

# Lindenhurst School District Registration Form

## Personal Data Sheet

ALL SHADED INFORMATION ON THIS FORM MUST BE COMPLETELY FILLED OUT

HOME SCHOOL \_\_\_\_\_ DATE ENTERED \_\_\_\_\_ GRADE \_\_\_\_\_ RM \_\_\_\_\_

Name: \_\_\_\_\_ Sex:  M  F Date of Birth: \_\_\_\_\_  
(First) (Middle) (Last)

Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Residence Type:  Own  Rent  Lease Move in Date: \_\_\_\_\_

Is the student Hispanic, Latino, or of Spanish origin? Hispanic, Latino, or of Spanish origin means a person of Cuban, Mexican, Puerto Rican, Central or South American, or other Spanish culture or origin, regardless of race.  Yes, Hispanic  No, not Hispanic

SELECT ONE OR MORE RACES FROM THE FOLLOWING RACIAL GROUPS. Check all groups that apply to your child; check at least ONE box

AMERICAN INDIAN OR ALASKA NATIVE  NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER  
 ASIAN  BLACK  WHITE

### OPTIONAL

Birth Place: \_\_\_\_\_ US Entry Date: \_\_\_\_\_ Household Language: \_\_\_\_\_  
(City) (State) (Country) (if born outside US)

All Lindenhurst students between 5 and 21 years of age have the right to a free public education. Children may not be refused admission because of race, color, creed or national origin, sex, citizenship, handicapping condition or immigration status.

School Last Attended: \_\_\_\_\_ Date Left: \_\_\_\_\_

DID STUDENT PREVIOUSLY ATTEND LINDENHURST SCHOOLS:  Yes  No YEAR(S): \_\_\_\_\_

IS YOUR CHILD RECEIVING ANY SPECIAL EDUCATION SERVICES?  Yes  No

If yes, please complete the Prior Special Education Services Form and submit with required information.

### Family Data

Student Residing With:  Both Parents  Mother only  Father only  Foster Parents  Guardians  
 Step-Parent  Other: \_\_\_\_\_

Custodial Papers:  Yes  No (PLEASE CHECK "√" ONE – IF STUDENT DOES NOT RESIDE WITH BOTH PARENTS. PLEASE COMPLETE CUSTODIAL STIPULATION FORM)

Natural Father's Name: \_\_\_\_\_  
(FIRST) (LAST)

Educational Level:  None  High School  Bachelor  Master

Natural Mother's Name: \_\_\_\_\_  
(FIRST) (LAST)

Educational Level:  None  High School  Bachelor  Master

**Please Complete Additional Family members (if applicable)**

Guardians

Step Parent

Foster Parents

Other

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
(FIRST) (LAST)

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
(FIRST) (LAST)

**Guardian's Work Phone Number:** \_\_\_\_\_ **Cell:** \_\_\_\_\_

Brother's/Sister's Name(s)	Date of Birth	Age	School/Grade Level
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Number of Adults Residing In Home** \_\_\_\_\_ **Number of Seniors** \_\_\_\_\_

**ADDITIONAL CONTACT INFORMATION**

**Cell Phone#** \_\_\_\_\_ **Cell Phone#** \_\_\_\_\_

**Mother's Work Phone#** \_\_\_\_\_ **Father's Work Phone#** \_\_\_\_\_

**Emergency Contact:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_ **Tel.** \_\_\_\_\_  
(First) (Last) **Cell** \_\_\_\_\_

**Emergency Contact:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_ **Tel.** \_\_\_\_\_  
(First) (Last) **Cell** \_\_\_\_\_

Under PENALTIES OF PERJURY, the statements contained in this application are true. I understand that the statements in this application are subject to verification by the School District and that false statements could subject me to transportation and/or tuition charges where applicable. I also understand that it is my responsibility to notify the school of any changes or circumstances affecting this application. ANY FALSE STATEMENT MADE IN THIS APPLICATION IS ALSO PUNISHABLE AS A CLASS A MISDEMEANOR PURSUANT TO SECTION 210.45 OF THE PENAL LAW.

**Date** \_\_\_\_\_ **Date** \_\_\_\_\_

**PRINT Name of Mother/Guardian** \_\_\_\_\_ **PRINT Name of Father/Guardian** \_\_\_\_\_

**Signature** \_\_\_\_\_ **Signature** \_\_\_\_\_