

**EAST QUOGUE SCHOOL DISTRICT**  
Student Registration Form

Registration Date: \_\_\_\_\_

NAME: \_\_\_\_\_ GRADE \_\_\_\_\_  
 (Last) (First) (Middle)

D.O.B.: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Sex: M  F  Previous School: \_\_\_\_\_

Student's Home Address: \_\_\_\_\_  
 (Apt. #/ House #) (Street Name) (City) (State) (Zip)

Mailing Address (If different from above): \_\_\_\_\_

Home Phone \_\_\_\_\_ Primary Language spoken in the Home: \_\_\_\_\_

Place of Birth: \_\_\_\_\_  
 (City) (State) (Country)

Date of Initial Entry to US Schools: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Date of Initial Entry to NYS Schools: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
 grade \_\_\_\_\_

Is student currently receiving special education services?  YES  NO

Does student have an Individualized Education Plan (IEP)?  YES  NO

**PARENTAL INFORMATION**

Marital Status:  Married  Divorced  Separated  Single  Widowed

Father:	<input type="checkbox"/> Natural	<input type="checkbox"/> Step	<input type="checkbox"/> Foster	<input type="checkbox"/> Guardian
Name:				
	(Last)	(First)		
Address:				
Home Phone #:				
Cell Phone:				
Email:				
Occupation:				
Employer:				
Work Phone:				

Mother:	<input type="checkbox"/> Natural	<input type="checkbox"/> Step	<input type="checkbox"/> Foster	<input type="checkbox"/> Guardian
Name:				
	(Last)	(First)		
Address:				
Home Phone #:				
Cell Phone:				
Email:				
Occupation:				
Employer:				
Work Phone:				

Name of Parent who has legal custody: \_\_\_\_\_ Who does your child reside with? \_\_\_\_\_

Documentation Provided:  Divorce Decree  Court Order  Other

Do you require duplicate parent mailing?  YES  NO

Revised September 2013

**HOUSEHOLD INFORMATION**

**Others in the Home:** **D.O.B** **Grade** **School**

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**EMERGENCY CONTACT INFORMATION**

**Please list (at least) two LOCAL people who may be contacted to pick up your child if he/she is sick or in case of an emergency if parents/guardians cannot be reached in a timely manner.**

1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____

**FAMILY DOCTOR:** \_\_\_\_\_  
Name \_\_\_\_\_ Phone \_\_\_\_\_

**FAMILY DENTIST:** \_\_\_\_\_  
Name \_\_\_\_\_ Phone \_\_\_\_\_

**Parent / Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

TO WESTHAMPTON BEACH SCHOOL DISTRICT DATE \_\_\_\_\_

This student is eligible for admission to your school and for placement on your tuition bills to East Quogue Union Free School District.

Signature of Superintendent or Principal \_\_\_\_\_

## STUDENT RACIAL AND ETHNIC IDENTIFICATION

All 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.

Student Name:Last, First, Middle	Date of Birth:(Month/Day/Year):
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### DIRECTIONS TO PARENT/GUARDIAN

PLEASE ANSWER QUESTIONS (1) AND (2). PLEASE READ THEM BEFORE YOU RESPOND. [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?** 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

2. Select one or more race from the following five racial groups [for question (2) check (✓) all groups that apply to your child: check (✓) at least ONE box.]:

**AMERICAN INDIAN OR ALASKA NATIVE:** A person having origins in any of the original peoples of North America and who maintains cultural identification through tribal affiliation or community recognition. e.g. Cherokee, Mohawk, Inuit.

**ASIAN:** A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, and 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.

\_\_\_\_\_  
Signature of Parent/Guardian/Other

\_\_\_\_\_  
Date

Relationship to Student (please check one box below):

Mother       Father       Guardian       Other (Specify): \_\_\_\_\_

**EAST QUOGUE SCHOOL DISTRICT**  
**STUDENT RACIAL AND ETHNIC IDENTIFICATION**

To the Parent/Guardian: The East Quogue Union Free School District has adopted a policy which requires the collection and recording of the ethnic identity of the students in the East Quogue School District in accordance with the federal categories and definitions. The information will be used to:

- Report information to the State and Federal Education Departments.
- Plan educational programs and make sure that they are readily available to all students.
- Study the movement of students in different ethnic groups as they move from school to school.
- Analyze differences in academic performance, attendance and completion of school.

We need your help in order to accomplish this task. Please review the Racial/Ethnic definitions on the back of this page. Put a check (✓) in the box for the category or categories which best describe your child. The East Quogue Union Free School District understands the sensitive nature of this information and wishes to assure you that it will be kept secure and confidential in accordance with all State and Federal student privacy laws and regulations. If the information requested is not provided on this form on behalf of your child, a student records officer from the school or district will be required to identify the group to which the student appears to belong, identifies with, or is regarded in the community as belonging. Thank you for your cooperation.

**CONFIDENTIALITY PROCEDURES AND REGULATIONS**

To the Staff: This form will be filed in the student's permanent record as confidential information.

To the Parent: The information which you have provided on this form is confidential. It is protected by the Confidentiality Regulations cited below.

The Family Educational Rights and Privacy Act (1974) prohibits unauthorized access to student records and unauthorized release of any student record information identifiable by either student name or student identification number.

**PLEASE COMPLETE THE FORM ON THE REVERSE SIDE**