

NAME _____ DATE OF REGISTRATION _____ STUDENT NUMBER _____

**CENTER MORICHES PUBLIC SCHOOL CUMULATIVE RECORD
STUDENT INFORMATION**

First Name	Last Name	Date of Birth	Birthplace <i>(if outside US, complete part B)</i>	Gender
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Ethnicity (Check one)

- White
 African American/Black
 Asian
 Pacific Islander
 American Indian/Alaskan Native
 * **Is the student Hispanic, Latino or of Spanish origin?**
 Yes No

PARENT/GUARDIAN INFORMATION

FATHER			MOTHER		
First Name _____ Last Name _____			First Name _____ Last Name _____		
() () ()			() () ()		
Home Phone _____ Work Phone _____ Cell Phone _____			Home Phone _____ Work Phone _____ Cell Phone _____		
Phone call priority (1-3): Home _____ Work _____ Cell _____			Phone call priority (1-3): Home _____ Work _____ Cell _____		
Home Address _____ City, State ZIP _____			Home Address _____ City, State ZIP _____		
Mailing Address (PO Box if applicable) _____ E-Mail Address _____			Mailing Address (PO Box if applicable) _____ E-Mail Address _____		
Relationship: <input type="checkbox"/> Father <input type="checkbox"/> Step-Father <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Other _____			Relationship: <input type="checkbox"/> Mother <input type="checkbox"/> Step-Mother <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Other _____		
Occupation: _____ Level of Education _____			Occupation: _____ Level of Education _____		
Resides in Household? <input type="checkbox"/> Yes <input type="checkbox"/> No Head of Household <input type="checkbox"/> Yes <input type="checkbox"/> No			Resides in Household? <input type="checkbox"/> Yes <input type="checkbox"/> No Head of Household <input type="checkbox"/> Yes <input type="checkbox"/> No		
Custodial Parent? <input type="checkbox"/> Yes <input type="checkbox"/> No / Correspondence? <input type="checkbox"/> Yes <input type="checkbox"/> No / Verified <input type="checkbox"/> Yes <input type="checkbox"/> No			Custodial Parent? <input type="checkbox"/> Yes <input type="checkbox"/> No / Correspondence? <input type="checkbox"/> Yes <input type="checkbox"/> No / Verified <input type="checkbox"/> Yes <input type="checkbox"/> No		

OVER →

NAME _____ DATE OF REGISTRATION _____ STUDENT NUMBER _____

CENTER MORICHES UNION FREE SCHOOL DISTRICT CUMULATIVE RECORD

DISTRICT INFORMATION

School Entering (Check One) **PRE-K PROGRAM** **CLAYTON HUEY ELEMENTARY K-5** **MIDDLE SCHOOL 6-8** **HIGH SCHOOL 9-12**

Grade Entering _____ If above 9th Grade, what date did student first enter 9th Grade? ___/___/___ Was the student previously enrolled in the District? Yes No

Did student attend any other schools previously? Yes No If yes, please complete the following section:

SCHOOLS ATTENDED				
Name of School	Address	Date Entered	Date Left	Reason

EMERGENCY CONTACT INFORMATION
(Not parents or guardians – local contacts preferred)

Name	Relationship	Home Phone	Work Phone	Cell Phone	Address
		()	()	()	
		()	()	()	
		()	()	()	
		()	()	()	

OTHER CHILDREN IN FAMILY

(Please include younger siblings even if not enrolled in school)

Full Name	School Attending & Grade	Birth Date	Full Name	School Attending & Grade	Birth Date
1.			3.		
2.			4.		

PART B

Native Language _____ PASSPORT NUMBER _____

Birth Country _____ US Entry Date _____ Language Spoken At Home _____ Date first enrolled in US School _____

Special Programs/Services student was previously enrolled in: _____