

**QUOGUE UNION FREE SCHOOL DISTRICT
REGISTRATION APPLICATION**

Date: _____

Child's Last Name, First Name, MI _____ Birth Date _____ Male _____ Female _____

Street Address: _____, City _____ State _____ Zip Code _____

Mailing Address: _____, City _____ State _____ Zip Code _____

Home Tele. #: _____ Cell Phone # _____

Parent/Guardian *email* address: _____

Status in Family:

_____ Lives with both parents

_____ Father

_____ Mother

_____ Step-Parents

_____ Guardian

_____ Other – Please explain: _____

Proof of Birth:

_____ Birth Certificate

_____ Baptismal

_____ Passport

Entering Grade: _____ Teacher: _____

Transferred from: School: _____

Address: _____

Prin./Supt.: _____

Records Recd.: _____

Other Children in the family:

	Name	Birth Date	School	Grade
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

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PARENTAL INFORMATION

Marital Status: (Circle One) Married Divorced Separated Single Widowed

Do you require duplicate parent mailing? (circle one) **YES** **NO**

If yes, list *Name* and *Mailing address* of parent: _____

Name of Parent who has legal custody: _____

Name of Parent with whom student resides: _____

Name of Father/Guardian _____

Date of Birth _____

Occupation _____ Education _____

Business Address _____ Business Phone # _____

Cell Phone: _____

Name of Mother/Guardian _____

Date of Birth _____ Birthplace _____ Religion _____

Occupation _____ Education _____

Business Address _____ Business Phone # _____

Cell Phone: _____

MEDICAL INFORMATION

Family Doctor: _____

Phone #: _____

Family Dentist: _____

Phone #: _____

Disabilities that the school should be aware of:

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EMERGENCY CONTACT INFORMATION

MAY Be Released To:

Name _____
Home phone # _____

Relationship: _____
Cell Phone #: _____

Name _____
Home phone # _____

Relationship: _____
Cell Phone #: _____

Name _____
Home phone # _____

Relationship: _____
Cell Phone #: _____

May NOT BE Released To:

Name _____
Home phone # _____

Relationship: _____
Cell Phone #: _____

Name _____
Home phone # _____

Relationship: _____
Cell Phone #: _____

Parent(s)/Guardian(s) signature: _____

Date: _____