



New Student Registration Form

↑ **New Lebanon JRSR High School**
14665 Route 22, New Lebanon, NY 12125
Phone: (518) 794-7600
Fax: (518) 794-5050

↑ **Walter B. Howard Elementary School**
1478 Route 20, New Lebanon, NY 12125
Phone: (518) 794-8554
Fax: (518) 766-2220

Date of Entrance _____

Grade _____

Name _____
Last First Middle

Date of Birth _____

Gender: _____ Male _____ Female

Residence/Physical Address:

Mailing Address (if different from Physical Address)

What county do you reside in: Columbia Rensselaer Other _____

Home Telephone _____

Custody Concern: Yes No

Custody Documentation: Yes No

Previous School Attended _____

Address: _____

School Phone Number: _____

Fax: _____

At the previous school did your child:

Receive Special Services _____ Have an Individual Education Plan (IEP) _____

PARENT/GUARDIAN INFORMATION

1.) _____
Last Name First Name Middle Initial

Address (if different from student) _____

Relationship to Student: _____

Employer _____

Employer Phone _____ Cell Phone _____

2.) _____
Last Name First Name Middle Initial

Address (if different from student) _____

Relationship to Student: _____

Employer _____

Employer Phone _____ Cell Phone _____

SIBLINGS (Please check the box to indicate the sibling lives at home)

- _____
Name Birth Date Grade
- _____
Name Birth Date Grade
- _____
Name Birth Date Grade
- _____
Name Birth Date Grade
- _____
Name Birth Date Grade

<u>OFFICE USE ONLY</u>		
Recd. Birth Certificate _____	Recd. Immunization Record _____	Recd. Custody Papers _____
Recd. IEP/SpEd Forms _____	Proof of Residency _____	Student ID #: _____