIELDS UNIVERSAL PRE-K SCHOOL? _____ WHEN & WHERE _____

REQUIRED STUDENT RECORDS

ORIGINAL BIRTH CERTIFICATE OR PASSPORT

ORIGINAL IMMUNIZATION RECORD

REPORT CARD

TRANSCRIPT

IEP (IF STUDENT RECEIVED SERVICES IN PRIOR DISTRICT)

COURSE SCHEDULE

I CERTIFY THAT THE INFORMATION PRESENTED ABOVE IS ACCURATE. I UNDERSTAND THAT ANY FALSIFICATION OR MISREPRESENTATION OF INFORMATION REGARDING RESIDENCY COULD BE GROUNDS FOR EXCLUSION OF THE STUDENT APPLICANT AND THAT, IN THE CASE OF FRAUD, THE DISTRICT WILL PURSUE LEGAL AND FINANCIAL RECOURSE TO RECOVER TUITION.

Print name _____ Signature _____ Date _____ Relation to Student _____

ETHNICITY INFORMATION

STUDENT'S NAME: _____

PLEASE ANSWER QUESTIONS (1) AND (2).

For question (1), check the box that best describes your child. Check only ONE box.

1. Is the student Hispanic, Latino, or of Spanish origin? A person of Hispanic, Latino, or Spanish origin means a person of Cuban, Mexican, Puerto Rican, Central or South American, or other Spanish culture or origin, regardless of race.

- Hispanic/Latino**
- Not Hispanic/Latino**

2. Check one or more races from the following five racial groups. For this question, please check **ALL** groups that apply to your child.

- 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 cultural identification through tribal affiliation or community recognition.
- ASIAN:** A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER:** A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- BLACK or AFRICAN AMERICAN:** A person having origins in any of the Black racial groups of Africa.
- WHITE:** A person having origins in any of the original peoples of Europe, North Africa, or the Middle East