

City School District of Albany
Albany, NY

For Central Registration Use Only

Registration Date: _____

Student ID #: _____ Grade: _____

School: _____ R/A: YES / NO IMMS: YES / NO

Registration Form | Change of School

From _____

Student's Name: _____
Last First Middle

Gender: Male Female

Date of Birth: ____ / ____ / ____

Child's Ethnic Group: African American Caucasian Hispanic
Asian Native American Other _____

Primary Language Spoken at Home: _____

Student's Home Phone Number: _____

Student's Home Address: _____
Number Street Zip Code

Is the student a US Citizen? ____ If No Type of Visa: ____ Country of Origin _____

Date of Entry into U.S.A. _____ Immigration Number: _____

With Whom Does the Student Live? Both Parents ____ Mother ____ Father ____ Guardian ____ Other ____

Parent/Guardian Name _____

Home Phone: _____ Relationship _____

Work Phone: _____

Cell Phone/Pager: _____

Home Address: _____
Number Street Zip Code

Parent/Guardian Name _____

Home Phone: _____ Relationship _____

Work Phone: _____

Cell Phone/Pager: _____

Home Address: _____
Number Street Zip Code

Emergency Contacts if unable to contact parents:

Name _____ Relationship _____

Home Phone: _____

Work Phone: _____ Cell Phone/Pager _____

Address: _____
Number Street Zip Code

Name _____ Relationship _____

Home Phone: _____

Work Phone: _____ Cell Phone/Pager _____

Address: _____
Number Street Zip Code

Has child received any: Remedial Reading? Yes No Remedial Math? Yes No

Has child received any Special Education Services? Yes No

Has child received ESL (English as a Second Language) services? Yes No

Has child repeated any grade level? Yes No If yes, which grade(s)? _____

Has your child attended an Albany City School District Schools? Yes No Grade _____
If Yes, which one? _____

Last School Attended: _____ Grade _____ Public Non-Public

Address _____ District _____

Please List Other Children In the family:

Name	Date of Birth	Grade	School

Parent or Guardian Signature: _____