

Non-District Residents Registration Information

This form must be completed by the home school

(please print).

Home School _____ Home School Phone _____

Home School Address _____

Student's Grade Level in June 2011 _____

Last Name of Student _____ First Name of Student _____

Guardian/Parent Name _____

Street _____ City _____ State _____ Zip Code _____

Guardian Home Phone _____ Guardian Work Phone _____

Is this student currently receiving Special Education Services? _____

If yes, the student's IEP or 504 plan MUST accompany this form.

Enrichment	Remedial	Course Title	Regents Credit	Local Credit

SIGNATURE OF GUIDANCE COUNSELOR OR PRINCIPAL



This student is properly immunized or has legal exemption. Students intending to enroll in 2011 program may not attend unless they have received vaccines for certain contagious diseases. The law contains few exceptions, and it has been clearly presented to all school principals in all local school districts.

SIGNATURE OF PRINCIPAL OR SCHOOL NURSE