

HEMPSTEAD UNION FREE SCHOOL DISTRICT STUDENT REGISTRATION FORM

Student's Legal Name: Last _____ First _____ Middle: _____

DOB (M/D/A): _____ Sex: M F Entering Grade: _____

House #, Street, Apt _____ City, State, Zip _____

Home Phone _____

Name(s) of parent(s)/guardian(s) student lives with _____

PARENT/GUARDIAN 1: In the Home Not in the Home

Name _____

First

Last

Biological Step Foster Adopted

Guardian (Relationship _____)

Address _____ City, ZIP _____

Home# _____ Cell# _____

Employer _____ Work# _____

Email _____

If not in the home, receive mailings Yes No

PARENT/GUARDIAN 2: In the Home Not in the Home

Name _____

First

Last

Biological Step Foster Adopted

Guardian (Relationship _____)

Address _____ City, ZIP _____

Home# _____ Cell# _____

Employer _____ Work# _____

Email _____

If not in the home, receive mailings Yes No

PERSONS (OTHER THAN PARENTS) TO BE CALLED IN CASE OF EMERGENCY:

Name: _____

Relationship: _____

Address: _____

Telephone: _____

Name: _____

Relationship: _____

Address: _____

Telephone: _____

PREVIOUS SCHOOL DISTRICT THAT STUDENT ATTENDED: _____

Date first entered the United States if applicable: ____/____/____

These questions are intended to address the McKinney-Vento Act, 42 U.S.C. § 11435. The answers to these questions will help determine the services that you or your child may be eligible to receive.

1. Is your current address a temporary living arrangement? Yes No

2. Is this temporary living arrangement due to loss of housing or economic hardship? Yes No

If you answered YES to the above questions, please complete the remainder of this form.

Where is the student presently living? (Check one box.)

In a motel/hotel

In a shelter

With another family or person because of loss of housing or as a result of economic hardship

Moving from place to place

In a place not designed for ordinary sleeping accommodations such as a car, park, bus, train, or campsite

Other temporary living situation (please describe): _____

SPECIAL EDUCATION: Has the student ever had any form of special Education? YES NO

Disability: SPEECH HEARING VISUAL LD ED OTHER (Specify) _____

Legal Parent/Guardian Signature _____

Office Use Only

School _____ Grade _____ Room _____

Proof of Age: Birth Certificate Record of Baptism Passport Other _____

Proof of Residency: Mortgage Lease Third-Party Statement Other _____

Registration Office Initial: _____ Print Name: _____ Date: _____

Date Entered into POWERSCHOOL: ____/____/____ Entered by: _____